

# **ABC HOME HEALTH, INC INITIAL/ANNUAL SKILLED NURSING COMPETENCY AND OBSERVATION OF DUTY**

OBSERVATION OF D

ANNUAL COMPETENCY EX

ANNUAL COMPETENCY ASSESSM

CERTIFICATES

SIGN-IN SHEET

REPORTS

**ABC Home Health, Inc.**  
**Annual Skilled Nursing Competency**  
**Report**

ABC Home Health annual skilled nursing competency took place on March 11, 2020.

The competency was conducted by Amity Healthcare Group in the classroom/skill lab setting.

**Part I: Classroom/Skills Check**: the classroom/skills check part of the skilled nursing competency was provided by Amity Healthcare Group, LLC qualified instructors.

The following skills were evaluated through hands-on teaching and demonstration:

- **Advanced Skills:**
  - ✓ Tracheostomy care
  - ✓ Ostomy/Ileostomy care
  - ✓ Urinary catheter insertion and care
  - ✓ Wound care/Wound Vac
  - ✓ IV Therapy
  - ✓ PICC line care
- **Miscellaneous Skills:**
  - ✓ Vital Signs
  - ✓ Collection, labeling and delivering of laboratory specimens
  - ✓ Infection control
  - ✓ Equipment use
  - ✓ Home glucose monitoring
  - ✓ PT/INR testing

You will receive a written report with description of Nursing competency, with reference to applicable Medicare Conditions of Participation as well as Accrediting Organizations Standards. In addition, the report will also include agency specific recommendations related to competency and observation of duty, as may apply.

**Amity Healthcare Group**  
**5600 South Quebec St. Suite 310A**  
**Greenwood Village, CO 80111**  
**Phone: 303-690-2749 Fax: 720-398-6200**

**ABC Home Health, Inc.**  
**Annual Skilled Nursing Competency March 11, 2020**  
**Sign in Sheet**

| Name         | Signature |
|--------------|-----------|
| Robert Brown | R. Brown  |
| John Miller  | J. Miller |
| Ann Davis    | A. Davis  |
|              |           |
|              |           |
|              |           |
|              |           |
|              |           |
|              |           |

***Don't Forget to Sign-In:***

Staff will sign in at the beginning of the competency and a copy of a sign-in sheet will be provided for your records.

## CERTIFICATE OF COMPLETION

this certifies that

**John Smith**

has successfully completed  
Annual Skilled Nursing Competency

Date: 02/29/2020

Signature: I.Gorovaya

Title: RN, BSN

### ***Get a Credit!***

A certificate of attendance will be issued to each attendee and a copy of all the certificates will be provided for you records as well.

## SKILLED NURSING COMPETENCY ASSESSMENT

Name: John Smith

Date of Employment: 4/23/2019

Date Completed: 2/29/2020

| Self-Assessment<br>1 – Proficient<br>2 – Need Review<br>3 – No Experience | Registered Nurse Competency Assessment - Annual                            | Eval Method<br>V - Verbal Test<br>W - Written Test<br>D - Demo | Competent<br>Y/N | Precept or Initials | Date     |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|------------------|---------------------|----------|
|                                                                           | Demonstrates ability to process paperwork and associated tasks related to: |                                                                |                  |                     |          |
|                                                                           | 1. OASIS/Non-OASIS documentation                                           | W                                                              | Y                | IG                  | 03/11/20 |
|                                                                           | 2. Care coordination                                                       | V                                                              | Y                | IG                  | 03/11/20 |
|                                                                           | 3. Discharge planning                                                      | V                                                              | Y                | IG                  | 03/11/20 |
|                                                                           | 4. Demonstrates understanding of role/responsibility for Case Management   | V                                                              | Y                | IG                  | 03/11/20 |
|                                                                           | Demonstrates nursing skills:                                               |                                                                |                  |                     |          |
|                                                                           | 1. Tracheostomy care                                                       | D                                                              | Y                | IG                  | 03/11/20 |
|                                                                           | 2. Oxygen administration                                                   | W                                                              | Y                | IG                  | 03/11/20 |
|                                                                           | 3. Pharyngeal suction                                                      |                                                                | Y                | IG                  | 03/11/20 |
|                                                                           |                                                                            |                                                                | Y                | IG                  | 03/11/20 |
|                                                                           |                                                                            |                                                                |                  | IG                  | 03/11/20 |
|                                                                           |                                                                            |                                                                |                  | IG                  | 03/11/20 |

### ***Assess the Skills***

Nurses are competencied via various modes of evaluation (demonstration, written and verbal tests) by a qualified professional and Annual Competency Assessment form is completed for each nurse in attendance. Our qualified preceptor/instructor will sign off on the Annual Competency Assessment and provide recommendations /training on the areas that are identified for improvement, as appropriate.

## SKILLED NURSING COMPETENCY EXAM

Employee's Name John Smith

Today's date 3/11/2020

Test scored by (signature of R.N.) I. Gorovaya

Satisfactory X Unsatisfactory \_

I. Medications  
Administration

Score: 5 out of 5  
correct

1. Which of the following insulins is peakless and thus can be given at any time during the day as long as it is the same time from one day to the other?

- a) Humalog, Novolog, Apidra
- b) Regular
- c) NPH
- ☒ d) Lantus, Levemir
- e) Novolin, Humulin

2. Blood in stools or urine, black stools, reddish or purplish spots on skin, excessive bruising, persistent bleeding from superficial injuries are signs of possible overdose of:

- a) Coumadin/Warfarin Sodium
- b) Plavix
- c) Zyrtec
- ☒ d) a & b
- e) a & c

3. Patients should not stop taking

### *Test the Knowledge*

Nursing competency exam is performed as a part of the annual competency to evaluate knowledge in the following areas:

- Documentation
- Tasks related to admission process
- Tasks related to care coordination
- Skilled nursing assessment
- Medication administration
- Patient education

# OBSERVATION OF DUTY

Employee Name: \_\_\_\_\_

John Smith

Date: 3/2/2020

☒ SN   ☐ PT   ☐ PTA   ☐ OT   ☐ COTA   ☐ SLP   ☐ SW   ☐ HHA

Care observed: vital signs (BP, HR, resp., temp), light housekeeping,  
communication/interaction with the patient

## Professionalism:

- |                                                          |                                                                                                 |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 1 Arrives at schedule appointment on time                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 2 Wears appropriate clothing, ID badge                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| 3 Equipment / supplies available and used appropriately  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 4 Patient is familiar with staff and visit routine       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 5 Demonstrates respect for patient's rights and property | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 6 Maintains confidentiality                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 7 Communicates effectively with patient / family         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

## Interventions:

- |                                                                             |                                                                                                 |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 1 Adheres/follows the written plan of care                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 2 Follows the current ordered frequency and duration                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 3 Identifies changes in patient status, notifies supervisor/MD as indicated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |

☐ Yes ☐ No ☐ NA

☐ Yes ☐ No ☒ NA

### ***Observation of Duty***

If your agency requires annual observation of duty, our qualified RN will complete a co-visit with each nurse during a scheduled home visit with your agency's patient and with patient's consent.

Nurses will be observed and evaluated in the areas of Professionalism, Interventions, Reporting and Documentation, Infection Control and Safety.

**FOR QUESTIONS AND INQUIRIES REGARDING  
OUTSOURCING YOUR SKILLED NURSING  
COMPTENCY AND/OR OBSERVATION OF DUTY,  
PLEASE CALL**

**303-690-2749**

**OR SEND US AN EMAIL:**

**IG@AMITYHEALTHCAREGROUP.COM**

**THANK YOU!**

