



D&S Diversified Technologies LLP

Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: November 1, 2019

Version 16.1

Updated 2/1/2020 – D&S DT no longer will be answering phones live on Saturdays from 8:00am to 2:00pm EST. This will not affect Saturday or Sunday test events. Weekend test events will be officially scored and results posted each Monday, when Monday is not a Holiday.





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Contact Information

Questions regarding testing process, test scheduling and eligibility to test: (877) 201-0758		
Questions about training program information and Abuse Registry: (615) 253-6085		
Main switchboard, renewals, name changes and address changes: (615) 532-5171		
Challenges, out of state reciprocity and verification: (615) 741-7173		
D&S Diversified Technologies, LLP PO Box 418 Findlay, OH 45839 Email: hdmastereast@hdmaster.com Web Site: www.hdmaster.com	<i>Monday through Friday</i> 8:00 AM – 6:00 PM (EST)	Phone #: (877) 201-0758 Fax #: (419) 422-8367
Tennessee Nurse Aide Registry 665 Mainstream Drive – 2 nd Floor Nashville, TN 37243 Tennessee Department of Health Website: https://www.tn.gov/content/tn/health/health-professionals/hcf-main/hcf-programs/nai.html Verification of Licensure: https://apps.health.tn.gov/licensure Training Programs: https://apps.health.tn.gov/nurseaide/natf_criteria.aspx Abuse Registry: https://apps.health.tn.gov/AbuseRegistry	<i>Monday through Friday</i> 8:00 AM – 4:30 PM	Phone #: (615) 532-5171 Fax #: (615) 248-3601

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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 Department of Health (TDH) to be identified as a state tested nurse aide and listed on the Tennessee Nurse Aide Registry.

The Tennessee Department of Health 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) toll free 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 TDH website at: <https://www.tn.gov/content/tn/health/health-professionals/hcf-main/hcf-programs/nai.html>.

Americans with Disabilities Act (ADA)

ADA Compliance

If you have a qualified disability, you may request special accommodations for examination. Accommodations must be approved by D&SDT in advance of your examination. The request for ADA Accommodation Form 1404TN is available on the Tennessee page of the D&SDT website under the Candidate Forms column at www.hdmaster.com. This form must be submitted to D&SDT with required documentation listed on the second page of the ADA application in order to be reviewed for a special accommodation.

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

Exam Description	Price
Knowledge Test or Retake	\$30
Oral Knowledge Test or Retake	\$30
Skill Test or Retake	\$68

Applying to Take the Exam

Nursing Assistant Training Program Candidates

Your training program will enter your initial training information into the WebETest© database. You should receive a verification form during your training to sign after you review the data entered (make sure your first, middle and last names exactly match the first, middle and last names on your government issued ID and social security card) and answer the abuse and neglect questions. Once your training program enters the date you successfully complete training into WebETest©, you may schedule your exam date online at www.hdmaster.com (click on Tennessee, click on Student/Candidate Login under “Candidate Forms” and then log-in with your secure Test ID# and Pin# provided to you by your training program or from D&S DT at (877)201-0758.

Once your record opens, read the information on the screen, answer the Abuse/Neglect questions and check the box next to “Attestation – I hereby attest to the following statements”. Under the Self-Pay or Sponsored heading, click on the “Pre-pay with Credit Card” bar.

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After paying, you will be able to schedule and/or reschedule into a scheduled test date of your choice by clicking on the drop-down menus by Site and Date and then click on Submit Updates to confirm your selection and schedule. You will then receive your test confirmation notification online or on the screen while you are logged in. If you do not see your confirmation notification, you are not scheduled to test. You may login with any Internet-connected device. You will be scheduled to take your initial knowledge and skill tests on the same day. To change or reschedule your test date, login to WebETest© at www.hdmaster.com, choose Tennessee, to update no less than 1 full business day before your scheduled test date. If you are unable to schedule/reschedule on-line, please call D&S DT at (877)201-0758 for assistance.

Candidates who self-schedule online will receive their test confirmation notification at the time they are scheduled online.

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.

Tennessee Application Form 1101TN and Scheduling and Payment Form 1402TN

You may also schedule a test date by mailing to D&S DT a paper Tennessee Application Form 1101TN and a Scheduling and Payment Form 1402TN indicating your test date choices along with your payment (money order, cashier’s check, facility check, Visa or MasterCard). No personal checks or cash are accepted.

Complete your Tennessee Application Form 1101TN and Scheduling and Payment Form 1402TN by including first and second date choices for your testing. Please keep in mind we need lead time to prepare and ship tests. Therefore, we cannot schedule you for a test date if we do not receive your form at least ten (10) business days prior to your requested test date. Sundays and Holidays are not counted as business days. All D&S DT forms can be found on the Tennessee NA page of our website at www.hdmaster.com

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Please note: Please print neatly. Double-check your address, phone number, email address and social security number before signing. Forms with that are illegible, have incorrect payment or are missing information, payment or signatures will be returned to the candidate.

If you email (hdmastereast@hdmaster.com) or fax, (419)422-8367, your D&S DT forms a credit card (Visa or MasterCard) payment is required and for faxes there is a \$5 Priority Fax Service Fee. If you mail in your D&S DT forms, we accept Money Orders, Cashier's Checks, Facility Checks, MasterCard or Visa cards. If we are able to schedule you to test within ten (10) business days of your requested test date a \$15 Express Service Fee and/or a \$39.50 Overnight Express Shipping Fee per candidate will apply. We do not accept personal checks or cash for testing fees. All test dates are filled on a first come, first served basis.

When a candidate is scheduled by D&S DT, we will notify you via email of your scheduled test date and time. If you do not receive a test confirmation from D&S DT within five (5) business days of submitting your scheduling request and payment, call D&S DT at (877)201-0758.

Test Schedule

Many training programs host and pre-schedule in-facility (flexible) test dates for their graduating students. Your program will have informed you if this is the case. Prior to scheduling a test, verify with your training program if where you trained has already scheduled your test. Regional (fixed) test seats are open to all candidates. Regional test dates are posted on the Tennessee NA page of our website, www.hdmaster.com under the "Candidate Forms" column. Click on the button "Test Schedule".

If you have any questions regarding your test scheduling, call D&S DT at (877)201-0758, Monday through Friday 8 a.m. to 6 p.m. Eastern Standard time.

Please note: It is recommended that you check the Tennessee webpage on D&S DT's website at www.hdmaster.com prior to testing for valuable information in the Candidate Handbook regarding testing, testing requirements, what to expect and to make sure you are aware of any changes that have occurred in the skills test or testing protocols since completing training.

Exam Check-In

You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your exam is scheduled to start. (For example: if your test start time is 8:00 a.m. – you need to be at the test site for check-in no later than 7:30 to 7:40 a.m.)

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.

No wrist watches, smart watches or fitness monitors are allowed.

Long hair must be pulled back.

Please 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.

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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 cannot be accepted. Only original IDs and social security cards are accepted. No photocopies, faxes or images 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)
- Military Identification (*that meet all identification requirements*)
- Work Authorization Card (*that meet all identification requirements*)
- Concealed Hand Gun Carry Permit

Please note: *A driver's license or state-issued ID card that has a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID. You will not be admitted for testing and you will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.*

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

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.

Any name changes that need to be made (due to marriage, divorce, etc.) must have legal documentation submitted to D&S DT at least two (2) business days prior to your scheduled test date. You may call D&S DT at (877)201-0758 to confirm that your name of record matches your US government issued ID and social security card, or log in to the Tennessee NA webpage at www.hdmaster.com using your Test ID# and PIN# to check on your demographic information.

It is recommended that you print out, read and bring your test confirmation notice with you on your test day, although it is not required for test admission.

Please note: You will not be admitted for testing if you do not bring proper ID and original Social Security Card, your ID is invalid (*see note above) or if your FIRST, MIDDLE and LAST printed names on your US government issued photo ID and social security card do not match your current name of record. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

You will be required to re-present your 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 and read to you when you enter the knowledge test room and/or skills test lab. These instructions detail the process and what you can expect during your exams.

Testing Policies

The following policies are observed at each test site—

- Plan to be at the test site up four (4) to six (6) hours.
- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20-30 minutes before your scheduled start time – if you test start time is 8:00 a.m., you need to be at the test site by 7:40 a.m. at the latest), you will not be admitted to the exam, considered a No Show and any exam fees paid *will NOT be refunded*.

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- 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, MIDDLE and LAST printed names on your ID and 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 for both the knowledge and skills portion of the exam, 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 record using your ID and PIN# or submit Form 1402TN (Scheduling and Payment Form) to schedule another exam date. If your exam is TDH funded, that facility will be charged a \$40.00 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*.
- No wrist watches are allowed to be on or near you in either testing room.
- Cell phones, smart watches, fitness monitors, electronic recording devices and personal items (such as 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 or fitness monitors must be removed from your wrist and turned off. Anyone caught using any type of electronic recording device during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months or without the approval of the Tennessee Department of Health.
- 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 his/her hair back by the testing team to ensure that no blue tooth devices are being used.
- 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.
- Word-for-word language translation dictionaries are allowed during testing. You must show the translation dictionary to the RN Test Observer/Knowledge Test Proctor before you start your knowledge exam. No documentation or writing can be in the translation dictionary, if there is, it will not be allowed. Electronic translation dictionaries or dictionaries with definitions are not allowed during testing.
- 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 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 and reported to your training program and the Tennessee Department of Health.
- No visitors, guests, pets (including companion animals) or children 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 nursing assistant. (examples: cast, arm/leg braces, crutches, etc.) Call D&S DT at (877)201-0758 immediately if you are on doctor's orders. You must fax, (419)422-7395, 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 review to this Tennessee Candidate Handbook before your test day for any updates to testing and/or policies.**

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Candidate Feedback – Exit Survey

Effective November 1, 2019: You will receive an email of your test results on the day your test is official scored, and in this email, you will be provided a link to SurveyMonkey to complete the exit survey. A link is also available when you log in to your record to get your results. 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.

Security

If you refuse to follow directions, use abusive language or disrupt the examination environment, your test will be stopped and scored as a failure. 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 Department of Health. 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 TDH and is subject to prosecution to the full extent of the law. Your test will be scored as a test failure and you will forfeit any testing fees paid. You will be reported to the Tennessee Department of Health. 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 sites during your WebETest© electronic exam), your test will be stopped and scored as a failure. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be reported to the Tennessee Department of Health and not permitted to retest for a minimum period of six (6) month.

Reschedules

All candidates are entitled to one free 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 reschedule taking place.

- 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&S DT is open until 6 pm Eastern Standard time Monday-Friday) the Thursday before your scheduled exam. The Friday before a scheduled test date on a Saturday, Sunday or Monday is considered the business day before your scheduled exam and a reschedule would not be granted on the Friday.

Scheduled test date is on a:	Reschedule by D&S DT's close of business on the previous:
Monday	Thursday by 6 p.m. Eastern time
Tuesday	Friday by 2 p.m. Eastern time
Wednesday	Monday by 6 p.m. Eastern time
Thursday	Tuesday by 6 p.m. Eastern time
Friday	Wednesday by 6 p.m. Eastern time
Saturday	Thursday by 6 p.m. Eastern time
Sunday	Thursday by 6 p.m. Eastern time

Please 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.

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Scheduled in a Test Event

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made in writing at least **one (1) full business day** prior to your scheduled test event (excluding Saturdays, Sundays and Holidays). We accept faxed, (419)422-8367, or emailed, hdmastereast@hdmaster.com, requests for refunds. 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 close of business (D&S DT is open until 6 p.m. Eastern Standard time Monday-Friday) the Thursday before your scheduled exam. The Friday before a scheduled test date on a Saturday, Sunday or Monday is considered the one full business day before your scheduled exam and a refund would not be granted on the Friday prior to your scheduled exam day.
 - Facilities funded by TDH 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 fee.
- 3) Refund requests must be made within thirty (30) days of payment of testing fees with D&S DT. Any requests for refunds made beyond the 30 days of payment of testing fees with D&S DT 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&S DT. Any requests for refunds made beyond the 30 days of payment of testing fees with D&S DT will not be issued.
- 2) Refund requests must be made in writing. We accept faxed, (419)422-8367, or emailed, hdmastereast@hdmaster.com, requests for refunds. 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 fee.

No Shows

If you are a non-TDH funded candidate scheduled for an exam and you do not show up without notifying D&S DT 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. Facilities submitting TDH funded candidates will be billed a \$40 no show fee and required to submit a new testing fee to schedule a TDH funded into a new test event.

These fees partially offset 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&S DT to confirm that any documentation faxed, emailed or mailed as been received.

- **Car breakdown:** D&S DT must be contacted within one business day via phone call, fax or email and a tow bill or other appropriate documentation must be submitted within **three (3) business days** of the missed exam date, if we do not receive the required documentation within the 3 business day time frame your No Show status will remain and you will have to pay your testing fees to schedule a new test date.

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- **Medical emergency:** D&S DT 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 the required documentation within the 3 business day time frame your No Show status will remain and you will have to pay your testing fees to schedule a new test date.
- **Death in the family:** D&S DT must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. (Immediate family is parents, grand and great-grand parents, siblings, children, spouse or significant other).

Inclement Weather Policy

If an exam date is cancelled due to inclement weather or other unforeseen circumstances, D&S DT staff will make every effort to contact you using the contact information you have listed in your record in WebETest®. Please make sure to keep your contact information up to date. D&S DT will reschedule you, for no charge, to a mutually agreed upon new test date.

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 are available to you after 6pm Eastern Standard time the day tests are scored. You will be able to access your test results online at www.hdmaster.com.

If you do not have an email in your record, your test results will be mailed to you. If you have an email, you will be emailed your test results to the email in your record. A copy of your test results can be printed from the Tennessee webpage at D&S DT's website any time after your test has been officially scored. Your device must have an RTF reader to open emailed test results.

To check your test results on-line, go to www.hdmaster.com, click on Tennessee and click on On-Line Test Results.

- 1) Type in your social security number
- 2) Type in your test date
- 3) Type in your birth date
- 4) Click on Submit Score Report Request

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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 TDH approved training program in order to become eligible to further attempt Tennessee nursing assistant examinations.

- An attempt means checking in for the competency evaluation and receiving the knowledge test booklet or the skill test instructions including the skills that are to be performed. If a candidate decides to not complete the test after receiving the knowledge test booklet or the skill test instructions, the attempt will be scored as a failure.

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&S DT. 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 on-line at www.hdmaster.com with a Visa or MasterCard (click on Tennessee CNA, click on Student/Candidate Login and then log-in with your secure Test ID# and Pin#), you will need to pay the retake fee first and then will be able to schedule. Call D&SDT at (877)201-0758 if assistance is needed or to get your ID# and Pin#.

You may also schedule a re-test by completing the Scheduling and Payment Form 1402TN available on the Tennessee webpage of D&S DT's website www.hdmaster.com:

- Fill out Exam types and Fee payment on a new Scheduling and Payment Form 1402TN and choose test dates from the Test Schedule and write them on the Scheduling and Payment Form 1402TN under Option 1 (Regional Test Site Schedule).
- You will need to submit your Scheduling and Payment Form 1402TN to D&S DT either by fax at (419)422-8367 (\$5.00 extra fax fee applies), email at hdmastereast@hdmaster.com (scan or image and attach) or mail to P.O. Box 418, Findlay, OH 45839.

If you need assistance scheduling your re-test, please call D&S DT at (877)201-0758. 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 Scheduling and Payment Form 1402TN, check the Test Review Fee of \$25 (cashier's check, money order, credit [Visa or MasterCard] or debit card with expiration date) and a detailed explanation of why you feel your dispute is valid via email, fax or mail **within three (3) business days** from official scoring of your test (excluding Saturdays, Sundays and Holidays). Late requests or requests missing review fees will be returned and will not be considered. Since one qualification for certification as a nursing assistant in Tennessee is demonstration by examination of minimum nursing assistant 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&S DT will pay for your re-test fee and refund your review fee. D&S DT 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&S DT will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollection of your test(s). After a candidate reaches the age of 18, D&S DT will only discuss test results or test disputes with the candidate or the candidate's training program. D&S DT 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&S DT will complete your review request within 10 business days of the receipt of your timely review request and will email or mail the review results to your email address or physical address of record.

The Knowledge/Oral Test

English and Spanish Version of the Knowledge/Oral Exam

The knowledge/oral exam is offered in English and Spanish. You will be able to select either English or Spanish when you apply to take your exam.

Please 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 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?") For paper tests, fill in only one (1) oval on the answer sheet for each question. Do not mark in the testing booklet. Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. **You must have a score of 75% or better to pass the knowledge portion of the exam.**

- For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. Do not bring or use ink pens.

Electronic testing called WebEtest© using Internet connected computers is utilized at several sites in Tennessee. For electronic tests, the Knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers. Testing online with WebEtest© allows next business day scoring of tests and eliminates examination material shipping time so test results are available days sooner than with traditional paper and pencil testing. Before you start your exam, the Knowledge Test Proctor (KTP) will walk you through a ten question practice test pertaining on how to navigate your exam.

An audio (Oral) version of the knowledge test is available in English or Spanish. However, you must request an Oral test before you submit your testing fee payment. The questions are read to you, in a neutral manner, from a cassette player, with control buttons for play, rewind, pause, etc., in addition to having the knowledge test and scan form for the paper test. For WebEtest© you will hear the questions on the computer headphones/earbuds and have control buttons on the computer screen (play, rewind, pause etc.).

Please note: On the Spanish Oral Knowledge Test, only the first 65 questions will be read in Spanish, the remaining questions will be read and answered in English to assess English reading comprehension.

Word-for-word language translation dictionaries are allowed during testing. You must show the translation dictionary to the RN Test Observer/Knowledge Test Proctor before you start your knowledge exam. No documentation or writing can be in the translation dictionary, if there is, it will not be allowed. Electronic translation dictionaries or dictionaries with definitions are not allowed during testing.

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D&S DT conducts BETA testing of questions to gather statistical data for use in constructing future tests. You may be asked to volunteer to answer these additional questions. Your responses will not affect your test score.

All test materials 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 the Tennessee Department of Health.

Knowledge Test Content

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

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

Knowledge Practice Test

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.

The following are a sample of the kinds of questions that you will find on the Knowledge/Oral 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 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. A soft, synthetic fleece pad placed beneath the resident:
 - (A) Takes pressure off the back
 - (B) Provides warmth for the resident
 - (C) Gives the resident a sense of security
 - (D) Should only be used with bedridden residents

 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

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The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Tennessee approved nursing assistant skill 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.
- Each of your randomly selected five (5) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed a maximum of **thirty five (35) minutes** to complete your five tasks. 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 task, 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 skill task 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: After completing the task of hand washing as your first task, you may verbalize when you would wash your hands during your remaining tasks.

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 task 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.

Candidate's Name: _____	
PLEASE PRINT	
TEMPERATURE: _____	PULSE: _____ RESPIRATIONS: _____
URINARY OUTPUT: _____ cc/ml	WEIGHT: _____ lbs.
BLOOD PRESSURE: _____ / _____	
GLASS 1: _____	
GLASS 2: _____	
TOTAL FLUID INTAKE: _____ cc/ml	FOOD INTAKE: _____ %
Candidate's Signature: _____	

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Skill Test Tasks

You will be assigned hand washing as your first mandatory task.

Please note: After completing the hand washing task as your first task, you may verbalize when you would wash your hands during your remaining four tasks.

You will also receive an additional four (4) randomly selected tasks from the Skill Task listing below. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the WebETest© skill test assignment algorithm will be comparable in overall difficulty.

Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit. The only exception is after completing the first mandatory task of hand washing, you may verbalize when you would wash your hands during your remaining four tasks.

The steps that are listed for each task are the steps required for a nursing assistant 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 most of the tasks (the catheter care and perineal care of a female tasks will be done on a mannequin). You will be scored only on the steps listed. You must have a score of 80% on each task 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 tasks on your retest will be a task you previously failed. There will always be the first mandatory task of hand washing to start each Skill Test. The other tasks 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 tasks and record what she/he sees you do. D&S DT scoring teams will officially score and double check your test.

Please note: The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Tennessee nursing assistant 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.

Hand Washing

(Mandatory first task)

- 1) Knocks on door.
- 2) Introduces self to the resident.
- 3) Turns on water.
- 4) Wets hands.
- 5) Applies soap to hands.
- 6) Rubs hands together using friction.
- 7) **Rubs hand together for at least 20 seconds.**
- 8) Interlaces fingers pointing downward.
- 9) Washes all surfaces of hands and wrists with soap.
- 10) Rinses hands thoroughly under running water with fingers pointed downward.
- 11) Dries hands on clean paper towel(s).
- 12) Turns off faucet with a clean dry paper towel(s). (Does not use a previously used paper towel to turn off the faucet.)
- 13) Discards paper towels into trash container as used.
- 14) **Does not re-contaminate hands at any point during the procedure.**

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Ambulation with a Gait Belt

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident and obtains gait belt.
- 4) Lowers bed until resident's feet are flat on the floor.
- 5) Locks bed brakes to ensure resident's safety.**
- 6) Locks wheelchair brakes to ensure resident's safety.**
- 7) Brings resident to sitting position and places gait belt around waist to stabilize trunk. Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
- 8) Assists resident to put on non-skid slippers.
- 9) Brings resident to standing position, using proper body mechanics.
- 10) With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulates resident at least 10 steps to the wheelchair.
- 11) Assists resident to pivot and sit in the wheelchair in a controlled manner that ensures safety. Removes gait belt.
- 12) Maintains respectful, courteous interpersonal interactions at all times.
- 13) Leaves call light or signaling device within easy reach of the resident.
- 14) Identifies that hands should be washed.

Ambulation with a Walker

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Lowers bed until resident's feet are flat on the floor.
- 5) Locks bed brakes to ensure resident's safety.**
- 6) Locks wheelchair brakes to ensure resident's safety.**
- 7) Brings resident to sitting position.
- 8) Assists resident to put on non-skid slippers.
- 9) Positions walker correctly.
- 10) Assists resident to stand. Stabilizes walker and ensures resident has stabilized walker.
- 11) Positions self behind and slightly to side of the resident.
- 12) Safely ambulates resident at least 10 steps to the wheelchair.
- 13) Assists resident to pivot and sit in the wheelchair in a controlled manner that ensures safety using correct body mechanics.
- 14) Maintains respectful, courteous interpersonal interactions at all times.
- 15) Leaves call light or signaling device within easy reach of the resident.
- 16) Identifies that hands should be washed.

Backrub

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Provides privacy for resident – pulls curtain.
- 5) Assists resident to turn onto side away from the candidate toward the center of the bed.**
- 6) Exposes back. (verbalize)
- 7) Pours a small amount of lotion onto own hands (verbalize) and rubs hands together to warm.
- 8) Rubs entire back in upward, outward motion.
- 9) Returns resident to a position of comfort and safety.
- 10) Lowers bed to lowest position.
- 11) Maintains respectful, courteous interpersonal interactions at all times.
- 12) Leaves call light or signaling device within easy reach of the resident.
- 13) Identifies that hands should be washed.

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Bedpan and Output

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Provides privacy for resident – pulls curtain.
- 5) ~~Puts on gloves after gathering supplies and preparing the area.~~
- 6) Positions resident on bedpan correctly and safely using correct body mechanics.
- 7) Raises head of the bed to a comfortable level.
- 8) Leaves 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 removes the bedpan and holds while RN Test Observer adds a known quantity of fluid.
- 10) ~~Empties urine from bedpan into graduate.~~
- 11) With graduate at eye level on the previously designated flat surface, measures output.
- 12) Empties into toilet or designated location. Rinses and dries equipment. Returns equipment to storage. Flushes toilet if used.
- 13) Removes gloves by turning inside out and disposes of gloves.
- 14) Identifies that hands should be washed.
- 15) **Washes/assists resident to wash and dry hands with soap and water after removing gloves.**
- 16) Records output on previously ~~signed~~ recording form.
- 17) **Candidate's measured output reading is within 30cc/ml of RN Test Observer's output reading.**
- 18) Maintains respectful, courteous interpersonal interactions at all times.
- 19) Leaves call light or signaling device within easy reach of the resident.
- 20) Identifies that hands should be washed.

Blood Pressure

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to resident.
- 4) Provides privacy for resident – pulls curtain.
- 5) Assists 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) Rolls resident's sleeve up about five (5) inches above the elbow.
- 7) Applies the appropriate size cuff around the upper arm just above the elbow.
- 8) Cleans earpieces of stethoscope appropriately and places in ears.
- 9) Locates the brachial artery.
- 10) Places stethoscope over brachial artery.
- 11) Holds stethoscope snugly in place.
- 12) Inflates cuff until 30mmHG above the average systolic rate provided by the RN Test Observer.
- 13) Slowly releases air from cuff to disappearance of pulsations. Removes cuff.
- 14) Records reading on previously ~~signed~~ recording form.
- 15) **Candidate's recorded systolic blood pressure is within 4mmHg of the RN Test Observer's recorded systolic blood pressure.**
- 16) **Candidate's recorded diastolic blood pressure is within 4mmHg of the RN Test Observer's recorded diastolic blood pressure.**
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Leaves call light or signaling device within easy reach of the resident.
- 19) Identifies that hands should be washed.

Catheter Care

- 1) Knock on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to resident.
- 4) Provides privacy for resident – pulls curtain.
- 5) Fills basin with comfortably warm water.
- 6) Covers 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) Verbalizes and physically checks to see that urine can flow unrestricted into the drainage bag.
- 9) Verbalizes and checks the area around the urethra for signs of leakage.
- 10) Uses soap and water to carefully wash around the drainage tube where it exits the urethra.
- 11) Holds catheter near the urethra to prevent tugging on catheter and cleans 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 wash cloth with each stroke.**
- 13) Using a clean wash cloth, rinses using strokes away from urethra. Uses a clean portion of the wash cloth with each stroke.
- 14) Pats dry with a clean towel.
- 15) Do not allow the tube to be pulled at any time during the procedure.**
- 16) Replaces top linen over resident and discards bath blanket in the appropriate container.
- 17) Leaves resident in a position of safety and comfort.
- 18) Empties, rinses and dries the equipment and returns equipment to storage.
- 19) Disposes of linen in the appropriate container.
- 20) Removes gloves turning inside out and disposes in the appropriate container.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Leave call light or signaling device within easy reach of the resident.
- 23) Identifies that hands should be washed.

Denture Care

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Places a protective lining (wash cloth) in the sink basin to help prevent damage to the dentures.
- 5) Puts on gloves *after* gathering supplies and preparing the area and removes dentures from cup.
- 6) Handles dentures carefully to avoid damage. Rinses the denture cup.
- 7) Applies cleaning solution and thoroughly brushes 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.
- 8) Rinses dentures using clean cool water.
- 9) Places dentures in rinsed cup.
- 10) Adds cool clean water to denture cup.
- 11) Cleans and dries equipment and returns to storage.
- 12) Discards protective lining in an appropriate container.
- 13) Removes gloves by turning inside out and disposes of gloves in an appropriate container.
- 14) Maintains respectful, courteous interpersonal interactions at all times.
- 15) Leaves call light or signaling device within easy reach of the resident.
- 16) Identifies that hands should be washed.

Dressing a Resident

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains the procedure to be performed to the resident.
- 4) Provides privacy for resident – pulls curtain.

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- 5) Raises bed the between mid-thigh and waist level.
- 6) Keeps resident covered while removing gown.
- 7) Removes gown from unaffected side first.
- 8) Places used gown in laundry hamper.
- 9) **When dressing the resident in a shirt or blouse, the candidate inserts their hand through the sleeve of the shirt or blouse and grasps the hand of the resident dressing from the affected side first.**
- 10) **When dressing the resident in pants, the candidate assists the resident to raise their buttocks or turns resident from side to side and draws the pants over the buttocks and up to the resident's waist always dressing from the affected side first.**
- 11) When putting on the resident's socks, the candidate draws the socks up the resident's foot until they are smooth.
- 12) Lowers bed.
- 13) Leaves the resident comfortably and properly dressed (pants pulled up to waist front and back and shirt completely buttoned.)
- 14) Maintains respectful, courteous interpersonal interactions at all times.
- 15) Leaves call light or signaling device within easy reach of the resident.
- 16) Identifies that hands should be washed.

Emptying a Urinary Drainage Bag

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Provides privacy for resident – pulls curtain.
- 5) Puts on gloves *after* gathering supplies and preparing the area.
- 6) **Places a clean barrier on the floor under the drainage bag (paper towel or linen).**
- 7) Places the graduate on the previously placed barrier. Opens the drain the allow the urine to flow into the graduate until the bag is empty.
- 8) Avoids touching the graduate or urine in the graduate with the tip of the tubing. Closes the drain.
- 9) **Wipes the drain with an uncontaminated antiseptic wipe.**
- 10) Places graduate on level on a flat surface and measures output.
- 11) Empties graduate into toilet. Rinses and dries equipment. Returns equipment to storage.
- 12) Discards barrier in the appropriate container.
- 13) Removes gloves by turning inside out and disposes of gloves in an appropriate container
- 14) Leaves resident in a position of comfort and safety.
- 15) Records output in cc/ml on the previously **signed** recording form.
- 16) **Candidate's measured output reading is within 25cc/ml of RN Test Observer's output reading.**
- 17) Leaves call light or signaling device within easy reach of the resident.
- 18) Maintains respectful, courteous interpersonal interactions at all times.
- 19) Identifies that hands should be washed.

Feeding a Dependent Resident

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Candidate looks at diet card and verbally indicates that resident has received the correct tray.
- 5) Positions the resident in an upright position. At least 45 degrees.
- 6) Protects clothing from soiling by using napkin, clothing protector, or towel.
- 7) **Washes and rinses the resident's hands with soap and water before feeding. Dries resident's hands.**
- 8) Discards soiled linen appropriately.
- 9) **Sits down in a chair facing the resident while feeding the resident.**
- 10) Describes the foods being offered to the resident.
- 11) Offers water or other fluid frequently.
- 12) Offers food in small amounts at a reasonable rate, allowing resident to chew and swallow.

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- 13) Wipes resident's hands and face during meal at least once.
- 14) Leaves resident clean and in a position of comfort.
- 15) Records intake in percentage of total solid food eaten on provided previously **signed** recording form.
- 16) Candidate's recorded consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake.**
- 17) Candidate records the total (sum) of fluid intake from the two glasses in cc/ml on the previously signed recording form.
- 18) Candidate's recorded total consumed fluid intake is within 30cc/ml of the RN Test Observer's recorded fluid intake.**
- 19) Maintains respectful, courteous interpersonal interactions at all times.
- 20) Leaves call light or signaling device within easy reach of the resident.
- 21) Identifies that hands should be washed.

Hair Care

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Places a towel on resident's shoulders.
- 5) Asks resident how they would like their hair combed.
- 6) Combs/brushes resident's hair gently and completely.
- 7) Discards linen in appropriate container.
- 8) Leaves hair neatly brushed, combed or styled.
- 9) Maintains respectful, courteous interpersonal interactions at all times.
- 10) Leaves call light or signaling device within easy reach of the resident.
- 11) Identifies that hands should be washed.

Isolation Gown and Gloves

- 1) Identifies that hands should be washed.
- 2) Unfolds the gown.
- 3) Faces the back opening of the gown correctly with seams and tags on the inside.
- 4) Places arms through each sleeve.
- 5) Secures the neck opening by fastening behind the neck.
- 6) Secures the waist making sure that the back flaps completely cover clothing.
- 7) Puts on gloves overlapping gown sleeves at the wrist.
- 8) When directed by the RN Test Observer, remove the gloves, turning inside out, and dispose of gloves in the bio-hazard container *before* removing gown.**
- 9) Unfastens the gown at the neck *after* gloves have been removed.
- 10) Unfastens the gown at the waist *after* gloves have been removed.
- 11) Removes the gown by folding soiled area to soiled area.
- 12) Disposes of gown in a bio-hazard container.
- 13) Identifies that hands should be washed.

Making an Occupied Bed

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Gathers linen and transports linen correctly without touching uniform.
- 4) Places clean linen over back of chair, drapes over foot of bed or on over-bed table.
- 5) Explains procedure to be performed to the resident.
- 6) Provides privacy for resident – pulls curtain.
- 7) Raises the bed to between mid-thigh and waist level.
- 8) Resident is to remain covered at all times.**
- 9) Assists resident to turn onto side away from the candidate toward the center of the bed.**

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- 10) Rolls or fan folds soiled linen, soiled side inside, to the center of the bed. Does not leave resident on the bare mattress at any time.
- 11) Places clean bottom sheet along the center of the bed and rolls or fan folds linen against resident's back and unfolds remaining half.
- 12) Secures two fitted corners.
- 13) Assists the resident to roll onto his/her other side over the clean bottom linen.
- 14) Removes soiled linen without shaking and places in hamper.
- 15) Avoids placing dirty linen on the over-bed table, chair or floor.
- 16) Avoids touching linen to uniform.
- 17) Pulls through and smooths out the clean bottom linen leaving tight and free of wrinkles.
- 18) Secures the other two fitted corners.
- 19) Places resident on his/her back maintaining correct body alignment (must verbalize checking).**
- 20) Places clean top linen and blanket or bed spread over covered resident. Removes used linen making sure the resident is unexposed at all times.
- 21) Disposes of soiled linen in hamper.
- 22) Tucks in top linen and blanket or bedspread at the foot of bed only (except for the mitered corners, does not tuck in linens on the sides).
- 23) Makes mitered corners at the foot of the bed. Leaves bed neat and completely made.
- 24) Applies clean pillow case, with zippers and/or tags to inside.
- 25) Gently lifts resident's head when replacing the pillow.
- 26) Lowers bed.
- 27) Maintains respectful, courteous interpersonal interactions at all times.
- 28) Leaves call light or signaling device within easy reach of the resident.
- 29) Identifies that hands should be washed.

Making an Unoccupied Bed

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Gathers linen and transports correctly.
- 4) Places clean linen over back of chair, drapes over foot of bed or on over-bed table.
- 5) Raises the bed to between mid-thigh and waist level.
- 6) Removes soiled linen from bed without touching uniform.
- 7) Places removed linen in appropriate place (does not put dirty linen on the over-bed table or clean or dirty linen on the floor).**
- 8) Applies bottom fitted sheet, keeping it straight and centered.
- 9) Makes bottom linen smooth and/or tight, free of wrinkles.
- 10) Places clean top linen and blanket or bed spread on the bed.
- 11) Tucks in top linen and blanket or bedspread at the foot of bed only (except for the mitered corners, does not tuck in linens on the sides).
- 12) Makes mitered corners at the foot of the bed.
- 13) Applies clean pillow case, with zippers and/or tags to inside.
- 14) Leaves bed completely and neatly made.
- 15) Returns bed to lowest position.
- 16) Identifies that hands should be washed.

Mouth Care—Brushing Teeth

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Provides privacy for resident – pulls curtain.
- 5) Drapes the chest with towel to prevent soiling.
- 6) Candidate puts on gloves *after* gathering supplies and preparing the area.
- 7) Wets brush and applies a small amount of cleaning solution.

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- 8) **Cleans** 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) Cleans tongue.
- 10) Assists resident in rinsing mouth.
- 11) Wipes resident's mouth, removes soiled linen and places in appropriate container.
- 12) Empties, rinses and dries emesis basin. Rinses toothbrush or disposes of toothette in the appropriate container. Returns emesis basin and toothbrush to storage.
- 13) Removes gloves by turning inside out and disposes of gloves in the appropriate container.
- 14) Leaves resident in position of comfort.
- 15) Maintains respectful, courteous interpersonal interactions at all times.
- 16) Leaves call light or signaling device within easy reach of the resident.
- 17) Identifies that hands should be washed.

Mouth Care of a Comatose Resident

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Provides privacy for resident – pulls curtain.
- 4) Explains procedure to be performed to the resident.
- 5) **Positions resident in semi-Fowler's position with head turned well to one side or positions resident on side as appropriate to avoid choking or aspiration.**
- 6) Drapes chest/bed as needed to protect from soiling.
- 7) Puts on gloves *after* gathering supplies and preparing area.
- 8) Use swabs and/or toothbrush and a small amount of cleaning solution (NO TOOTHPASTE).
- 9) Gently and thoroughly cleans the inner, outer, and chewing surfaces of all upper and lower teeth.
- 10) Gently and thoroughly cleans the gums.
- 11) Gently and thoroughly cleans the tongue.
- 12) Cleans, dries mouth area.
- 13) Returns resident to position of comfort and safety.
- 14) Rinses, dries and returns equipment to storage. Discards disposable items in waste can. Discards towel and wash cloth in linen hamper.
- 15) Removes gloves by turning inside out and disposes of gloves in the appropriate container.
- 16) Maintains respectful courteous, interpersonal interactions at all times.
- 17) Leaves call light or signaling device within easy reach of the resident.
- 18) Identifies that hands should be washed.

Nail Care One Hand

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Immerses nails in comfortably warm water and soaks for at least five (5) minutes. (The five minutes may be verbalized.)
- 5) Dries hand thoroughly, being care to dry between fingers.
- 6) Gently cleans under nails with an orange stick.
- 7) Gently pushes cuticle back with orange stick.
- 8) Files each fingernail.
- 9) Rinses and dries equipment and returns to storage. Discards towel in linen hamper.
- 10) Maintains respectful, courteous interpersonal interactions at all times.
- 11) Leaves call light or signaling device within easy reach of the resident.
- 12) Identifies that hands should be washed.

Partial Bed Bath- Face, Arm, Hand and Underarm

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Provides privacy for resident – pulls curtain.
- 5) Raise the bed between mid-thigh and waist level.
- 6) Covers resident with a bath blanket or clean sheet.
- 7) Removes remaining top bed covers. Fanfolds to bottom of bed or places aside.
- 8) Removes resident's gown without exposing resident and places in linen hamper immediately after removal.
- 9) Fills basin with comfortably warm water and places on over-bed table or bedside stand.
- 10) Washes and dries face WITHOUT SOAP.
- 11) Places towel under arm, only expose one arm.
- 12) Washes arm, hand and underarm using soap and water.
- 13) Rinses arm, hand, and underarm and dries entire area.
- 14) Assists resident to put on a clean gown.
- 15) Rinses and dries basin(s) and returns to storage.
- 16) Disposes of soiled linen in appropriate container.
- 17) Lowers bed.
- 18) Maintains respectful, courteous interpersonal interactions at all times.
- 19) Leaves call light or signaling device within easy reach of the resident.
- 20) Identifies that hands should be washed.

Perineal Care of a Female

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident/mannequin.
- 4) Provides privacy for resident – pulls curtain.
- 5) Raises the bed to between mid-thigh and waist level.
- 6) Fills basin with comfortably warm water. Places basin on over-bed table or bedside stand.
- 7) Places bath blanket or clean sheet over resident *before* putting on gloves.
- 8) Puts on gloves after gathering supplies and preparing area.
- 9) Exposes perineum only.
- 10) Verbalizes separating labia while physically separating the labia.
- 11) Uses water and soapy wash cloth (no peri-wash), cleans both side of the labia from front to back using a clean portion of a wash cloth with each single stroke.**
- 12) Cleans middle of labia from front to back using a clean portion of a wash cloth for each stroke.
- 13) Rinses and pats dry the area from front to back.
- 14) Covers the exposed area with the bath blanket or clean sheet.
- 15) Assists resident (mannequin) to turn onto side away from the candidate toward the center of the bed.
- 16) With a clean wash cloth, cleans the rectal area.
- 17) Uses water, wash cloth and soap (no peri-wash), cleans rectal area from vagina to rectum with single strokes using a clean portion of a wash cloth with each single stroke.**
- 18) Rinses and pats dry area from front to back.
- 19) Disposes of soiled linen in an appropriate container.
- 20) Empties, rinses, dries and returns equipment to storage. Dries table.
- 21) Removes gloves by turning inside out and disposes of gloves in an appropriate container.
- 22) Positions resident (mannequin) on her back.
- 23) Lowers bed.
- 24) Maintains respectful, courteous interpersonal interactions at all times.
- 25) Leaves call light or signaling device within easy reach of the resident.
- 26) Identifies that hands should be washed.

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Position Resident on Side

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident and how the resident may help.
- 4) Provides privacy for resident – pulls curtain.
- 5) Positions bed flat.
- 6) Raises the bed to between mid-thigh and waist level.
- 7) From the working side of the bed, moves upper body toward self.
- 8) Moves hips toward self
- 9) Moves legs toward self.
- 10) Assists/turns resident on his/her side and ensures that the resident's face never becomes obstructed by the pillow. (Candidate physically checks and verbalizes checking.)**
- 11) Checks to be sure resident is not lying on his/her arm.
- 12) Protects bony prominences by placing support devices such as pillows/wedges/blankets, etc., under head (must physically check), arm, behind back and between knees.
- 13) Maintains correct body alignment (must verbalize checking).**
- 14) Lowers bed.
- 15) Maintains respectful, courteous interpersonal interactions at all times.
- 16) Leaves call light or signaling device within easy reach of the resident.
- 17) Identifies hands should be washed.

Range of Motion for Hip & Knee

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Provides privacy for resident – pulls curtain.
- 5) Raises the bed to between mid-thigh and waist level.
- 6) Positions resident supine (bed flat).
- 7) Correctly supports joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.
- 8) Moves the entire leg away from the body and verbalizes abduction. *(Must verbalize name of the motion.)*
- 9) Moves the entire leg back toward the body and verbalizes adduction. *(Must verbalize the name of the motion.)*
- 10) Completes abduction and adduction of the hip three times.
- 11) Continues to correctly support joints and bends the resident's knee and hip toward the resident's trunk and verbalizes flexion. *(Must verbalize the name of the motion.)*
- 12) Straightens the knee and hip and verbalizes extension. *(Must verbalize the name of the motion.)*
- 13) Completes flexion and extension of knee and hip three times.
- 14) Does not cause discomfort or pain and does not force any joint beyond the point of free movement. Candidate must ask if they are causing any pain or discomfort.**
- 15) Leaves resident in a comfortable position and checks and verbalizes good body alignment. *(Must verbalize checking good body alignment.)*
- 16) Lowers bed.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Leaves call light or signaling device within easy reach of the resident.
- 19) Identifies that hands should be washed.

Range of Motion for Shoulder

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Provides privacy for resident – pulls curtain.
- 5) Positions resident supine (bed flat) on back.

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- 6) Raises the bed to between mid-thigh and waist level.
- 7) Correctly supports the resident's joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.
- 8) Raises resident's arm up and over the resident's head and verbalizes flexion. *(Must verbalize the name of the motion.)*
- 9) Brings the resident's arm back down to the resident's side and verbalizes extension. *(Must verbalize the name of the motion.)*
- 10) Completes full range of motion for shoulder through flexion and extension three times.
- 11) Continues to correctly support joints and moves the resident's entire arm out away from the body and verbalizes abduction. *(Must verbalize the name of the motion.)*
- 12) Return the resident's arm to the middle of the resident's body and verbalizes adduction. *(Must verbalize the name of the motion.)*
- 13) Complete full range of motion for shoulder through abduction and adduction three times.
- 14) Does not cause discomfort or pain and does not force any joint beyond the point of free movement. Candidate must ask if they are causing any pain or discomfort.**
- 15) Leaves resident in a comfortable position and checks and verbalizes good body alignment. *(Must verbalize checking good body alignment.)*
- 16) Lowers bed.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Leaves call light or signaling device within easy reach of the resident.
- 19) Identifies that hands should be washed.

Stand, Pivot and Transfer with a Gait Belt

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains the procedure to be performed to the resident.
- 4) Positions wheelchair at the foot or head of the bed.
- 5) Locks wheelchair brakes to ensure resident's safety.**
- 6) Locks bed brakes to ensure resident's safety.**
- 7) Lowers bed until resident's feet are flat on the floor.
- 8) Assists resident to sitting position and places gait belt around the resident's waist to stabilize trunk. Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
- 9) Assists in putting on non-skid slippers.
- 10) Brings resident to a standing position using proper body mechanics.
- 11) With one hand grasping the gait belt and the other stabilizing the resident by holding forearm, shoulder or using other appropriate method to stabilize, transfers resident from bed to wheelchair.
- 12) Assist resident to pivot and sit in a controlled manner that ensures safety.
- 13) RN Test Observer will tell the candidate to transfer the resident back into the bed. Candidate brings resident to standing position, using proper body mechanics.
- 14) With one hand grasping the gait belt and the other stabilizing the resident by holding forearm, shoulder or using other appropriate method to stabilize, transfers resident from wheelchair back to the bed.
- 15) Assists resident to pivot and sit on the bed in a controlled manner that ensures safety.
- 16) Assists resident in removing non-skid slippers and gait belt.
- 17) Assists resident to move to center of the bed and lie down.
- 18) Makes sure resident is comfortable. Checks and verbalizes that resident is in good body alignment.
- 19) Maintains respectful, courteous interpersonal interactions at all times.
- 20) Leaves call light or signaling device within easy reach of the resident.
- 21) Identifies that hands should be washed.

Vital Signs – Oral Temperature, Pulse and Respirations

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.

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- 4) Provides privacy for resident – pulls curtain.
- 5) Applies sheath or cleans thermometer with an alcohol pad.
- 6) Turns on digital oral thermometer and gently inserts bulb end of thermometer in mouth under tongue.
- 7) Holds thermometer in place for appropriate length of time.
- 8) Removes thermometer and candidate reads and records the temperature reading on the previously **signed** recording form.
- 9) **Candidate's recorded temperature varies no more than .1 degree from the RN Test Observer's recorded temperature.**
- 10) Candidate wipes thermometer clean with alcohol pad or discards sheath.
- 11) Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 12) Counts pulse for 60 seconds or 30x2 and records pulse rate on the previously **signed** recording form.
- 13) **Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.**
- 14) Candidate counts respirations for 60 seconds or 30x2 and records respirations on the previously **signed** recording form.
- 15) **Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.**
- 16) Maintains respectful, courteous interpersonal interactions at all times.
- 17) Leaves call light or signaling device within easy reach of the resident.
- 18) Identifies that hands should be washed.

Vital Signs – Axillary Temperature, Pulse and Respirations

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains procedure to be performed to the resident.
- 4) Provides privacy for resident – pulls curtain.
- 5) Applies sheath or cleans thermometer with an alcohol pad.
- 6) Turns on digital oral thermometer. Dries inner armpit and places thermometer in center of the axilla.
- 7) Holds thermometer in place for appropriate length of time.
- 8) Removes thermometer and candidate reads and records the temperature reading on the previously **signed** recording form.
- 9) **Candidate's recorded temperature varies no more than .1 degree from the RN Test Observer's recorded temperature.**
- 10) Candidate wipes thermometer clean with alcohol pad or discards sheath.
- 11) Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 12) Counts pulse for 60 seconds or 30x2 and records pulse rate on the previously **signed** recording form.
- 13) **Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.**
- 14) Candidate counts respirations for 60 seconds or 30x2 and records respirations on the previously **signed** recording form.
- 15) **Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.**
- 16) Maintains respectful, courteous interpersonal interactions at all times.
- 17) Leaves call light or signaling device within easy reach of the resident.
- 18) Identifies that hands should be washed.

Weighing an Ambulatory Resident

- 1) Knocks on door.
- 2) Identifies that hands should be washed.
- 3) Explains the procedure to be performed to the resident.
- 4) **Balances scale before weighing resident or zeros if using an analog scale.**
- 5) **Locks wheelchair brakes to ensure resident's safety.**
- 6) Assists resident to stand and walks resident to the scale.
- 7) Assists resident to step on the scale.
- 8) Checks that resident is balanced and centered on the scale with arms at sides and not holding on to anything that would alter reading of the weight.
- 9) **Appropriately adjusts weights until scale is in balance or observes the analog scale.**

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- 10) Reads weight and returns resident to wheelchair assisting to sitting position.
- 11) Candidate records weight on the previously **signed** recording form.
- 12) **Candidate's recorded weight varies no more than 2 pounds from RN Test Observer's recorded weight.**
- 13) Maintains respectful, courteous interpersonal interactions at all times.
- 14) Leaves call light or signaling device within easy reach of the resident.
- 15) Identifies that hands should be washed.

Knowledge Test Vocabulary List

abandonment	amputees	bed making
abdominal thrust	anatomy	bed position
abductor wedge	anger	bed rails
abnormal vital signs	angina	bed rest
absorption	antibiotics	bed sore
abuse	anti-embolitic stocking	behavior
accidents	anxiety	behavioral care plan
activities	aphasia	beliefs
acute	apnea	biohazard
adaptive	appropriate response	bladder training
adaptive devices	arteries	blindness
adaptive equipment	arthritis	blood pressure
adduction	aseptic	body alignment
ADL	aspiration	body fluid
admission	assault	body mechanics
admitting resident	assistive device	body system
advance directives	atrophy	body temperature
afebrile	attitudes	bowel program
affected side	authorized duty	BP
aging process	axillary temperature	breathing
agitation	bacteria	burnout
AIDS	bargaining	burns
alarm	basic needs	call light
alternating pressure mattress	basic skin care	cancer
Alzheimer's	bath water temperature	cardiac arrest
Alzheimer's care	bathing	cardiopulmonary resuscitation
ambulation	bed cradle	cardiovascular system

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care impaired	communication	developmental disability
care plan	compression	diabetes
care planning	conduct	diabetic
cast	confidentiality	dialysis
cataract	conflict	diastolic
catheter	conflict resolution	diet
catheter care	confused resident	digestion
cc's in an ounce	congestive heart failure	dilate
central nervous system	constipation	discharging resident
cerebral vascular accident	constrict	disease
chain of command	contact isolation	disease process
charge nurse	contamination	disinfection
chemical restraint	continuity	disoriented
chemical safety	contracture	disoriented resident
chemotherapy	converting measures	disposing of contaminated materials
CHF	COPD	disrespect
choking	coughing excessively	disrespectful treatment
chronic	CPR	dizziness
circulation	cueing	DNR
circulatory system	CVA	documentation
clarification	cyanotic	domestic abuse
cleaning	data collection	dressings
cleaning spills	death and dying	droplets
clear liquid diet	decubitus ulcer	drowsy
clergy	deeper tissue	drug tolerance
cognitively impaired	defamation	dying
cold application	dehydration	dysphagia
cold compress	delegation	dyspnea
colostomy bag	dementia	dysuria
colostomy care	denial	edema
coma	denture care	elastic
combative resident	dentures	elastic stockings
comfort care	depression	elderly
communicable	development	

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elevate head	frayed cord	hospice care
elimination	free from disease	hydration
emesis	frequent urination	hyperglycemia
emesis basin	gait belt	hypertension
emotional abuse	gastric feedings	hyperventilation
emotional needs	gastrostomy tube	hypoglycemia
emotional stress	geriatrics	I&O (input and output)
emotional support	germ transmission	immobility
empathy	gerontology	immune
emphysema	gestures	impaired
end of life care	gifts	impairment
enema	glass thermometer	incontinence
epilepsy	gloves	indwelling catheter
ethics	grand mal seizure	infection
evacuation	grieving process	infection control
eye glasses	group settings	infection prevention
falls	hair care	infectious disease
false imprisonment	hallucination	in-house transfer
fasting	hand tremors	initial observations
fecal impaction	hand washing	input and output
feces	hazardous substance	in-service programs
feeding	health care team	insomnia
financial abuse	hearing	insulin
fire	hearing aid	intake
fire safety	hearing impaired	intake and output
first aid	hearing loss	integumentary system
flatus	heart muscle	interpersonal skills
flexed	heat application	invasion of privacy
flexion	height	isolation
Foley catheter	hemiplegia	isolation precautions
foot care	HIPAA	jaundice
Fowler's	HIV	job description
fractures	hormones	kidney failure
fraud	hospice	life support

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lift/draw sheet	nail care	passive
linen	neglect	pathogen
listening	negligence	patience
log roll	new resident	perineal care
loose teeth	non-contagious disease	personal belongings
low sodium diet	non-verbal communication	personal care
making occupied bed	nosocomial	personal items
manipulative behavior	NPO	personal protective equipment
Maslow	nurse's station	personal stress
masturbation	nursing assistant's role	personal values
material safety data sheets	nutrition	pet therapy
MDS	objective	phantom pain
measuring height	objective data	phone etiquette
measuring temperature	OBRA	physical needs
mechanical lift	observation	physician's authority
mechanical soft diet	official records	plaque
medical asepsis	ombudsman	policy book
medical record	open-ended questions	positioning
medications	oral care	postmortem care
memory loss	oral hygiene	postural supports
mental health	oral temperature	PPE (personal protective equipment)
mentally impaired	orientation	pressure ulcer
metastasis	oriented	preventing falls
microorganism	osteoporosis	preventing injury
minerals	ostomy bag	privacy
misappropriation	output	professional boundaries
mobility	over-bed table	progressive
mouth care	oxygen	projection
moving	pain	pronation
MSDS	palliative care	prone
mucous membrane	paralysis	prostate gland
multiple sclerosis	paranoia	prosthesis
musculoskeletal	Parkinson's	psychological needs
musculoskeletal system	partial assistance	psychosis

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psychosocial	resident's families	smoking
pulse	respectful treatment	social needs
QID	respiration	social worker
quadriplegia	respiratory symptoms	soiled linen
quality of life	respiratory system	specimen
radial	responding to resident behavior	spills
ramps	responsibility	spiritual needs
range of motion	restorative care	sputum test
rationalization	restraint	standard precautions
reality orientation	resuscitation	STAT
rectal	rights	stealing
refusal	rigidity	sterilization
regulation	risk factor	stethoscope
rehabilitation	rotation	stomach
religious service	safety	stress
reminiscence therapy	scabies	stroke
reminiscing	scale	strong side
renewal	seclusion	subjective
reporting	security	subjective data
reporting abuse	seizure	sundowning
reposition	self-esteem	supine
resident abuse	semi Fowlers	suprapubic
resident belongings	sensory system	survey
resident centered care	sexual harassment	swelling
resident identification	sexual needs	systolic
resident independence	sexuality	TED hose
resident pain	Sharps container	telephone etiquette
resident pictures	Shaving	temperature
resident right	shearing	tendons
resident treatment	side rails	terminal illness
resident unit	Sims position	terminology
Resident's Bill of Rights	skilled care facility	thickened liquids
resident's chart	skin integrity	threatening resident
resident's environment	slander	tips

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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
vomit
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

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Notes:
