

D&S Diversified Technologies LLP

Headmaster LLP

Tennessee Nurse Aide Candidate Handbook

EFFECTIVE: September 8, 2023

Version 22

*EFFECTIVE 9-8-2023:

<u>EFFECTIVE 9-8-2023</u>: If you are either a non-HFC-funded candidate <u>or an HFC-funded candidate</u> scheduled for an exam and you do not show up without notifying D&SDT-Headmaster at least one (1) full business day prior to your scheduled testing event, **excluding** Saturdays, Sundays and holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself into a new test event.

• HFC-funded facilities will no longer be billed a No Show fee per candidate. If your HFC-funded facility would like to pay your new testing fee so you can schedule an HFC-funded new test event, they may do so. They may contact D&SDT-Headmaster at (877)201-0758 or via email at tennessee@hdmaster.com if they have any questions.

Contact Information

Questions regarding: testing process • test scheduling • eligibility to test: (877) 201-0758 Questions regarding: training program information • the Abuse Registry: (615) 532-7841 Main switchboard • Renewals • Challenges • Demographic changes • Out of State Reciprocity: (615) 532-5171 D&S Diversified Technologies, LLP -Phone #: (877) 201-0758 Headmaster, LLP Monday through Friday PO Box 418 8:00AM - 8:00PM (EST) Fax #: (406) 442-3357 Findlay, OH 45839 7:00AM - 7:00PM (CST)Email: tennessee@hdmaster.com Web Site: www.hdmaster.com TMU©: https://tn.tmutest.com Tennessee Nurse Aide Registry Phone #: (615) 532-5171 665 Mainstream Drive – 2nd Floor Monday through Friday Nashville, TN 37243 8:00AM - 4:30PM (CST)(615) 248-3601 Fax #: Tennessee Health Facilities Commission Website: https://www.tn.gov/hsda/health-care-Renew Online at: facilities/hcf-main.html https://lars.tn.gov *Training Programs:* Verification of Licensure: https://www.tn.gov/health/healthhttps://apps.health.tn.gov/licensure professionals/hcf-main/nai#programs

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Abuse Registry:

https://apps.health.tn.gov/AbuseRegistry

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Introduction

In 1987, the Nursing Home Reform Act was adopted by Congress as part of the Omnibus Budget Reconciliation Act (OBRA '87). It was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for Nursing Assistants who work in such facilities. Each state is responsible for following the terms of this federal law.

As defined in the OBRA regulations, a nurse aide competency evaluation program provides specific standards for nurse aide related knowledge and skills. The purpose of a nurse aide competency evaluation program is to ensure that candidates who are seeking to be nurse aides understand these standards and can competently and safely perform the job of an entry-level nurse aide.

This handbook describes the process of taking the nurse aide competency examination and is designed to help prepare candidates for testing. There are two parts to the nurse aide competency examination—a multiple-choice, knowledge/oral test and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam and meet all other requirements of the Tennessee Health Facilities Commission (HFC) to be identified as a state tested nurse aide and listed on the Tennessee Nurse Aide Registry.

The Tennessee Health Facilities Commission has approved D&S Diversified Technologies-Headmaster LLP to provide tests and scoring services for Tennessee nurse aide testing. For question not answered in this handbook, please check the Tennessee webpage at www.hdmaster.com or contact D&S Diversified Technologies (D&SDT-Headmaster) at (877)201-0758. The information in this handbook will help you prepare for your examination.

General information regarding the Tennessee Nurse Aide program may also be found on the HFC website at: https://www.tn.gov/hsda.html

Americans with Disabilities Act (ADA)

ADA Compliance

The Tennessee Health Facility Commission and D&SDT-HEADMASTER provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the nurse aide competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. Accommodations must be approved by D&SDT-HEADMASTER in advance of examination. The request for accommodations can be found on the <u>D&SDT-HEADMASTER webpage</u> and clicking on the PDF Fillable <u>ADA Accommodation Form 1404</u>. Fill out the ADA Request and attach with the required documentation found on the second page of the request form to an email to: tennessee@hdmaster.com, in order to be reviewed for an accommodation.

ADA request forms submitted without supporting documentation of a diagnosed disability will not be accepted or reviewed.

Please allow additional time for your request to be approved. If you have any questions regarding the ADA review process or specific required documentation, please call D&SDT-HEADMASTER at (877)201-0758.

The Registry

Information to determine the status of your Tennessee nurse aide certification may be found at the Tennessee Department of Health website at https://apps.health.tn.gov/licensure; or you may visit the Tennessee Abuse/Nurse Aide Registry at https://apps.health.tn.gov/AbuseRegistry. You may also contact the Tennessee Nurse Aide Registry at (615)532-5171 or (800)778-4504.

CNA Renewals

For any questions regarding renewals, please contact the Tennessee Nurse Aide Registry at (615)532-5171 or (800)778-4504.

The Tennessee Nurse Aide Competency Exam

Payment Information

Price increase effective 7-1-2023

Exam Description	Price
Knowledge Test or Retake	\$40
Oral Knowledge Test or Retake	\$40
Skill Test or Retake	\$90

Complete your Initial Log In

NURSING ASSISTANT TRAINING PROGRAM CANDIDATES

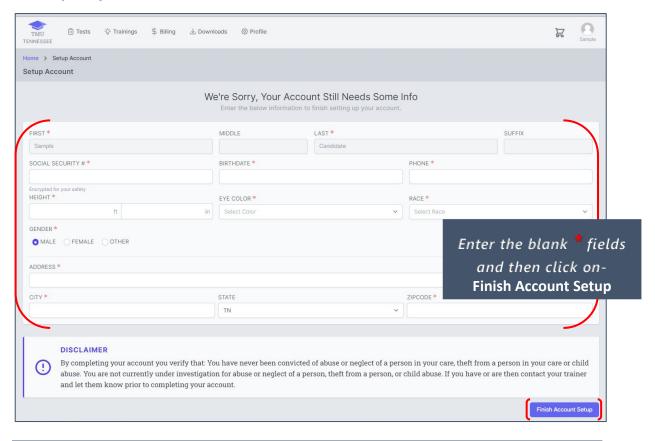
Your initial registration information (name, phone number, Email and training start date) will be entered in D&SDT-Headmaster's TestMaster Universe (TMU©) software. You should receive a verification form during your training to sign after you review the data entered (make sure your first and last names exactly match the first and last names on your government issued ID and social security card).

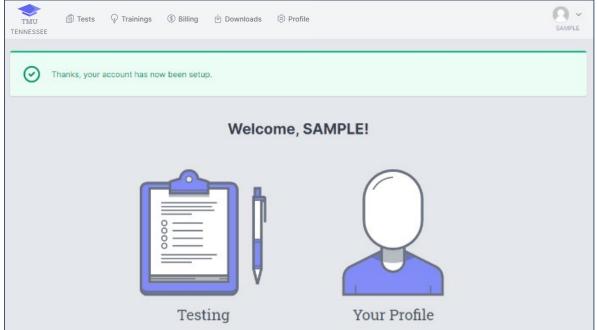
IMPORTANT: Before you can test, you must sign in to TMU© (https://tn.tmutest.com) using your secure Email or Username and Password and verify that your demographic information is correct.

- It is highly recommended that when you receive your confirmation email from TMU© (check your junk/spam mail) that your record has been created, that you sign in to your record, update your password and verify your demographic information.
- By completing your account, you verify that: You have never been convicted of abuse or neglect of a person in your care, theft from a person in your care or child abuse. You are not currently under investigation for abuse or neglect of a person, theft from a person or child abuse. If you have or are, then you need to contact your trainer and let them know prior to completing your account.

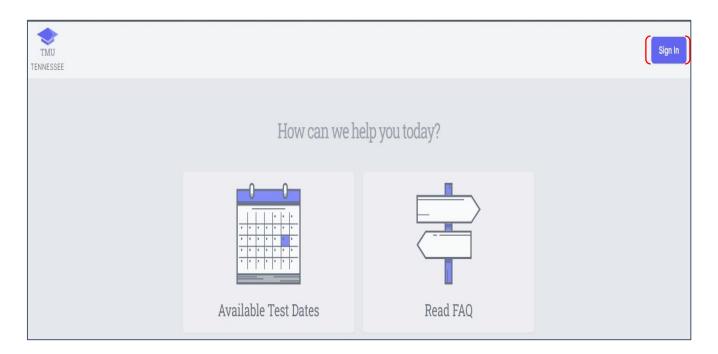
If you do not know your Email or Username and Password, enter your email address and click on "Forgot Your Password?" You will be asked to re-enter your email and a 'reset password link' will be sent to your email (see instructions under 'Forgot your Password and Recover your Account'). If you are unable to sign in for any reason, contact D&SDT-Headmaster at (877)201-0758.

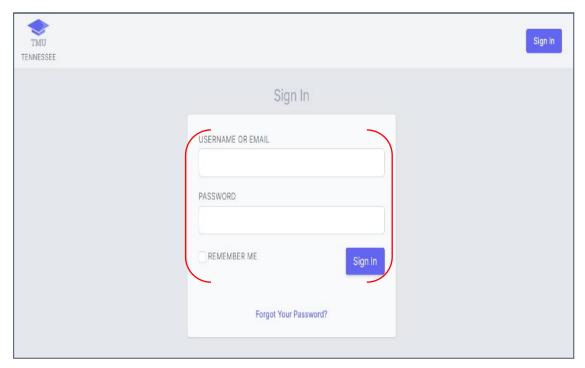
Screen you will see the first time you sign in to your TMU© record with the **demographic information you need to enter to complete your record**:





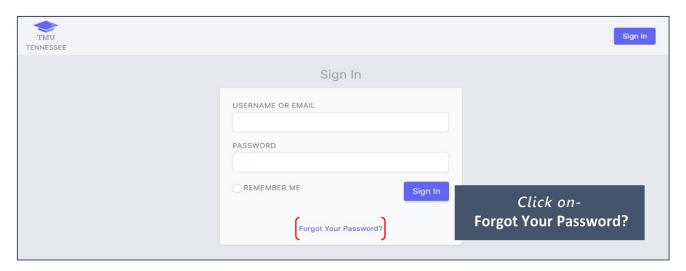
This is the Tennessee CNA TMU© main page http://tn.tmutest.com:

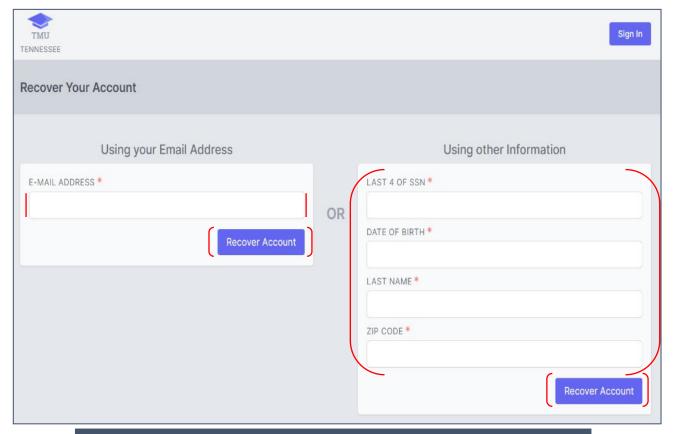




If you have forgotten or do not know your Password, follow the instructions in the next section 'Forgot Your Password and Recover your Account' to Reset your Password and Recover your Account.

FORGOT YOUR PASSWORD AND RECOVER YOUR ACCOUNT





Type in your Email Address

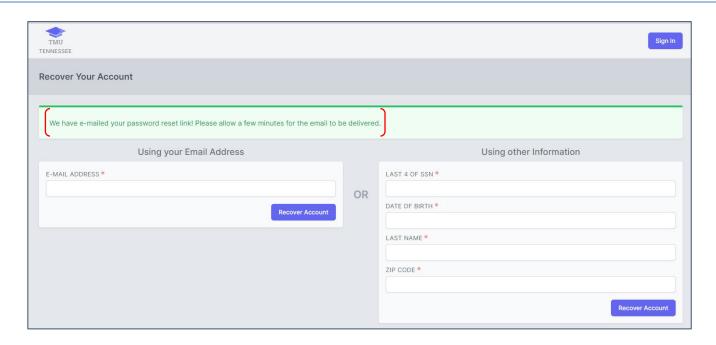
Click on – Recover Account

An email with the reset link will be emailed to you.

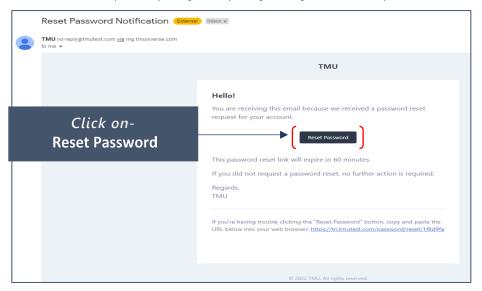
Click on the reset link in your email to reset your password.

-OR- You can type in the requested data under Using other Information

Click on - Recover Account



This is what the email will look like (check your junk/spam folder for the email):



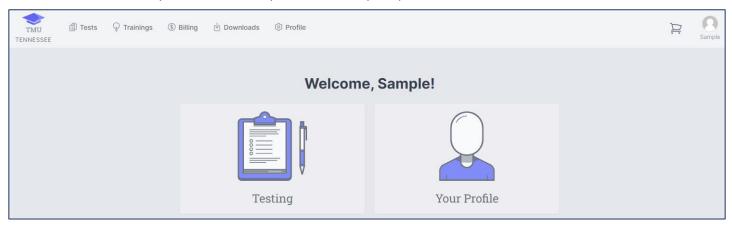
Note: If you do not reset your password right away, the link expires in 60 minutes and after that, you will need to request a new link.



Type in your
Password and
Confirm Password,

then click on – Reset Password

This is the home screen you will see once you have reset your password:



Scheduling a Tennessee Nurse Aide Exam

Once your completed record is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Tennessee TMU© webpage at https://tn.tmutest.com using your Email or Username and Password (instructions with screen shots below). If you are unable to sign in with your Email, please call D&SDT-Headmaster for assistance at (877)201-0758.

To schedule or reschedule your test date, sign in to the Tennessee TMU© webpage at https://tn.tmutest.com with your Email or Username and Password. If you are unable to schedule/reschedule on-line, please call D&SDT-Headmaster at (877)201-0758 for assistance.

SELF-PAY OF TESTING FEES IN TMU©

Testing fees will need to be paid before you can schedule a test date. Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date. Some training programs pre-pay testing fees for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already prepaid for your test.

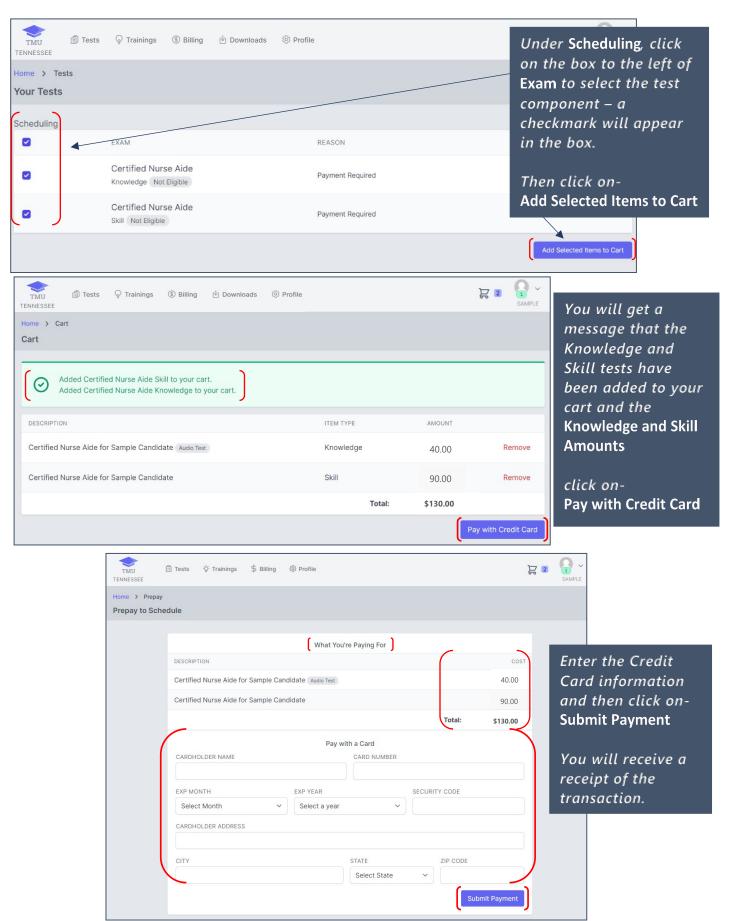
Securely processed Visa or MasterCard credit card or debit card information is required when paying testing fees online.

You may also pay your testing fees by emailing, accounting@hdmaster.com, mailing P.O. Box 6609, Helena, MT 59604, or faxing, (406)442-3357, a \$5.00 fax fee applies, to D&SDT-Headmaster a paper Payment Form 1402TN, along with your payment (money order, cashier's check, facility check, Visa or MasterCard). No personal checks or cash are accepted. Please make money orders or cashier checks out to D&SDT.

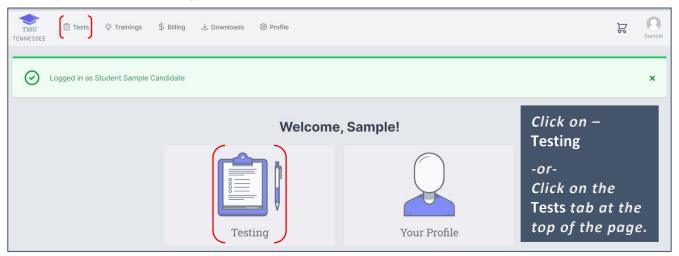
NOTE: Forms with missing information, payment or signatures will not be processed and will be shredded. If a money order or cashier check was sent with the form, the money order/cashier check will be mailed back to the candidate.

Once we receive your scheduling and payment form and process your payment, you will be notified via email and text message that you are eligible to schedule into a test event. If you do not receive an email or text message within 5 days of submitting your Scheduling and Payment form, please call D&SDT-Headmaster to check on the status at (877)201-0758. You will then need to sign in to your TMU© record (https://tn.tmutest.com) using your Email or Username and Password. Please see instructions under "Schedule/Reschedule a Test Date".

All D&SDT-Headmaster forms can be found on the Tennessee CNA webpage.

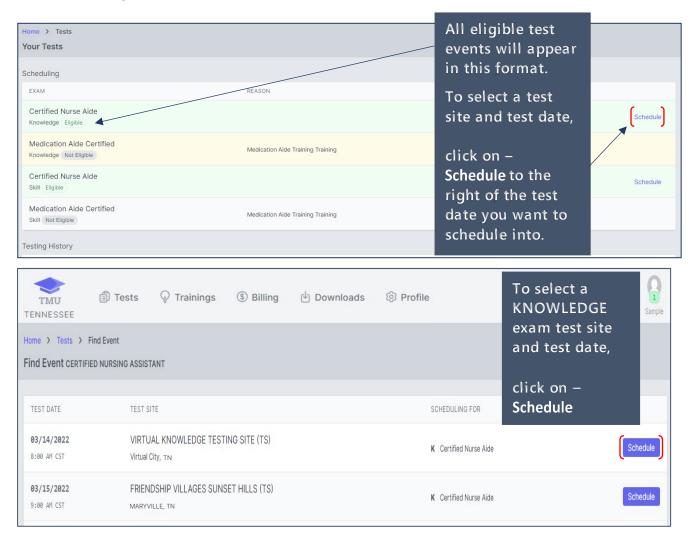


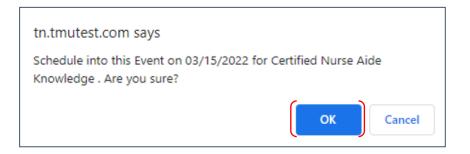
Once your testing fees are paid for, you will be eligible to choose a test site and date. Follow the instructions in the next section to schedule/reschedule into a test event.



SCHEDULE/RESCHEDULE INTO A TEST EVENT

To select a Knowledge Exam test site and date:

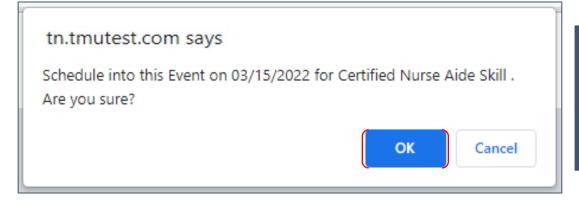




To confirm this is the site and date you want to schedule into, click on —

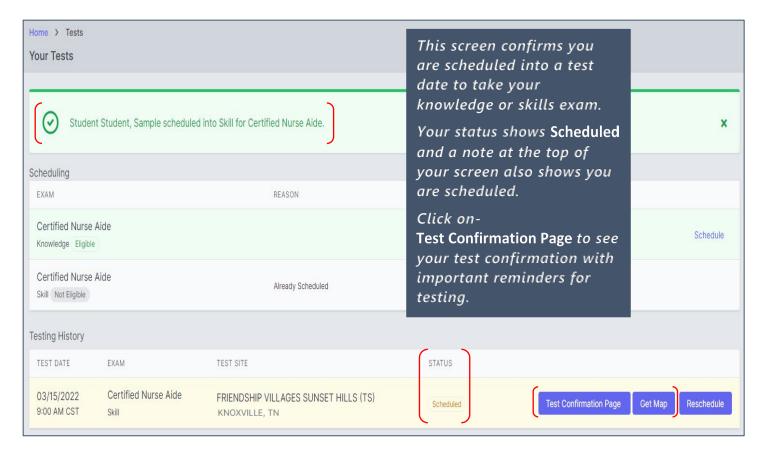
To select a Skills Exam test site and date:





To confirm this is the site and date you want to schedule into, click on – OK

Once you have selected a knowledge exam or skills exam test site and test date, you will get this screen confirming you are scheduled (example below is for skills exam, the knowledge exam will be the same with the knowledge test site and date you have selected):



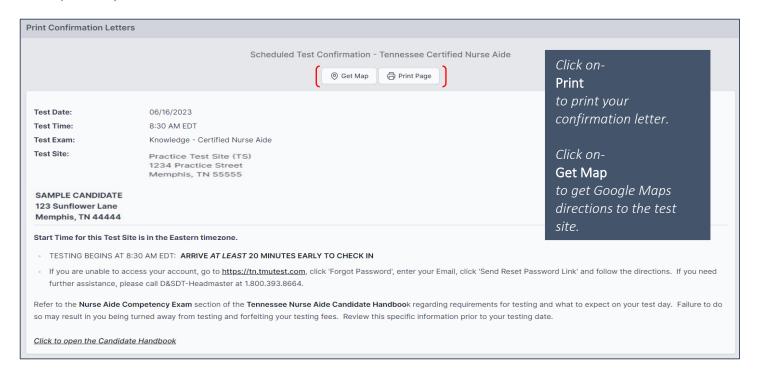
TEST CONFIRMATION LETTER

Your test confirmation letter will provide you with important information regarding where you are scheduled to test (date, time and address). It can be accessed at any time.

The body of the test confirmation letter will refer you to the Tennessee CNA Candidate Handbook where you will find state specific instructions on what time to arrive by, ID requirements, dress code, etc.

Note: Failure to read the candidate handbook could result in No Show for your test event for not adhering to the policies of testing, etc.

It is important you read this letter!



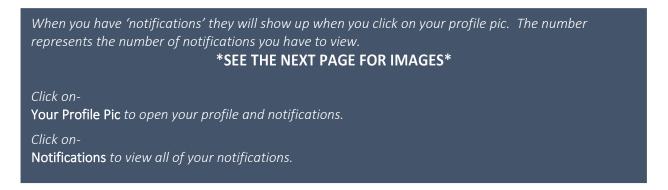
Please see the 'Virtual Knowledge Exam Option' under the Knowledge/Audio Exam section if you are interested in taking your knowledge exam virtually from your home, etc. If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (877)201-0758, Monday through Friday, excluding Saturdays, Sundays and holidays, 8:00AM to 8:00PM EST, or 7:00AM to 7:00PM CST.

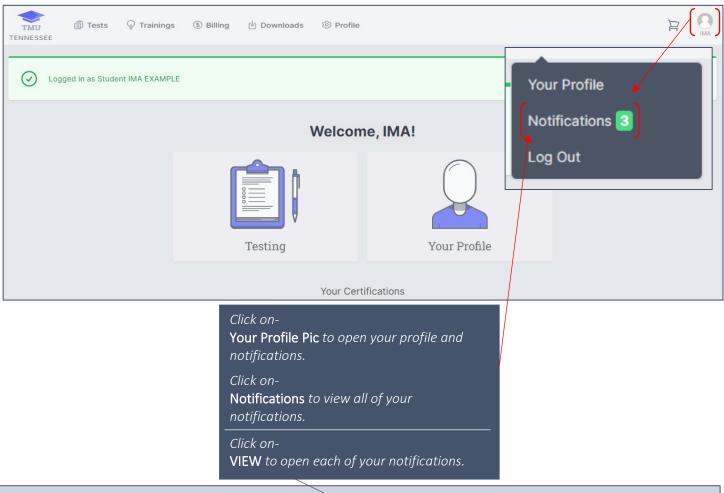
Note: Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

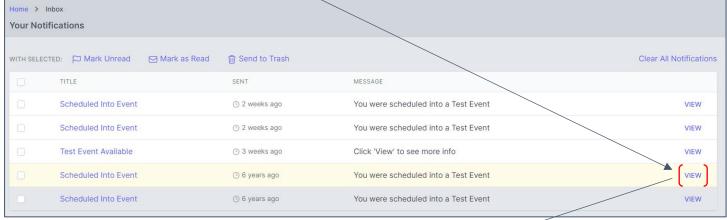
D&SDT-Headmaster **does not send** postal mail test confirmation letters to candidates.

Checking/Viewing your Notifications

Remember to check your 'notifications' in your TMU© record for important notices regarding your selected test events and other information. See screenshots that follow on the next page:







Notification example:



Time Frame for Testing from Training Program Completion

You will be scheduled to take your knowledge and skill tests on the same day. You must schedule a test date within two years of your date of training program completion. After two years, you must complete another approved training program in order to be eligible to schedule testing.

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already scheduled and/or prepaid for your test. Regional test seats are open to all candidates. Regional test dates are posted on the Tennessee TMU© site.

If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (877)201-0758, during regular business hours 8:00AM to 8:00PM EST, or 7:00AM to 7:00PM CST, Monday through Friday, excluding Saturdays, Sundays and holidays.

Exam Check-In

You need to arrive at your confirmed test site between 20 to 30 minutes before your exam is scheduled to start.

- Testing **begins** promptly at the start time noted.
- You need to make sure you are at the event <u>at least 20 minutes prior</u> to the start time to allow time to get signed in with the RN Test Observer.
 - For example: if your test start time is 8:00AM you need to be at the test site for check-in **no later than** 7:40AM.

Note: If you arrive late, you will not be allowed to test.

If you are scheduled into a virtual knowledge exam, please see procedures/policies under 'Virtual Knowledge Exam Option' in the Knowledge/Audio Test section.

Testing Attire

The required testing attire applies to both the knowledge and skills exams.

- You must be in full clinical attire including clinical shoes.
 - No opened toed shoes (example; flip-flops or sandals) are allowed.
 - Scrubs and shoes can be any color/design.
- Smart watches, fitness monitors or any type of Bluetooth connected devices are not allowed.
- Long hair must be pulled back.





Note: You will not be admitted for testing if you are not wearing scrubs attire, the appropriate shoes and long hair pulled back. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

Identification

You must bring a US GOVERNMENT ISSUED, PHOTO-BEARING, SIGNED, NON-EXPIRED FORM OF IDENTIFICATION and your ORIGINAL SOCIAL SECURITY CARD. A letter from the Social Security office or a laminated social security card cannot be accepted. Only original IDs and social security cards are accepted. No photocopies, faxes, images

or laminated social security cards are allowed. Examples of the forms of US government issued, signed, photo ID's that are acceptable are:

- Driver's License
- State issued Identification Card
- **US Passport** (Foreign Passports and Passport Cards *are not* acceptable)
 - Exception: A foreign passport that has a US VISA included is acceptable.
- Military Identification (that meet all identification requirements)
- Work Authorization Card (that meet all identification requirements may contain a fingerprint in place of a signature)
- Concealed Hand Gun Carry Permit (that meet all identification requirements)

The **FIRST** and **LAST** names listed on the ID and social security card presented to the RN Test Observer during signin at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the Tennessee nurse aide TMU© database by your training program.

Note: If you need to apply for new social security card, please do not schedule your test date until you have received your new card from the Social Security office.

❖ If you have laminated your social security card, it is <u>NOT VALID</u> and will not be accepted as an acceptable form of ID.

Any name changes that need to be made (due to marriage, divorce, etc.) must have legal documentation submitted to D&SDT-Headmaster at least two (2) business days prior to your scheduled test date. You may call D&SDT-Headmaster at (877)201-0758 to confirm that your name of record matches your US government issued ID and social security card, or sign in to your record in TMU© to check on or change your demographic information.

Note:

- You will not be admitted for testing if you do not bring proper/valid identification and your original social security card.
 - Be sure your US government issued identification is not expired and that both your ID and original social security card (that you have not laminated) are signed.
 - Check to be positive that both your FIRST and LAST printed names on your photo ID and original social security card match your current name of record in TMU©.
 - A driver's license or state-issued ID card that has a hole punched in it is <u>NOT VALID</u> and will not be accepted as an acceptable form of ID.
- In cases where names do not match or your ID(s) are not proper/valid, you will be considered a NO SHOW and you will forfeit your testing fees and have to pay for another exam date.

You will be required to re-present your photo ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

Instructions for the Knowledge and Skill Tests

Test instructions for the knowledge and skill tests will be provided in written format in the waiting area when you sign-in for your test (on-site test events). Oral and PDF versions are also available anytime from your smart phone via the knowledge test and skill test instruction links on the D&SDT-Headmaster Tennessee CNA webpage, www.hdmaster.com, under the Candidate column.

These instructions detail the process and what you can expect during your exams. Please read through the instructions (or listen to them on your smart phone) **before** entering the knowledge test room or skill demonstration lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the knowledge test room (on-site test events) and/or skill test lab.

If you are taking your knowledge test virtually, the <u>Virtual Knowledge Test Instructions</u> can be found on the Tennessee webpage, <u>www.hdmaster.com</u>, or within your TMU© record under your Downloads tab.

Testing Policies

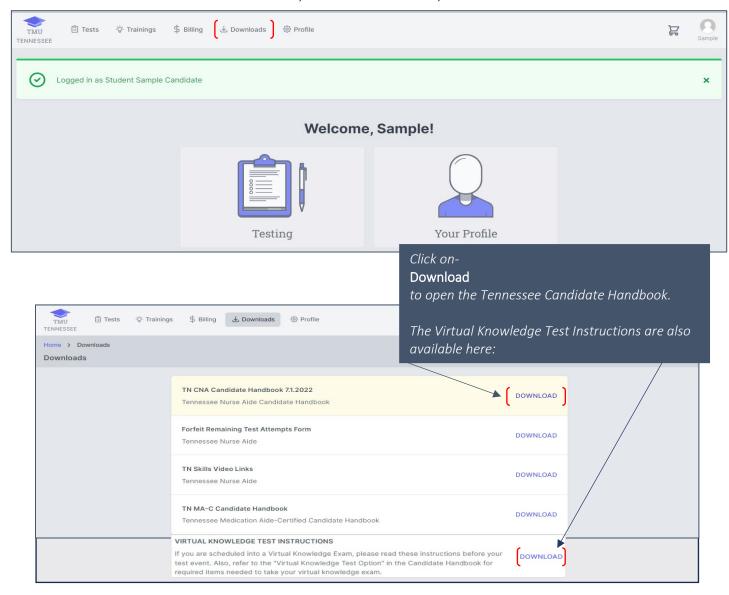
The following policies are observed at each test site—

- Make sure you have signed in to your TMU© record at https://tn.tmutest.com well before your test date to update your password and verify your demographic information. Refer to the 'Complete Your Initial Sign In' section of this handbook for instructions and information.
 - If you have not signed in and updated your password and verified your demographics in your TMU© record when you arrive for your test, you may not be admitted to the exam and any exam fees paid will NOT be refunded.
- Plan to be at the test site up to four (4) to six (6) hours (if taking both components on-site), in the worst-case scenario.
- Testing begins promptly at the start time noted on your confirmation. If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20 to 30 minutes before your scheduled start time if your test start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam and any exam fees paid will NOT be refunded.
 - If you are scheduled into a virtual knowledge exam, please see procedures/policies under 'Virtual Knowledge Exam Option' in the Knowledge/Audio Test section.
- If you do not bring valid and appropriate US government issued, non-expired, signed photo ID and original social security card, you will not be admitted to the exam, considered a No Show and any exam fees paid will NOT be refunded.
 - If the FIRST and LAST printed names on your ID and original social security card do not match your current name of record, you will not be admitted to the exam, considered a No Show and any exam fees paid will NOT be refunded.
- If you do not wear full clinical attire and shoes with long hair pulled back and conform to all testing policies, you will not be admitted to the exam, considered a No Show and any exam fees paid will NOT be refunded.
- If you NO SHOW for your exam day, any test fees paid will NOT be refunded.
 - You must re-pay your testing fees on-line in your own TMU© record or submit Form 1402TN (Payment Form) to schedule another exam date.
 - If your exam is HFC funded, that facility will be charged a \$55.00 No Show fee per candidate.
- If you refuse to show the RN Test Observer your required ID and social security card and/or refuse to sign your signature on the required sign-in forms, you will not be allowed to test. You will be asked to leave the test site, considered a No Show and any exam fees paid will NOT be refunded.
- You may bring a basic standard watch with a second hand. Smart watches are not allowed.
- <u>ELECTRONIC DEVICES AND PERSONAL ITEMS</u>: Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth connected devices and personal items (such as water bottles, purses, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. You will be informed by the testing team of the designated area to place your personal items and electronic devices and you are to collect these items when you complete your test(s).

- All electronic devices must be turned off.
 - Any smart watches, fitness monitors or Bluetooth connected devices must be removed from your wrist/body and turned off.
- You are not allowed to have coats or hooded apparel covering your head during testing in the testing rooms.
 - Candidates with long hair will be asked to pull their hair back by the testing team to ensure that no Bluetooth connected devices are being used.
- Anyone caught using any type of electronic recording device during testing will be removed from the
 testing room(s), have their test scored as a failed test, forfeit all testing fees and will not be permitted
 to test for 6 months or without the approval of the Tennessee Health Facilities Commission (HFC).
- You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have during your free time in the waiting area.
- TRANSLATION DICTIONARIES: Foreign word-for-word translation dictionaries are allowed. Dictionaries that have definitions or hand-writing/notes in them will not be allowed. You must show your published word-for-word translation dictionary to the test observer/proctor during sign-in (on-site or virtual) at your test event. Using language translators that are not pre-approved and electronic dictionaries are not allowed.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes or vape during the exam.
- You are not allowed to leave the testing room (knowledge test room, on-site or virtual, or skills lab) once the exam has begun *for any reason*. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam, your test will be scored as a failed attempt, you will forfeit all testing fees and you will be reported to your training program and the Tennessee Health Facilities Commission (HFC).
- No visitors, guests, pets (including companion animals) or children are allowed.
 - Service animals with an approved ADA accommodation in place are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a nurse aide. (Examples: cast, arm/leg braces, crutches, etc.) Call D&SDT-Headmaster at (877)201-0758 immediately if you are on doctor's orders. You must image and email, tennessee@hdmaster.com or fax, (406)442-3357, a doctor's order within three (3) business days of your scheduled exam day to qualify for a free reschedule.
- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate personal belongings at the test site.
- Please refer to this Tennessee Candidate Handbook before your test day for any updates to testing and/or policies.
- The Candidate Handbook can also be accessed within your TMU© record under your 'Downloads' tab.

See instructions on the next page on how to access the Candidate Handbook in your TMU© record.

The Candidate Handbook can also be accessed within your TMU© record under your 'Downloads' tab:



Security

If you refuse to follow directions, use abusive language or disrupt the examination environment, your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid and a report of your behavior will be given to the Tennessee Health Facilities Commission (HFC). You will not be allowed to retest for a minimum period of six (6) months.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to the Tennessee Health Facilities Commission (HFC) and is subject to prosecution to the full extent of the law. Your test will be scored as a failed attempt and you will forfeit any testing fees paid. You will be reported to your training program. You will not be allowed to retest for a minimum period of six (6) months.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, etc. or browsing to other browsers/sites during your TMU© electronic

exam), your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be reported to the Tennessee Health Facilities Commission (HFC) and your training program and will not be permitted to retest for a minimum period of six (6) months.

Reschedules

All candidates may reschedule for free online at https://tn.tmutest.com any time up until one (1) full business day before a scheduled test day, excluding Saturdays, Sundays and Holidays. All candidates are entitled to one free D&SDT-Headmaster staff assisted reschedule during the three-attempt testing cycle up until one (1) business day prior to a scheduled test day, excluding Saturdays, Sundays and Holidays. Additional reschedules are subject to a \$35 fee that must be paid in full prior to a D&SDT-Headmaster staff assisted reschedule.

If you must reschedule your exam date, please do so as soon as possible. You may reschedule an exam date online by signing in to your record at https://tn.tmutest.com. (See instructions under 'Schedule/Reschedule into a Test Event'.)

• **Example:** If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule by close of business (D&SDT-Headmaster is open until 8:00PM Eastern Standard, 7:00PM Central Standard time, Monday-Friday, excluding Saturdays, Sundays and holidays) the Thursday before your scheduled exam.

Scheduled test date is on a:	Reschedule the previous:
Monday	The previous Thursday (by 8:00PM Eastern time/7:00PM Central time)
Tuesday	The previous Friday (by 8:00PM Eastern time/7:00PM Central time)
Wednesday	The previous Monday (by 8:00PM Eastern time/7:00PM Central time)
Thursday	The previous Tuesday (by 8:00PM Eastern time/7:00PM Central time)
Friday	The previous Wednesday (by 8:00PM Eastern time/7:00PM Central time)
Saturday	The previous Thursday (by 8:00PM Eastern time/7:00PM Central time)
Sunday	The previous Thursday (by 8:00PM Eastern time/7:00PM Central time)

Note: Reschedules will not be granted less than one (1) full business day prior to a scheduled test date.

Refund of Testing Fees Paid

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Tennessee nursing assistant certification exam at all.

SCHEDULED IN A TEST EVENT

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the <u>Refund Request Fillable Form 1405</u> on D&SDT- Headmaster's main webpage at <u>www.hdmaster.com</u> at least **one (1) full business day** prior to your scheduled test event (excluding Saturdays, Sundays and holidays). No phone calls will be accepted.
 - **Example:** If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable Form on the D&SDT-Headmaster main webpage at www.hdmaster.com by close of business (D&SDT-Headmaster is open until 8:00PM Eastern Standard time Monday-Friday, excluding Saturdays, Sundays and holidays) the Thursday before your scheduled exam.
 - Facilities funded by HFC will be billed a \$35 refund fee for all candidates who request a refund at least one (1) full business day prior to a scheduled test date.

- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.
- 3) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT-Headmaster will not be issued.

NOT SCHEDULED IN A TEST EVENT

- 1) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT-Headmaster will not be issued.
- A refund request of testing fees paid must be made by filling out and submitting the <u>Refund Request Fillable</u> <u>Form 1405</u> on D&SDT-Headmaster's main webpage at <u>www.hdmaster.com</u>. No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.

Unforeseen Circumstances Policy

If an exam date is cancelled due to an unforeseen circumstance, D&SDT-Headmaster staff will make every effort to contact you using the contact information (phone number/email) we have on file to reschedule you, for no charge, to a mutually agreed upon new test date.

Therefore, you must keep your contact information up to date in case we need to contact you (*see examples below for reasons we may not be able to contact you that you are responsible for.)

If D&SDT-Headmaster is unable to reach you via phone call or email with the information in your record (*see examples below) in the event of an unforeseen circumstance for a test event you are scheduled in to, you will be taken out of the test event and D&SDT-Headmaster will not reschedule you until we hear back from you.

NOTE: The *<u>examples</u> listed below are your responsibility to check and/or keep updated.

- If D&SDT-Headmaster leaves you a message or emails you at the phone number or email in your record and:
 - you do not call us back in a timely manner
 - your phone number is disconnected/mail box is full
 - you do not check your messages in a timely manner
 - you do not check your email or reply to our email in a timely manner
 - your email is invalid or you are unable to access your email for any reason

INCLEMENT WEATHER POLICY

In the event of inclement weather, you will be expected to attend your scheduled exam date unless:

- The county you reside in or the county of the testing site is placed on a weather emergency.
- The test site closes.
- The test observer cancels the test event.
- There is an accident due to weather or other cause on your route to the test site, in which case:
 - Documentation from the Department of Transportation Services or a Police report is required within 3 business days of your scheduled exam day to qualify for a free reschedule.

If the above listed circumstances are not met, failure to attend your scheduled test date will result in a No Show status and any exam fees paid will NOT be refunded.

NOTE: If an exam date is cancelled due to weather or other unforeseen circumstances, D&SDT-HEADMASTER staff will make every effort to contact you via email, text message and phone call using the contact information we have on file to reschedule you, for no charge, to a mutually agreed upon new test date. Therefore, you must keep your contact information up to date in case we need to contact you. **See more information under 'No Show Exceptions'.**

No Shows

<u>EFFECTIVE 9-8-2023</u>: If you are either a non-HFC-funded candidate <u>or an HFC-funded candidate</u> scheduled for an exam and you do not show up without notifying D&SDT-Headmaster at least one (1) full business day prior to your scheduled testing event, <u>excluding</u> Saturdays, Sundays and holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself into a new test event.

■ HFC- funded facilities will no longer be billed a No Show fee per candidate. If your HFC-funded facility would like to pay your new testing fee so you can schedule an HFC-funded new test event, they may do so. They may contact D&SDT-Headmaster at (877)201-0758 or via email at tennessee@hdmaster.com if they have any questions.

These fees partially offset D&SDT-Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule or refund request is not received before the one (1) full business day prior to a scheduled test event, excluding Saturdays, Sundays and holidays (see examples under Reschedules and Refund of Testing Fees Paid), a NO SHOW status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

No Show Exceptions

Exceptions to the No Show status exist. If you are a No Show for any test component for any of the following reasons, test fees will be refunded or a free reschedule will be authorized to the remitter of record with appropriate documentation provided within the required time frame.

When providing documentation for a No Show exception, it is your responsibility to contact D&SDT-Headmaster to confirm that any documentation faxed, emailed or mailed has been received.

- <u>Car breakdown or accident</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a tow bill, police report or other appropriate documentation must be submitted within three (3) business days of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- <u>Weather or road condition related issue</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a road report, weather report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.

- <u>Medical emergency or illness</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **three (3) business days** of the missed exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- <u>Death in the family</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and an obituary for <u>immediate</u> family only submitted within seven (7) business days from a missed exam date. If we do not receive proof within the 7-business day time frame you will have to pay as though you were a No Show. (Immediate family includes parent, grand and great-grand parent, sibling, children, spouse or significant other.)
- <u>Virtual testing issues</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and appropriate documentation must be submitted within three (3) business days of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
 - Internet outage or issue: Documentation from Internet provider showing outage date and times.
 - **Computer or cell phone issue:** If computer or cell phone fail to work for any reason, documentation from a computer repair technician/shop or other appropriate documentation.

Candidate Feedback – Exit Survey

Candidates are provided the opportunity to complete an exit survey via a link to a Google Docs Survey when checking their test results in their TMU© record. The survey is confidential and will not have any bearing on the outcome of any test. You are encouraged to complete the survey questions with honest feedback regarding the examination process to help improve the testing process.

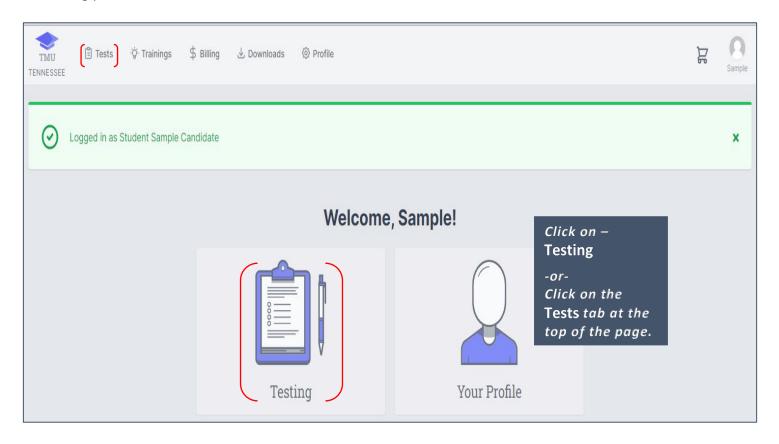
Test Results

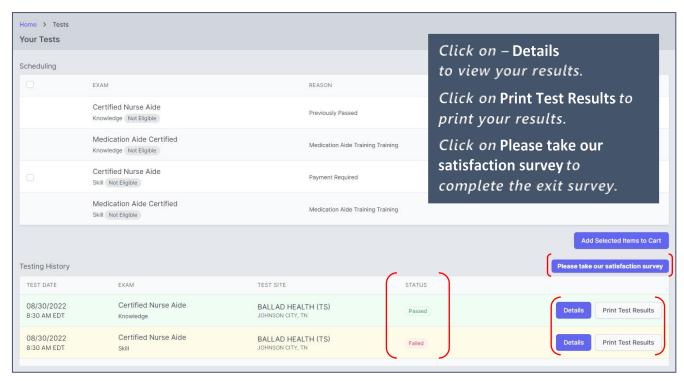
After you have completed both the Knowledge Test and Skill Test components of the competency exam, your test results will be officially scored and double checked. Official test results will be available by signing in to your TMU© record after 8:00PM (EST)/7:00 (CST) the business day after your test event.

Note: D&SDT-HEADMASTER does not send postal mail test results letters.

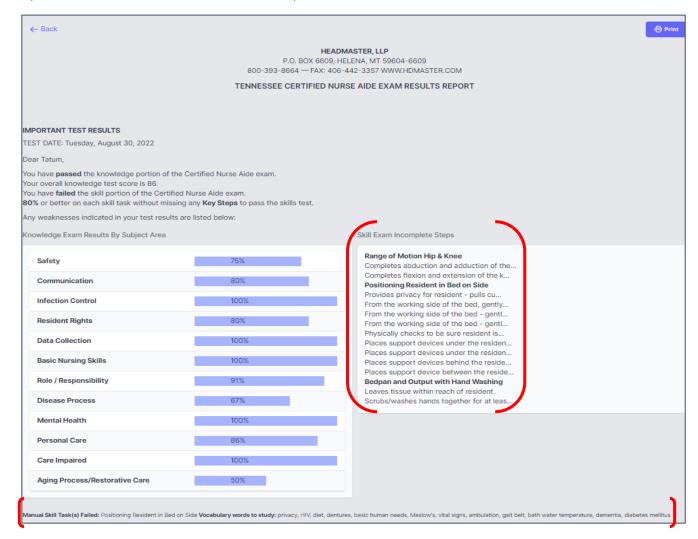
To view your test results, sign in to your record in TMU© at https://tn.tmutest.com/. (Refer to the screen shots on the next page.)

Accessing your test results in TMUO:





Sample Tennessee Nurse Aide exam results report:



Test Attempts

You have **three (3) attempts** to pass the knowledge and skill test portions of the exam within two (2) years from your date of nursing assistant training program completion. If you do not complete testing within two years from completion of training, you must complete a new HFC approved training program in order to become eligible to further attempt Tennessee nursing assistant examinations.

Tennessee Nurse Aide Registry Certification

After you have successfully passed both the Knowledge Test and Skill Test components of the nursing assistant exam, your test results will be sent electronically to the Tennessee Board of Nursing by D&SDT-Headmaster. You will be placed on the Tennessee Nurse Aide Registry and issued a certificate. You should receive your certification card from the TN Nurse Aide Registry within 4-6 weeks after you successfully pass both components of your exam.

Retaking the Nursing Assistant Test

In the event that your test results inform you that you failed the knowledge and/or skill portion of the examination, you will be provided with detailed test diagnostics in your test results. You will have to retake the portion you

failed. When you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule an exam date:

You can schedule a test or re-test online by signing in to your TMU© record at https://tn.tmutest.com. (See screen shots under "Schedule/Reschedule into a Test Event" for rescheduling instructions.)

You will need to pay with a Visa, Master Card or debit card before you are able to schedule.

If you need assistance scheduling your re-test, please call D&SDT-Headmaster at (877)201-0758 during regular business hours 8:00AM to 8:00PM Monday through Friday EST, or 7:00AM to 7:00PM CST, excluding Saturdays, Sundays and holidays. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. There is a \$25 test review deposit fee. To request a review, you must submit the PDF fillable Test Review Request and Payment Form 1403 available on D&SDT-HEADMASTER's main webpage at www.hdmaster.com. Submit the Test Review Fee of \$25 (Visa, MasterCard or debit card) and a detailed explanation of why you feel your dispute is valid within three (3) business days from official scoring of your test (excluding Saturdays, Sundays and holidays). Late requests will be returned and will not be considered.

PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST: Please call D&SDT-HEADMASTER at (877)201-0758 during regular business hours 8:00AM to 8:00PM Monday through Friday EST, or 7:00AM to 7:00PM CST Monday through Friday, excluding Saturdays, Sundays and holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-HEADMASTER staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

Since one qualification for certification as a Tennessee nurse aide is demonstration by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, D&SDT-HEADMASTER will pay your re-test fee and you will not be charged the test review fee; if not in your favor, the \$25 test review fee will be charged. D&SDT-HEADMASTER will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. D&SDT-HEADMASTER will re-check the scoring of your test and may contact you and/or the RN Test Observer and professional Actor for any additional recollection of your test(s). D&SDT-HEADMASTER will not review test results or disputes with instructors/programs. After a candidate reaches the age of 18, D&SDT-HEADMASTER will only discuss test results or test disputes with the candidate. D&SDT-HEADMASTER will not review test results or disputes with family members or anyone else on behalf of the candidate once the candidate is 18 years of age. D&SDT-HEADMASTER will complete your review request within 10 business days of the receipt of your timely review request and will email the review results to your email address.

The Knowledge/Audio Exam

English and Spanish Version of the Knowledge/Audio Exam

The knowledge/audio exam is offered in English and Spanish. When taking the knowledge exam, you will have the ability on each question to toggle on/off a translation to Spanish.

Note: On the Spanish Knowledge Test, only the first **65** questions will be printed in Spanish, the remaining questions will be printed and have to be answered in English to assess English reading comprehension.

You will be required to re-present your photo ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of ninety (90) minutes to complete the **75 question** Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Test (such as "What does this question mean?") The Knowledge Test Proctor will have scratch paper and a basic calculator available for use during your knowledge exam.

You must have a score of 75% or better to pass the knowledge portion of the exam.

Electronic testing using TMU© internet connected computers is utilized at all sites in Tennessee. The Knowledge test portion of your exam will be displayed on a computer screen for you to read and key/tap or click on your answers.

Note: You will need to know your Email or Username and Password to take the electronic TMU© Knowledge test. Please see the information under 'Complete Your Initial Training' to sign in to your record in TMU©.

Foreign word-for-word translation dictionaries are allowed. Dictionaries that have definitions or handwriting/notes in them will not be allowed. You must show your word-for-word translation dictionary to the test observer/proctor during sign-in (on-site or virtual) at your test event. Using language translators that are not preapproved and electronic dictionaries are not allowed.

An audio (oral) version of the knowledge test is available. However, you must request an Audio test before you submit your testing fee payment. There is no additional charge for a Knowledge Audio test. To select the Audio version of the knowledge test, follow the instructions with screen shots in 'Selecting an Audio version of the Knowledge Exam'.

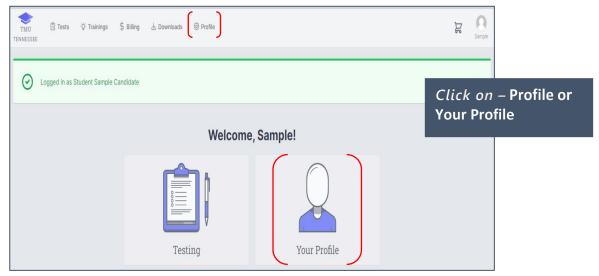
SELECTING AN AUDIO VERSION OF THE KNOWLEDGE EXAM

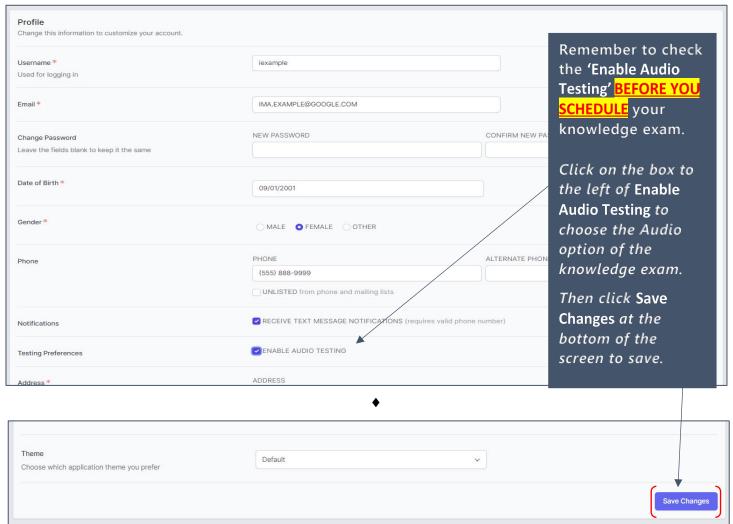
To select the Audio version of the knowledge exam, follow the instructions with screen shots below.

With the Audio version of the knowledge exam, the questions are read to you, in a neutral manner, and can be heard through headphones/ear buds plugged into the computer. When taking an Audio exam, the audio control buttons will be displayed on the computer screen enabling you to play, rewind or pause questions as needed.

Note: For both the English and Spanish versions of the Audio Knowledge Test, only the first 65 questions will be read orally, the remaining questions will have to be answered without audio assistance to assess English reading comprehension.

Checking the 'Enable Audio Testing' to receive an Audio version of the Knowledge Exam:





All test materials, including scratch paper and calculator, must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to their training program and the Tennessee Health Facilities Commission (HFC).

Virtual Knowledge Exam Option

You will have the option to take the knowledge exam virtually.

VIRTUAL KNOWLEDGE EXAM CANDIDATE REQUIREMENTS

Candidates must have:

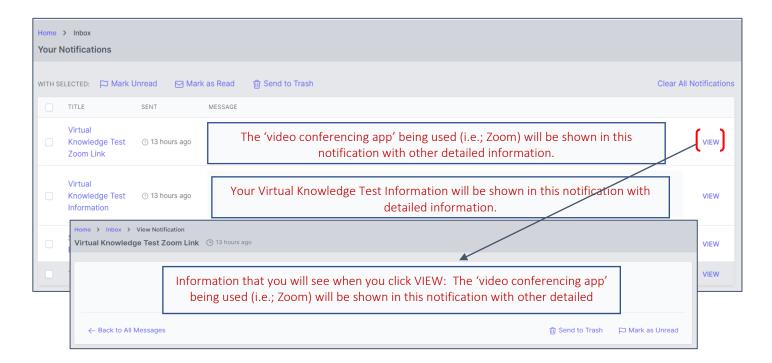
- An updated version of Google Chrome as your Internet browser.
 - Internet Explorer is not supported by TMU©.
- A reliable Internet (Wi-Fi) connection.
- A personal computer/tablet/laptop to log into TMU© to access the knowledge test.
- Your Email or Username and Password to take the virtual TMU© Knowledge test.
- A smartphone to access the 'video conferencing app' (example; Zoom, etc.) that you will need to have downloaded.
 - D&SDT-Headmaster will provide you information of the 'video conferencing app' (example; Zoom, etc. you will need before test day.
 - The night before your scheduled virtual knowledge exam, you will be emailed a reminder with the password protected link to join the test event.
- A distraction and interruption free area of your home, etc., where you will be testing.
- If you have chosen the AUDIO VERSION (ORAL) of the exam, you will need to provide your own earbuds/headphones that you will need to show to the RN Test Observer at sign-in. Earbuds/headphones cannot be Bluetooth connected devices.

SCHEDULING A VIRTUAL KNOWLEDGE EXAM

You will need to sign in to your TMU© record using your Username or Email and Password and follow the instructions to 'Schedule/Reschedule into a Test Event'. Please make sure you have met the 'Virtual Knowledge Test Candidate Requirements' listed above before scheduling a virtual knowledge exam.

- The test site location for a virtual knowledge exam will be "Virtual Knowledge Test Site".
- Once scheduled, a test confirmation will be sent via email and/or text message and a notification will be generated in your record for you to view (see the 'Schedule/Reschedule into a Test Event' and the 'Test Confirmation Letter' section for information to access your test confirmation.)
- Instructions and the link to download the 'video conferencing app' (example; Zoom, etc.), including the meeting ID and Password for the virtual knowledge event you are scheduled for will be emailed to you.
 - Remember to also check your 'NOTIFICATIONS' under your profile pic in your TMU© record for this information. Please refer to the 'Checking/Viewing your Notifications' section.

See screenshots showing an example of what a notification regarding your virtual knowledge exam will entail are below:



VIRTUAL KNOWLEDGE EXAM SIGN-IN

You are required to be signed in to the virtual link for the sign in process with the test proctor **prior (10-20 minutes)** to the start time listed on your test confirmation. If you are not signed into the virtual waiting room link prior (at least 10 minutes) to the time listed on your test confirmation, you will not be allowed to test, considered a No Show and forfeit your testing fees paid and have to pay for another test date.

- You will need to show your mandatory identification and original social security card to the test proctor at sign in before starting your virtual knowledge exam. Please see the 'Identification' section for specifics.
- You will be required to show your surroundings to the test proctor during sign-in before starting your virtual knowledge exam.
- Published foreign word-for-word translation dictionaries are allowed. Dictionaries that have definitions or hand-writing/notes in them will not be allowed. You must show your published word-for-word translation dictionary to the test observer/proctor during sign-in (on-site or virtual) at your test event. Using language translators that are not pre-approved and electronic dictionaries are not allowed.

VIRTUAL KNOWLEDGE EXAM POLICIES

All 'Testing Policies' and 'Security' measures are adhered to during the virtual knowledge exam. Please refer to those sections for information.

- The 'video conferencing app' (example; Zoom, etc.) link must be maintained during the entire knowledge test.
- If the 'video conferencing app' (example; Zoom, etc.) connection is lost, you must immediately reconnect or be subject to being exited from the test by the test proctor and your test scored as a failed attempt.
- Please see virtual knowledge test issues information under the 'No Show Exceptions' section.

Please call D&SDT-Headmaster at (877)201-0758 if you have any questions, concerns or need assistance scheduling into a virtual knowledge exam.

Knowledge Test Content

The Knowledge Test consists of 75 multiple-choice questions. Questions are selected from subject areas based on the HFC approved Tennessee test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

Knowledge Test Subject Areas:

Subject Area	Number of Questions	Subject Area	Number of Questions
Aging Process / Restorative Care	4	Infection Control	5
Basic Nursing Skills	11	Mental Health	4
Care Impaired	5	Personal Care	7
Communication	6	Resident Rights	5
Data Collection	4	Role and Responsibility	11
Disease Process	5	Safety	8

Knowledge Practice Test

D&SDT-Headmaster offers a free knowledge test question of the day and a ten question on-line static practice test available on our web site at www.hdmaster.com. Candidates may also purchase complete practice tests that are randomly generated, based on the state test plan. A mastery learning method is used and each practice test taken will be unique. This means candidates must get the question they are attempting correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

Samples of the kinds of questions that you find on the Knowledge/Audio test are on the next page.

The following are a sample of the kinds of questions that you will find on the Knowledge/Audio test:

1. Clean linens that touch the floor should be:

- (A) Picked up quickly and placed back on the clean linen cart
- (B) Used immediately on the next resident's bed
- (C) Considered dirty and placed in the soiled linen hamper
- (D) Used only in the room with the floor the linen fell on

2. When you are communicating with residents, you need to remember to:

- (A) Face the resident and make eye contact
- (B) Speak rapidly and loudly
- (C) Look away when they make direct eye contact
- (D) Finish all their sentences for them

3. A resident's psychological needs:

- (A) Should be given minor consideration
- (B) Make the resident withdrawn and secretive
- (C) Are nurtured by doing everything for the resident
- (D) Are nurtured when residents are treated like individuals

ANSWERS: 1-C | 2-A | 3-D

The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Tennessee approved nurse aide skill scenarios (tasks). You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your ID that you showed the RN Test Observer at sign-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Your skill test will be scenario based. Listen carefully to each scenario as it is read to you by the RN Test
 Observer. Scenarios are randomly selected by the computer. The scenarios will direct you to demonstrate
 one or more of the tasks listed in this handbook and each set of scenarios that make up your skill test will
 have the same overall difficulty, making each unique skill test equivalent.
- You will be allowed a maximum of **thirty-five (35) minutes** to complete your Skill Test. After 20 minutes have elapsed, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the
 scenarios repeated at any time during your Skill Test up until you run out of time or tell the RN Test Observer
 that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key** steps (in bold font) and 80% of all non-key steps on each task assigned in order to pass the Skill Test.

- If you believe you made a mistake while performing a task, say so.
 - You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step.
- You may repeat or correct any step or steps on any task you believe you have performed incorrectly at any
 time during your allotted thirty-five (35) minutes or until you tell the RN Test Observer you are finished
 with the Skill Test.
- The skill task steps are generally not order dependent, unless the words BEFORE or AFTER are used in a step.
- When you finish each demonstration, verbally tell the RN Test Observer you are finished and move to the
 designated "relaxation area." When the RN Test Observer and actor have set up and are ready for your next
 demonstration, the RN Test Observer will read the scenario for your next task.
- All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.
 - Exception: There are steps in certain scenarios that require you to verbalize while you are demonstrating.

Skill Test Recording Form

The RN test observer will provide a recording form similar to the one displayed below if your skill test includes a skill scenario which requires recording a count or measurement. You will be asked to sign your recording form during the equipment/supplies demonstration before you start your skill test.

Recording Form:

Candidate's Name:	PLEASE PRINT	
PULSE: beats F	RESPIRATIONS:	breaths
URINARY OUTPUT:	ml	
BLOOD PRESSURE:	/	mmHg
GLASS 1:		
GLASS 2:		
TOTAL FLUID INTAKE:	ml FOOD INTAKE:	%

Skill Test Scenarios

You will be assigned one of the following four scenarios with embedded hand washing using soap and water as your first mandatory scenario:

- Bedpan and Output with required Hand Washing
- Catheter Care for a Male with required Hand Washing [DEMONSTRATED ON MANIKIN]
- Isolation Gown and Gloves and Emptying a Urinary Drainage Bag with required Hand Washing
- Perineal Care for a Female with required Hand Washing [DEMONSTRATED ON MANIKIN]

You will also receive an additional two (2) or three (3) randomly selected scenarios from the skill task scenario listing below. The scenarios will direct you to demonstrate one or more of the tasks listed in this handbook and each set of scenarios that make up your skill test will have the same overall difficulty, making each unique skill test equivalent. Scenarios are randomly assigned by the TMU© skill test assignment algorithm. These selected scenarios will make up your personalized skill test.

Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit.

The steps that are listed for each scenario are the steps required for a nurse aide candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. The steps will be performed on a live resident actor for all but two of the tasks; the catheter care for a male and perineal care for a female scenarios will be done on a manikin.

You will be scored only on the steps listed. You must have a score of 80% on each scenario without missing any key steps (the Bolded steps) to pass the skill component of your competency evaluation. If you fail the Skill Test, one of the scenarios on your retest will be a scenario you previously failed. There will always be one of the first mandatory scenarios to start each Skill Test. The other scenarios included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete. The RN Test Observer will observe your demonstrations of your skill scenarios and record what they see you do. D&SDT-Headmaster scoring teams will officially score and double check your test.

Note: The skill scenario steps included in this handbook are offered as guidelines to help prepare candidates for the Tennessee nurse aide skill test and the steps included herein are not intended to be used to provide complete care that would be all inclusive of best care practiced in an actual work setting.

Ambulation with a Gait Belt

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of the hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Obtain gait belt.
- 5) Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 6) Lock bed brakes to ensure resident's safety.
- 7) Lock wheelchair brakes to ensure resident's safety.

- 8) Bring resident to sitting position and places gait belt around waist to stabilize trunk. Tighten gait belt. Check gait belt by slipping fingers between gait belt and resident.
- 9) Assist resident to put on non-skid slippers.
- 10) Bring resident to standing position using proper body mechanics.
- 11) With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulate resident at least 10 steps to the wheelchair.
- 12) Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety.
- 13) Use proper body mechanics at all times.
- 14) Remove gait belt.
- 15) Maintain respectful, courteous interpersonal interactions at all times.
- 16) Place call light or signaling device within easy reach of the resident.
- 17) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Ambulation with a Walker

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 5) Lock bed brakes to ensure resident's safety.
- 6) Lock wheelchair brakes to ensure resident's safety.
- 7) Bring resident to sitting position.
- 8) Assist resident to put on non-skid slippers.
- 9) Position walker correctly.
- 10) Assist resident to stand. Ensure resident has stabilized walker.
- 11) Position self behind and slightly to side of the resident.
- 12) Safely ambulate resident at least 10 steps to the wheelchair.
- 13) Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety using correct body mechanics.
- 14) Maintain respectful, courteous interpersonal interactions at all times.
- 15) Place call light or signaling device within easy reach of the resident.
- 16) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Bed Bath (partial)- Whole Face and One Arm, Hand and Underarm

- 1) Knocks on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.

- 4) Provide privacy for resident pull curtain.
- 5) Raise the bed between mid-thigh and waist level.
- 6) Cover resident with a bath blanket or clean sheet.
- 7) Remove remaining top bed covers. Fanfold to bottom of bed or place aside.
- 8) Remove resident's gown without exposing resident and place soiled gown in designated laundry hamper.
- 9) Fill basin with comfortably warm water and place on over-bed table or bedside stand.
- 10) Wash and dry face WITHOUT SOAP.
- 11) Place towel under arm, only exposing one arm.
- 12) Wash arm, hand and underarm using soap and water.
- 13) Rinse arm, hand, and underarm.
- 14) Dry arm, hand and underarm.
- 15) Assist resident to put on a clean gown.
- 16) Dispose of soiled linen in designated laundry hamper.
- 17) Empty, rinse and dry equipment and return to storage.
- 18) Lower bed.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place call light or signaling device within easy reach of the resident.
- 21) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Bedpan and Output with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Puts on gloves.
- 6) Position resident on bedpan correctly and safely using correct body mechanics.
- 7) Raise head of the bed to a comfortable level.
- 8) Leave call light or signaling device and tissue within reach of the resident. Candidate indicates they are providing privacy by stepping behind the privacy curtain. When signaled by the RN Test Observer, candidate returns.
- 9) Gently remove the bedpan and holds while RN Test Observer adds a known quantity of fluid.
- 10) Do not place the bedpan on the floor or on the over bed table at any time during the demonstration.
- 11) Place graduate on the designated level, flat surface.
- 12) Empty urine from bedpan into graduate.
- 13) With graduate at eye level on the previously designated flat surface, measure output.
- 14) Empty equipment used into designated toilet/commode. Rinse and dry equipment. Return equipment to storage.
- 15) Remove gloves by turning inside out as they are removed and dispose of gloves in the appropriate container.
- 16) Wash/assist resident to wash and dry hands with soap and water.
- 17) Record output on previously signed recording form.

18) Candidate's measured output reading is within 30ml of RN Test Observer's pre-measured output reading.

- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place call light or signaling device within easy reach of the resident.
- 21) Wash hands: Turn on water.
- 22) Wet hands.
- 23) Apply soap to hands.
- 24) Rub hands together using friction with soap.
- 25) Scrub/wash hands together for at least twenty (20) seconds with soap.
- 26) Scrub/wash with interlaced fingers pointing downward with soap.
- 27) Wash all surfaces of hands and wrists with soap.
- 28) Rinse hands thoroughly under running water with fingers pointing downward.
- 29) Dry hands with a clean paper towel(s).
- 30) Discard paper towel(s) used to dry hands to trash container as used.
- 31) Wash hands: Turn off faucet with a clean, dry paper towel.
- 32) Wash hands: Discard paper towel to trash container as used.
- 33) Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.

Blood Pressure

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to resident.
- 4) Provide privacy for resident pull curtain.
- 5) Assist resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position approximately at the level of the heart.
- 6) Roll resident's sleeve up about five (5) inches above the elbow.
- 7) Apply the appropriate size cuff around the upper arm just above the elbow.
- 8) Clean earpieces of stethoscope appropriately and place in ears.
- 9) Locate the brachial artery.
- 10) Place stethoscope over brachial artery.
- 11) Hold stethoscope snugly in place.
- 12) Inflate cuff until 30mmHG above the average systolic rate provided by the RN Test Observer.
- 13) Slowly release air from cuff to disappearance of pulsations. Remove cuff.
- 14) Record reading on previously signed recording form.
- 15) Candidate's recorded systolic blood pressure is within 8mmHG of the RN Test Observer's recorded systolic blood pressure.
- 16) Candidate's recorded diastolic blood pressure is within 8mmHG of the RN Test Observer's recorded diastolic blood pressure.
- 17) Maintain respectful, courteous interpersonal interactions at all times.
- 18) Place call light or signaling device within easy reach of the resident.
- 19) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Catheter Care for a Male with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS) | DEMONSTRATED ON MANIKIN

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to resident.
- 4) Provide privacy for resident pull curtain.
- 5) Fill basin with comfortably warm water and place basin on over-bed table or bedside stand.
- 6) Cover resident with a bath blanket or clean sheet to maintain privacy *BEFORE* putting on gloves.
- 7) Put on gloves AFTER gathering supplies and preparing the area.
- 8) Verbalize and physically check to see that urine can flow unrestricted into the drainage bag.
- 9) Verbalize and physically check the area around the urethra for signs of leakage.
- 10) Use soap and water to carefully wash around the catheter where it exits the urethra.
- 11) Hold catheter at the urethra to prevent tugging on cathether and clean 3-4 inches away from the urethra down the drainage tube.
- 12) Clean with strokes only away from the urethra, using a clean portion of the washcloth with each stroke.
- 13) Using a clean washcloth, rinse using strokes away from urethra. Use a clean portion of the washcloth with each stroke.
- 14) Pat dry with a clean towel or washcloth.
- 15) Do not allow the tube to be pulled at any time during the procedure.
- 16) Replace top cover over resident and remove bath blanket or sheet. Dispose soiled linen in the designated laundry hamper.
- 17) Leave resident in a position of safety and comfort.
- 18) Empty, rinse and dry the equipment and return equipment to storage.
- 19) Remove gloves turning inside out as they are removed and dispose in the appropriate container.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place call light or signaling device within easy reach of the resident.
- 22) Wash hands: Turn on water.
- 23) Wet hands.
- 24) Apply soap to hands.
- 25) Rub hands together using friction with soap.
- 26) Scrub/wash hands together for at least twenty (20) seconds with soap.
- 27) Scrub/wash with interlaced fingers pointing downward with soap.
- 28) Wash all surfaces of hands and wrists with soap.
- 29) Rinse hands thoroughly under running water with fingers pointing downward.
- 30) Dry hands with a clean paper towel(s).
- 31) Discard paper towel(s) used to dry hands to trash container as used.
- 32) Turn off faucet with a clean, dry paper towel.
- 33) Discard paper towel to trash container as used.
- 34) Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.

Denture Care

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Place a protective lining (washcloth or cloth towel) in the sink basin to help prevent damage to the dentures.
- 5) Put on gloves AFTER gathering supplies and preparing the area.
- 6) Remove dentures from cup.
- 7) Handle dentures carefully to avoid damage.
- 8) Rinse denture cup.
- Apply cleaning solution and thoroughly brush dentures including the inner, outer, and chewing surfaces of upper and lower dentures. (Toothettes may be utilized instead of a toothbrush as long as all the surfaces listed are cleaned.)
- 10) Rinse dentures using clean cool water.
- 11) Place dentures in rinsed cup.
- 12) Add cool clean water to denture cup.
- 13) Rinse and dry equipment and return to storage.
- 14) Discard protective lining in an appropriate container.
- 15) Remove gloves by turning inside out as they are removed and dispose of gloves in an appropriate container.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Dressing a Dependent Resident

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Raise bed the between mid-thigh and waist level.
- 6) Keep resident covered while removing gown.
- 7) Remove gown from unaffected side first.
- 8) Place used gown in designated laundry hamper.
- 9) Dress the resident in a button-up shirt. Insert hand through the sleeve of the shirt and grasp the hand of the resident.
- 10) When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.
- 11) Assist the resident to raise their buttocks or turn the resident from side-to-side and draw the pants over the buttocks and up to the resident's waist.
- 12) When dressing the resident in pants, always dress from the affected (weak) side leg first.

- 13) When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.
- 14) Leave the resident comfortably and properly dressed (pants pulled up to waist front and back and shirt completely buttoned.)
- 15) Lower bed.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Feeding a Dependent Resident

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Look at diet card and verbally indicate that resident has received the correct tray.
- 5) Position the resident in an upright position. At least 45 degrees.
- 6) Protect clothing from soiling by using napkin, clothing protector, or towel.
- **7) Provide hand hygiene for the resident** *BEFORE* **feeding.** (May use a disposable wipe and dispose in trash can, or may wash the resident's hands with soap and a wet washcloth, or may rub hand sanitizer over all surfaces of the resident's hands until dry.)
- 8) Ensure resident's hands are dry BEFORE feeding. (If a wet washcloth with soap was used, dry the resident's hands. If a disposable wipe or hand sanitizer were used, must make sure resident's hands are dry.)
- 9) Discard soiled linen designated laundry hamper or dispose in appropriate container.
- 10) Sit down in a chair facing the resident while feeding the resident.
- 11) Describe the foods being offered to the resident.
- 12) Offer fluid frequently from each glass.
- 13) Offer food in small amounts at a reasonable rate, allowing resident time to chew and swallow.
- 14) Wipe resident's hands and face during meal at least once.
- 15) Leave resident clean and in a position of comfort.
- 16) Record intake in percentage of total solid food eaten on previously signed recording form.
- 17) Candidate's recorded consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake.
- 18) Record estimated intake as the sum total fluid consumed from the two glasses in ml on the previously signed recording form.
- 19) Candidate's recorded sum total consumed fluid intake is within 30ml of the RN Test Observer's recorded fluid intake.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place call light or signaling device within easy reach of the resident.
- 22) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Hair Care

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Place a towel on resident's shoulders.
- 5) Ask resident how they would like their hair combed.
- 6) Comb/brush resident's hair gently and completely.
- 7) Discard soiled linen in designated laundry hamper.
- 8) Leave hair neatly brushed, combed or styled.
- 9) Maintain respectful, courteous interpersonal interactions at all times.
- 10) Place call light or signaling device within easy reach of the resident.
- 11) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Isolation Gown and Gloves and Emptying a Urinary Drainage Bag with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Unfold the gown.
- 3) Face the back opening of the gown with seams and tags on the inside.
- 4) Place arms through each sleeve.
- 5) Fasten the neck opening behind the neck.
- 6) Secure the waist making sure that the back flaps cover clothing as completely as possible.
- 7) Put on gloves overlapping gown sleeves at the wrist.
- 8) Knock on door.
- 9) Explain procedure to be performed to the resident.
- 10) Provide privacy for resident pull curtain.
- 11) Place a clean barrier on the floor under the drainage bag (paper towel or linen).
- 12) Place the graduate on the previously placed barrier. Open the drain to allow the urine to flow into the graduate until the bag is empty.
- 13) Avoid touching the graduate or urine in the graduate with the tip of the tubing. Close the drain.
- 14) Wipe the drain with an uncontaminated antiseptic wipe.
- 15) Place graduate on the designated level, flat surface and at eye level, measure output.
- 16) Empty graduate into designated toilet/commode. Rinse and dry equipment. Return equipment to storage.
- 17) Discard barrier in the appropriate container.
- 18) Leave resident in a position of comfort and safety.
- 19) Record output on the previously signed recording form.
- 20) Candidate's measured output reading is within 25ml of RN Test Observer's output reading.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Place call light or signaling device within easy reach of the resident.

- 23) Remove gloves BEFORE removing gown, turning inside out as they are removed.
- 24) Dispose the gloves in the designated biohazard container.
- 25) Unfasten the gown at the neck AFTER gloves have been removed.
- 26) Unfasten the gown at the waist AFTER gloves have been removed.
- 27) Remove the gown by folding soiled area to soiled area.
- 28) Dispose of gown in the designated biohazard container.
- 29) Wash hands: Turn on water.
- 30) Wet hands.
- 31) Apply soap to hands.
- 32) Rub hands together using friction with soap.
- 33) Scrub/wash hands together for at least twenty (20) seconds with soap.
- 34) Scrub/wash with interlaced fingers pointing downward with soap.
- 35) Wash all surfaces of hands and wrists with soap.
- 36) Rinse hands thoroughly under running water with fingers pointing downward.
- 37) Dry hands with a clean paper towel(s).
- 38) Discard paper towel(s) used to dry hands to trash container as used.
- 39) Turn off faucet with a clean, dry paper towel.
- 40) Discard paper towel to trash container as used.
- 41) Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.

Making an Occupied Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Gather linen and transport linen correctly without touching uniform.
- 4) Place clean linen over back of chair, drape over foot of bed or on over-bed table.
- 5) Explain procedure to be performed to the resident.
- 6) Provide privacy for resident pull curtain.
- 7) Raise the bed to between mid-thigh and waist level.
- 8) Resident is to remain covered at all times.
- 9) Assist resident to turn onto side away from the candidate toward the center of the bed.
- 10) Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
- 11) Place clean bottom sheet along the center of the bed and roll or fan fold linen against resident's back and unfold the remaining half of the clean bottom sheet.
- 12) Secure two fitted corners.
- 13) Assist the resident to roll onto their other side over the clean bottom linen.
- 14) Remove soiled linen without shaking and place in designated laundry hamper.
- 15) Avoid placing soiled linen on the over-bed table, chair or floor.
- 16) Avoid touching linen to uniform.
- 17) Pull through and smooth out the clean bottom linen leaving tight and free of wrinkles.
- 18) Secure the other two fitted corners.
- 19) Place resident on their back.
- 20) Physically check to ensure that resident is in correct body alignment.
- 21) Ensure that the resident never touches the bare mattress at any time during the procedure.
- 22) Place clean top linen and blanket or bed spread over covered resident.

- 23) Smooth out the clean top linen leaving it centered and free of wrinkles.
- 24) Remove used linen making sure the resident is unexposed at all times.
- 25) Dispose of soiled linen in designated laundry hamper.
- 26) Tuck in top linen and blanket or bedspread at the foot of bed only (except for the mitered corners, do not tuck in linens on the sides).
- 27) Ensure that sheet and top linen do not constrict the resident's feet.
- 28) Apply clean pillow case, with zippers and/or tags to inside.
- 29) Gently assist resident to raise head while replacing the pillow.
- 30) Lower bed.
- 31) Maintain respectful, courteous interpersonal interactions at all times.
- 32) Place call light or signaling device within easy reach of the resident.
- 33) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Making an Unoccupied Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident. (The Actor will be sitting in a chair.)
- 4) Gather linen and transport correctly without touching uniform.
- 5) Place clean linen over back of chair, drape over foot of bed or on over-bed table.
- 6) Raise the bed to between mid-thigh and waist level.
- 7) Remove soiled linen from bed without touching uniform.
- 8) Place removed linen in designated laundry hamper.
- 9) Do not put soiled linen on the over-bed table or floor.
- 10) Do not put clean linen on the floor.
- 11) Apply bottom fitted sheet, keeping it straight and centered.
- 12) Make bottom linen smooth and/or tight, free of wrinkles.
- 13) Place clean top linen and blanket or bed spread on the bed.
- 14) Tuck in top linen and blanket or bedspread at the foot of bed only (except for the mitered corners, do not tuck in linens on the sides).
- 15) Make mitered corners at the foot of the bed.
- 16) Apply clean pillow case, with zippers and/or tags to inside.
- 17) Lower bed.
- 18) Maintain respectful, courteous interpersonal interactions at all times.
- 19) Place call light or signaling device within easy reach of the resident.
- 20) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Mouth Care—Brushing Teeth

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Drapes the resident's chest with towel to prevent soiling.
- 6) Put on gloves AFTER gathering supplies and preparing the area.
- 7) Wet toothbrush and apply a small amount of cleaning solution.
- 8) Brush resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth. (If available, toothettes may be utilized instead of the toothbrush as long as all of the surfaces listed are cleaned.)
- 9) Brush the resident's tongue.
- 10) Assist resident in rinsing mouth.
- 11) Wipe resident's mouth, remove soiled linen and place in designated laundry hamper.
- 12) Empty container. (Container may be an emesis basin or a disposable cup.)
- 13) Rinse and dry emesis basin, if used, or discard disposable items in the appropriate container.
- 14) Rinse toothbrush or dispose of toothette in the appropriate container.
- 15) Return equipment to storage.
- 16) Remove gloves by turning inside out as they are removed and dispose of gloves in the appropriate container.
- 17) Leave resident in position of comfort.
- 18) Maintain respectful, courteous interpersonal interactions at all times.
- 19) Place call light or signaling device within easy reach of the resident.
- 20) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Mouth Care of a Comatose Resident

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Position resident in semi-Fowler's position with head turned well to one side or position resident on side as appropriate to avoid choking or aspiration.
- 6) Drape resident's chest/bed as needed to protect from soiling.
- 7) Put on gloves AFTER gathering supplies and preparing area.
- 8) Apply a small amount of cleaning solution to a swab(s).
- 9) Gently and thoroughly brush the inner, outer, and chewing surfaces of all upper and lower teeth.
- 10) Gently and thoroughly brush the gums.
- 11) Gently and thoroughly brush the resident's tongue.
- 12) Clean/wipe resident's mouth area.

- 13) Leave resident in a position of safety and in good body alignment.
- 14) Rinse, dry and return equipment to storage. Discard disposable items in designated container. Discard soiled linen in designated laundry hamper.
- 15) Remove gloves by turning inside out as they are removed and dispose of gloves in the appropriate container.
- 16) Maintain respectful courteous, interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Nail Care One Hand

- 1) Knocks on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Immerse nails in comfortably warm water and soak for at least five (5) minutes. (Verbalize to soak nails for at least five minutes.)
- 5) Dry hand thoroughly, specifically dry between fingers.
- 6) Gently clean under nails with an orange stick.
- 7) Gently push cuticle back with orange stick.
- 8) File each fingernail.
- 9) Rinse and dry equipment and return to storage. Discard soiled linen in designated laundry hamper.
- 10) Maintain respectful, courteous interpersonal interactions at all times.
- 11) Place call light or signaling device within easy reach of the resident.
- 12) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Perineal Care for a Female with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS) | DEMONSTRATED ON MANIKIN

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident/manikin.
- 4) Provide privacy for resident pull curtain.
- 5) Raise the bed to between mid-thigh and waist level.
- 6) Fill basin with comfortably warm water. Place basin on over-bed table or bedside stand.
- 7) Prepare area and gather supplies.
- 8) Place bath blanket or clean sheet over resident.
- 9) Put on gloves.
- 10) Expose perineum only.
- 11) Verbalize separating labia while physically separating the labia.

- 12) Use water and soapy washcloth (no peri-wash).
- 13) Clean both sides of the labia from front to back using a clean portion of a washcloth with each single stroke.
- 14) Clean middle of labia from front to back using a clean portion of a washcloth for each single stroke.
- 15) Rinse both sides of labia from front to back.
- 16) Rinse middle of labia from front to back.
- 17) Use a clean portion of a washcloth with each single stroke.
- 18) Pat dry.
- 19) Cover the exposed area with the bath blanket or clean sheet.
- 20) Assist resident (manikin) to turn onto side away from the candidate toward the center of the bed.
 - a. RN Test Observer may help hold the manikin on their side ONLY after the candidate has turned the manikin.
- 21) Use a clean washcloth with water and soap (no peri-wash).
- 22) Clean rectal area from vagina to rectum with single strokes using a clean portion of a washcloth with each single stroke.
- 23) Rinse area from front to back using a clean portion of the washcloth with each single stroke.
- 24) Pat dry.
- 25) Position resident (manikin) on her back.
- 26) Dispose of soiled linen in a designated laundry hamper.
- 27) Empty, rinse, dry and return equipment to storage.
- 28) Remove gloves by turning inside out as they are removed and dispose of gloves in an appropriate container.
- 29) Lower bed.
- 30) Maintain respectful, courteous interpersonal interactions at all times.
- 31) Place call light or signaling device within easy reach of the resident.
- 32) Wash hands: Turn on water.
- 33) Wet hands.
- 34) Apply soap to hands.
- 35) Rub hands together using friction with soap.
- 36) Scrub/wash hands together for at least twenty (20) seconds with soap.
- 37) Scrub/wash with interlaced fingers pointing downward with soap.
- 38) Wash all surfaces of hands and wrists with soap.
- 39) Rinse hands thoroughly under running water with fingers pointing downward.
- 40) Dry hands with a clean paper towel(s).
- 41) Discard paper towel(s) used to wash hands to trash container as used.
- 42) Turn off faucet with a clean, dry paper towel.
- 43) Discard paper towel to trash container as used.
- 44) Do not re-contaminate hands at any time during the hand washing procedure.

Position Resident on Side

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident and how the resident may help.
- 4) Provide privacy for resident pull curtain.

- 5) Position bed flat.
- 6) Raise the bed to between mid-thigh and waist level.
- 7) From the working side of the bed, gently move resident's upper body toward self.
- 8) From the working side of the bed, gently move resident's hips toward self.
- 9) From the working side of the bed, gently move resident's legs toward self.
- 10) Gently assist/turn resident on their side. (The correct side that is read to you by the RN Test Observer).
- 11) Physically check to ensure that the resident's face never becomes obstructed by the pillow.
- 12) Check to be sure resident is not lying on their downside arm.
- 13) Protect bony prominences by placing support devices such as pillows/wedges/blankets, etc., under the resident's head, upside arm, behind back and between knees.
- 14) Do not cause any discomfort or pain at any time during the procedure.
- 15) Lower bed.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Range of Motion for Hip and Knee

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Raise the bed height to between mid-thigh and waist level.
- 6) Position resident supine (bed flat).
- 7) Correctly support joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.
- 8) Move the entire leg away from the body.
- 9) Move the entire leg back toward the body.
- 10) Complete abduction and adduction of the hip at least three times.
- 11) Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.
- 12) Bend the resident's knee and hip toward the resident's trunk.
- 13) Straighten the knee and hip.
- 14) Complete flexion and extension of knee and hip at least three times.
- 15) Do not force any joint beyond the point of free movement.
- 16) Candidate <u>must ask</u> resident at least once during the ROM exercise if there is/was any discomfort/pain. Does not cause discomfort or pain at any time during ROM.
- 17) Leave resident in a position of safety and good body alignment.
- 18) Lower bed.

- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place call light or signaling device within easy reach of the resident.
- 21) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Range of Motion for Shoulder

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident pull curtain.
- 5) Raise the bed height to between mid-thigh and waist level.
- 6) Position resident supine (bed flat) on back.
- 7) Correctly support the resident's joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.
- 8) Raise resident's arm up and over the resident's head.
- 9) Bring the resident's arm back down to the resident's side.
- 10) Complete flexion and extension of shoulder at least three times.
- 11) Continue to correctly support joint by placing one hand under the resident's elbow and the other hand under the resident's wrist.
- 12) Move the resident's entire arm out away from the body.
- 13) Return the resident's arm to the middle of the resident's body.
- 14) Complete abduction and adduction of the shoulder at least three times.
- 15) Do not force any joint beyond the point of free movement.
- 16) Candidate <u>must ask</u> at least once during the ROM exercise if there was any discomfort/pain. Does not cause any discomfort or pain at any time during the ROM.
- 17) Leave resident in a position of safety and good body alignment.
- 18) Lower bed.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place call light or signaling device within easy reach of the resident.
- 21) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Stand, Pivot and Transfer Resident from Bed to Wheelchair using a Gait Belt

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Obtain a gait belt.
- 5) Position wheelchair at the foot or head of the bed.
- 6) Lock wheelchair brakes to ensure resident's safety.

- 7) Lock bed brakes to ensure resident's safety.
- 8) Adjust bed height to ensure resident's feet will be flat on the floor when sitting on the edge of the bed.
- 9) Assist resident to sitting position and place gait belt around the resident's waist to stabilize trunk. Tighten gait belt. Check gait belt by slipping fingers between gait belt and resident.
- 10) Assist in putting on non-skid slippers.
- 11) Grasp gait belt with both hands.
- 12) Bring resident to a standing position using proper body mechanics.
- 13) With one hand grasping the gait belt and the other hand stabilizing the resident by holding forearm, shoulder or using other appropriate method to stabilize, transfer resident from bed to wheelchair.
- 14) Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety.
- 15) RN Test Observer will tell the candidate to transfer the resident back into the bed.
- 16) Bring resident to standing position, using proper body mechanics.
- 17) With one hand grasping the gait belt and the other hand stabilizing the resident by holding forearm, shoulder or using other appropriate method to stabilize, transfer resident from wheelchair back to the bed.
- 18) Assist resident to pivot and sit on the bed in a controlled manner that ensures safety.
- 19) Assist resident in removing non-skid slippers.
- 20) Remove gait belt.
- 21) Assist resident to move to center of the bed and lie down.
- 22) Maintain respectful, courteous interpersonal interactions at all times.
- 23) Place call light or signaling device within easy reach of the resident.
- 24) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Vital Signs –Pulse and Respirations

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 5) Count resident's pulse for a full 60 seconds and record pulse rate on the previously signed recording form.
 - a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
- 6) Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.
- 7) Count resident's <u>respirations</u> for a full 60 seconds and <u>record respirations</u> on the previously signed recording form.
 - a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
- 8) Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.
- 9) Maintain respectful, courteous interpersonal interactions at all times.
- 10) Place call light or signaling device within easy reach of the resident.
- 11) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Knowledge Test Vocabulary List

abandonment
abdominal thrust
abductor wedge
abnormal vital signs
absorption
abuse
accidents
activities
acute
adaptive
adaptive devices
adaptive equipment
adduction
ADL
admission
admitting resident
advance directives
afebrile
affected side
aging process
agitation
AIDS
alarm
alternating pressure mattress
Alzheimer's
Alzheimer's care
ambulation
amputees
anatomy
anger
angina
antibiotics
anti-embolitic stocking

anxiety
aphasia
apnea
appropriate response
arteries
arthritis
aseptic
aspiration
assault
assistive device
atrophy
attitudes
authorized duty
axillary temperature
bacteria
bargaining
basic needs
basic skin care
bath water temperature
bathing
bed cradle
bed making
bed position
bed rails
bed rest
bed sore
behavior
behavioral care plan
beliefs
biohazard
bladder training
blindness
blood pressure
body alignment

body fluid
body mechanics
body system
body temperature
bowel program
ВР
breathing
burnout
burns
call light
cancer
cardiac arrest
cardiopulmonary resuscitation
cardiovascular system
care impaired
care plan
care planning
cast
cataract
catheter
catheter care
cc's in an ounce
central nervous system
cerebral vascular accident
chain of command
charge nurse
chemical restraint
chemical safety
chemotherapy
CHF
choking
chronic
circulation

circulatory system
clarification
cleaning
cleaning spills
clear liquid diet
clergy
cognitively impaired
cold application
cold compress
colostomy bag
colostomy care
coma
combative resident
comfort care
communicable
communication
compression
conduct
confidentiality
conflict
conflict resolution
confused resident
congestive heart failure
constipation
constrict
contact isolation
contamination
continuity
contracture
converting measures
COPD
coughing excessively
CPR
cueing

CVA	
cyanotic	
data collection	
death and dying	
decubitus ulcer	
deeper tissue	
defamation	
dehydration	
delegation	
dementia	
denial	
denture care	
dentures	
depression	
development	
developmental disability	
diabetes	
diabetic	
dialysis	
diastolic	
diet	
digestion	
dilate	
discharging resident	
disease	
disease process	
disinfection	
disoriented	
disoriented resident	
disposing of contaminated materials	
disrespect	
disrespectful treatment	1
dizziness	
DNR	

documentation	
domestic abuse	
dressing	
droplets	
drowsy	
drug tolerance	
dying	
dysphagia	
dyspnea	
dysuria	
edema	
elastic	
elastic stockings	
elderly	
elevate head	
elimination	
emesis	
emesis basin	
emotional abuse	
emotional needs	
emotional stress	
emotional support	
empathy	
emphysema	
end of life care	
enema	
epilepsy	
ethics	
evacuation	
eye glasses	
falls	
false imprisonment	
fasting	
fecal impaction	

feces	hazardous substance	in-service pro
feeding	health care team	insomnia
financial abuse	hearing	insulin
fire	hearing aid	intake
fire safety	hearing impaired	intake and ou
first aid	hearing loss	integumentar
flatus	heart muscle	interpersonal
flexed	heat application	invasion of pr
flexion	height	isolation
Foley catheter	hemiplegia	isolation prec
foot care	НІРАА	jaundice
Fowler's	HIV	job descriptio
fractures	hormones	kidney failure
fraud	hospice	life support
frayed cord	hospice care	lift/draw shee
free from disease	hydration	linen
frequent urination	hyperglycemia	listening
gait belt	hypertension	log roll
gastric feedings	hyperventilation	loose teeth
gastrostomy tube	hypoglycemia	low sodium d
geriatrics	I&O (input and output)	making occup
germ transmission	immobility	manipulative
gerontology	immune	Maslow
gestures	impaired	masturbation
gifts	impairment	material safet
glass thermometer	incontinence	MDS
gloves	indwelling catheter	measuring he
grand mal seizure	infection	measuring ter
grieving process	infection control	mechanical lif
group settings	infection prevention	mechanical so
hair care	infectious disease	medical aseps
hallucination	in-house transfer	medical recor
hand tremors	initial observations	medications
hand washing	input and output	memory loss

in-service programs insomnia insulin intake intake and output integumentary system interpersonal skills invasion of privacy isolation isolation precautions jaundice job description
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isolation isolation precautions jaundice
isolation precautions jaundice
jaundice
job description
kidney failure
life support
lift/draw sheet
linen
listening
log roll
loose teeth
low sodium diet
making occupied bed
manipulative behavior
Maslow
masturbation
material safety data sheets
MDS
measuring height
measuring temperature
mechanical lift
mechanical soft diet
medical asepsis
medical record
medications

mental health
mentally impaired
metastasis
microorganism
minerals
misappropriation
mobility
mouth care
moving
MSDS
mucous membrane
multiple sclerosis
musculoskeletal
musculoskeletal system
nail care
neglect
negligence
new resident
non-contagious disease
non-verbal communication
nosocomial
NPO
nurse's station
nursing assistant's role
nutrition
objective
objective data
OBRA
observation
official records
ombudsman
open-ended questions
oral care
oral hygiene

oral temperature
orientation
oriented
osteoporosis
ostomy bag
output
over-bed table
oxygen
pain
palliative care
paralysis
paranoia
Parkinson's
partial assistance
passive
pathogen
patience
perineal care
personal belongings
personal care
personal items
personal protective equipment
personal stress
personal values
pet therapy
phantom pain
phone etiquette
physical needs
physician's authority
plaque
policy book
positioning
postmortem care

pr	ressure ulcer
	reventing falls
	eventing injury
	rivacy
	rofessional boundaries
	ogressive
	ojection
	onation
	rone
	rostate gland
pr	osthesis
ps	sychological needs
ps	sychosis
ps	sychosocial
рι	ulse
Q	ID
qι	uadriplegia
qι	uality of life
ra	dial
ra	mps
ra	nge of motion
ra	tionalization
re	eality orientation
re	ectal
re	fusal
re	gulation
re	habilitation
re	ligious service
re	eminiscence therapy
re	eminiscing
re	newal
	porting

postural supports

reporting abuse	security
reposition	seizure
resident abuse	self-esteem
resident belongings	semi-Fowlers
resident centered care	sensory system
resident identification	sexual harassment
resident independence	sexual needs
resident pain	sexuality
resident pictures	Sharp's container
resident right	shaving
resident treatment	shearing
resident unit	side rails
Resident's Bill of Rights	Sim's position
resident's chart	skilled care facility
resident's environment	skin integrity
resident's families	slander
respectful treatment	smoking
respiration	social needs
respiratory symptoms	social worker
respiratory system	soiled linen
responding to resident behavior	specimen
responsibility	spills
restorative care	spiritual needs
restraint	sputum test
resuscitation	standard precautions
rights	STAT
rigidity	stealing
risk factor	sterilization
rotation	stethoscope
safety	stomach
scabies	stress
scale	stroke
seclusion	strong side
	subjective

subjective data
sundowning
supine
suprapubic
survey
swelling
systolic
TED hose
telephone etiquette
temperature
tendons
terminal illness
terminology
thickened liquids
threatening resident
tips
toenails
toileting schedule
trachea
transfers
transporting
transporting food
tub bath
tube feeding
tubing
twice daily
tympanic
tympanic temperature
unaffected
unconscious
urethral
urinary catheter bag
urinary problems
urinary system

urinary tract
urination
urine
validation
validation therapy
violent behavior
vision change
vital signs
vitamins

vocabulary	
vomitus	_
walker	_
wandering resident	
water faucets	_
water intake	_
water temperature	_
weak side	_
weakness	_

weighing
weight
well-balanced meal
well-being
wheelchair safety
white blood cells
withdrawn resident
workplace violence

Notes:			