



D&S Diversified Technologies LLP

Headmaster LLP

Minnesota Nurse Aide Candidate Handbook

EFFECTIVE FOR TESTING: January 2, 2023 | Update Effective: January 2, 2023

Version 5.1

Updates to the Nurse Aide Candidate Handbook, effective January 2, 2023

This handbook has been updated with the changes described below.

- The vocabulary listing has changed to reflect the new MN active test bank of knowledge test questions. Thanks to the volunteer members of the MN TAP for doing this important work.

NEW VOCABULARY LISTING BEGINNING on page --- 39

(newly added vocabulary words are highlighted gray)

- The Test Out/Challenge Candidate information in the 'Criteria to Waive Nurse Aide Training' section has been updated (pages 2-3).
- The 'Complete your Initial Login' section has been updated (page 3).

Minnesota Nurse Aide Candidate Handbook

Contact Information

<p>Questions regarding: testing process, test scheduling and eligibility to test (800) 393-8664</p> <p>Questions regarding: obtaining information on official regulations and guidelines for nurse aides • updating your name or address on the Registry • updating your employment information • obtaining information regarding test sites and approved training programs</p> <p style="text-align: right;">(651) 215-8705 (800) 397-6124 <i>(Minnesota only)</i></p>		
<p>D&S Diversified Technologies (D&SDT), Headmaster, LLP PO Box 6609 Helena, MT 59604</p> <p>Email: minnesota@hdmaster.com Web Site: www.hdmaster.com</p>	<p><i>Monday through Friday</i> <i>7:00AM – 7:00PM</i> <i>Central Standard Time (CST)</i></p> <p>Minnesota TMU© Webpage: https://mn.tmutest.com</p>	<p>Phone #: (800) 393-8664</p> <p>Fax #: (406) 442-3357</p>
<p>Minnesota Department of Health (MDH) Nurse Aide Registry PO Box 64501 St. Paul, MN 55164-0501</p> <p>Nurse Aide Registry: health.FPC-NAR@state.mn.us</p> <p>Nurse Aide Registry Website: https://www.health.state.mn.us/facilities/providers/nursingassistant/index.html</p>	<p><i>Monday through Friday</i> <i>8:00AM – 5:00PM</i> <i>Central Standard Time (CST)</i></p>	<p>Phone #: (651) 215-8705</p> <p>Phone #: (800) 397-6124 <i>(Minnesota only)</i></p>

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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 Nurse Aides 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 test and a skill test. Candidates must pass both parts of the nurse aide competency exam to be identified and listed on the Minnesota Nurse Aide Registry.

The Minnesota Department of Health (MDH) approved D&S Diversified Technologies, LLP (D&SDT)-Headmaster, LLP to provide tests and scoring services for nurse aide testing. For questions not answered in this handbook, please contact D&SDT-Headmaster at (800)393-8664 or go to D&SDT-Headmaster's [Minnesota webpage](#), or at: www.hdmaster.com and click on 'Minnesota CNA'. The information in this handbook will help you prepare for your examination.

Minnesota Nurse Aide Registry Requirements

The Minnesota Nurse Aide Registry registers qualified nurse aides to work in long-term care facilities, maintains information about nurse aides who have substantiated finding of abuse, neglect, and misappropriation of property, and approves and monitors nurse aide training and competency evaluation programs throughout Minnesota.

The Nurse Aide Registry lists nurse aides who have met Minnesota training and/or testing standards to work in nursing homes and certified boarding care homes. This is an online registry. Nurse aides, employers, and others can check the registry by using MDH's online system and the nurse aide's certificate number.

The registry does not maintain records of background checks. Questions regarding a background check should be directed to the Department of Human Services, Background Studies and Investigation Section at (651)431-6620.

Additional information can be obtained at:

Nurse Aide Registry:

(651)215-8705 or toll-free at (800)397-6124 (Minnesota only)

health.FPC-NAR@state.mn.us

Nurse Aide Registry Website: <https://www.health.state.mn.us/facilities/providers/nursingassistant/index.html>

Americans with Disabilities Act (ADA)

ADA Compliance

The Minnesota Department of Health (MDH) 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 Form 1404MN-ADA can be found on D&SDT-Headmaster's [Minnesota webpage](#). This form must be submitted to D&SDT-Headmaster with required documentation listed on the second page of the ADA application in order to be reviewed for a special accommodation. **Please allow additional time for your request to be approved.** You will receive an email with your approved accommodations when review is completed. If you have any questions regarding the ADA review process or specific required documentation, please call D&SDT-Headmaster at (800)393-8664.

The Minnesota Nurse Aide Competency Exam

Testing Fees Payment Information

For testing fees payment information, please contact the test site where you want to schedule your test.

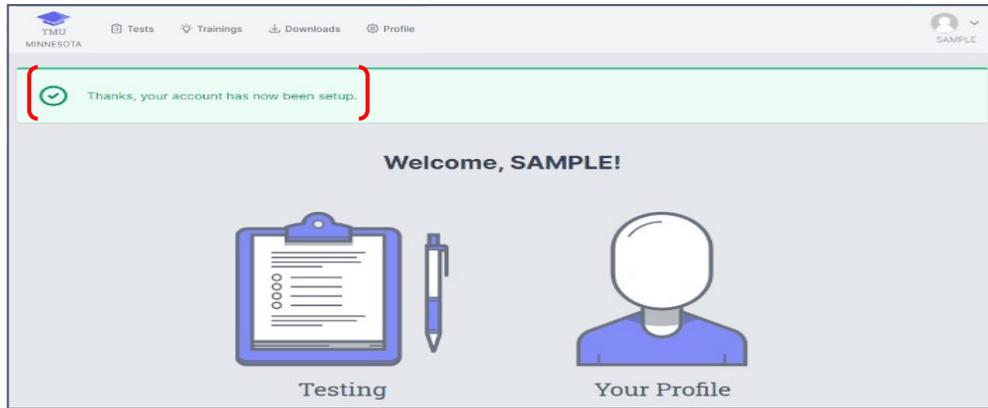
Criteria to Waive the Nurse Aide Training Requirement

You are eligible to apply to take the Minnesota Nurse Aide competency exam for certification as a Nurse Aide in Minnesota if you qualify under one of the following routes:

- ❖ You have completed a state-approved nurse aide training program within the past 24 months. You will be required to take the both the Knowledge exam and the Skills exam.
- ❖ Prove you have previously completed a state-approved nurse aide training program, have taken and passed the Nurse Aide Competency Exam (both the Knowledge and Skills exams), and are on the Minnesota Nurse Aide Registry with an expired registry status. You will be required to take the both the Knowledge exam and the Skills exam.
- ❖ You are a candidate who does not meet either of the eligibility routes listed above. This is called a test-out candidate or challenge candidate. You will be required to take the both the Knowledge exam and the Skills exam. Examples are:
 - If you trained in another country.
 - If you have not taken a nurse aide training program.
 - If you have not worked as a nurse aide in the last 24 months.
 - If you are from another state, follow the interstate endorsement process as identified on the MN Nurse Aide Registry webpage: [How to Get on the Nursing Assistant Registry – MN Dept. of Health \(state.mn.us\)](http://www.health.state.mn.us/nurseaide/interstate)

TEST OUT/CHALLENGE CANDIDATES: Test out/challenge candidates **MUST** contact a test site of choice to schedule a knowledge and skills test. The test site of the candidate's choice will create an account in TMU© (the testing software platform used for Minnesota Nurse Aide). You will receive an email with your USERNAME

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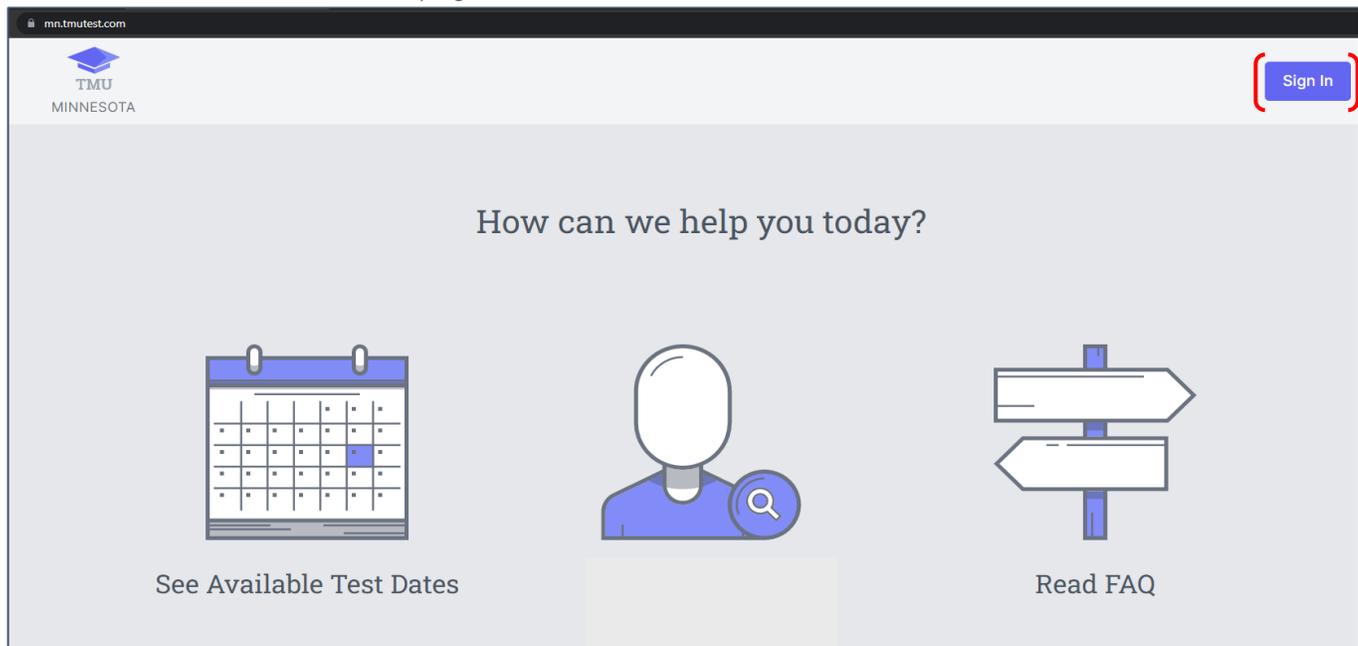


Schedule an Exam

Once you have been scheduled into an exam in the D&SDT-Headmaster TestMaster Universe© (TMU©) software by a test site you will receive an email notification (and text if you listed a text capable phone number in your TMU© record) confirming your exam date and time. You can always see your test date and time online at the Minnesota TMU© webpage, <https://mn.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 (800)393-8664.

You will receive your test confirmation notification by email, text or by signing in to your account. You may login with any Internet connected device.

This is the Minnesota TMU© main page:



Minnesota Nurse Aide Candidate Handbook

TMU
MINNESOTA

Sign In

Sign In

USERNAME OR EMAIL

PASSWORD

REMEMBER ME

Sign In

[Forgot Your Password?](#)

Forgot Your Password and Recover your Account

TMU
MINNESOTA

Sign In

Sign In

USERNAME OR EMAIL

PASSWORD

REMEMBER ME

Sign In

[Forgot Your Password?](#)

Click on –
Forgot Your
Password?

[Forgot Your Password?](#)

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Sign In

Recover Your Account

Using your Email Address

E-MAIL ADDRESS *

Recover Account

OR

Using other Information

LAST 4 OF SSN *

DATE OF BIRTH *

LAST NAME *

ZIP CODE *

Recover 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


Sign In

Recover Your Account

(We have e-mailed your password reset link! Please allow a few minutes for the email to be delivered.)

Using your Email Address

E-MAIL ADDRESS *

Recover Account

OR

Using other Information

LAST 4 OF SSN *

DATE OF BIRTH *

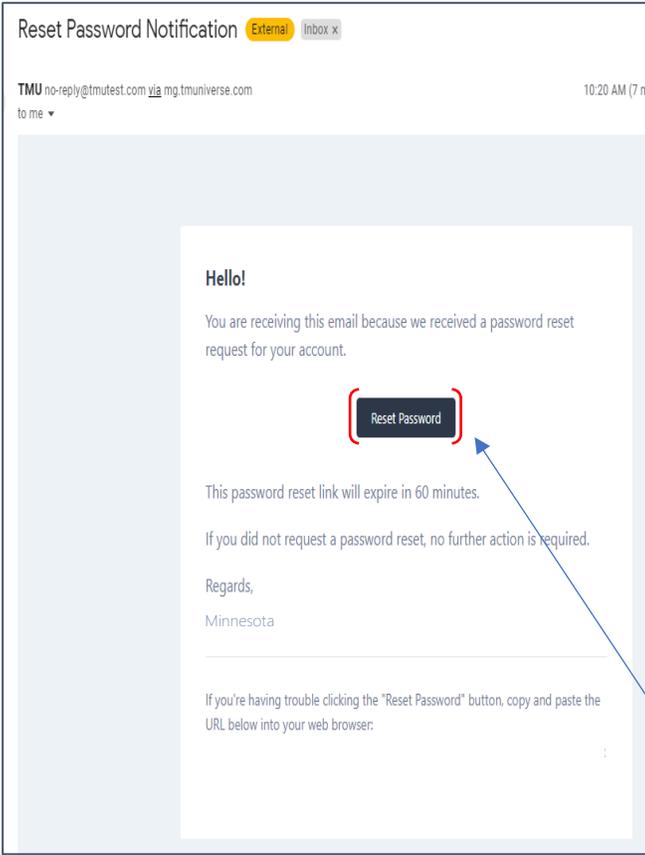
LAST NAME *

ZIP CODE *

Recover Account

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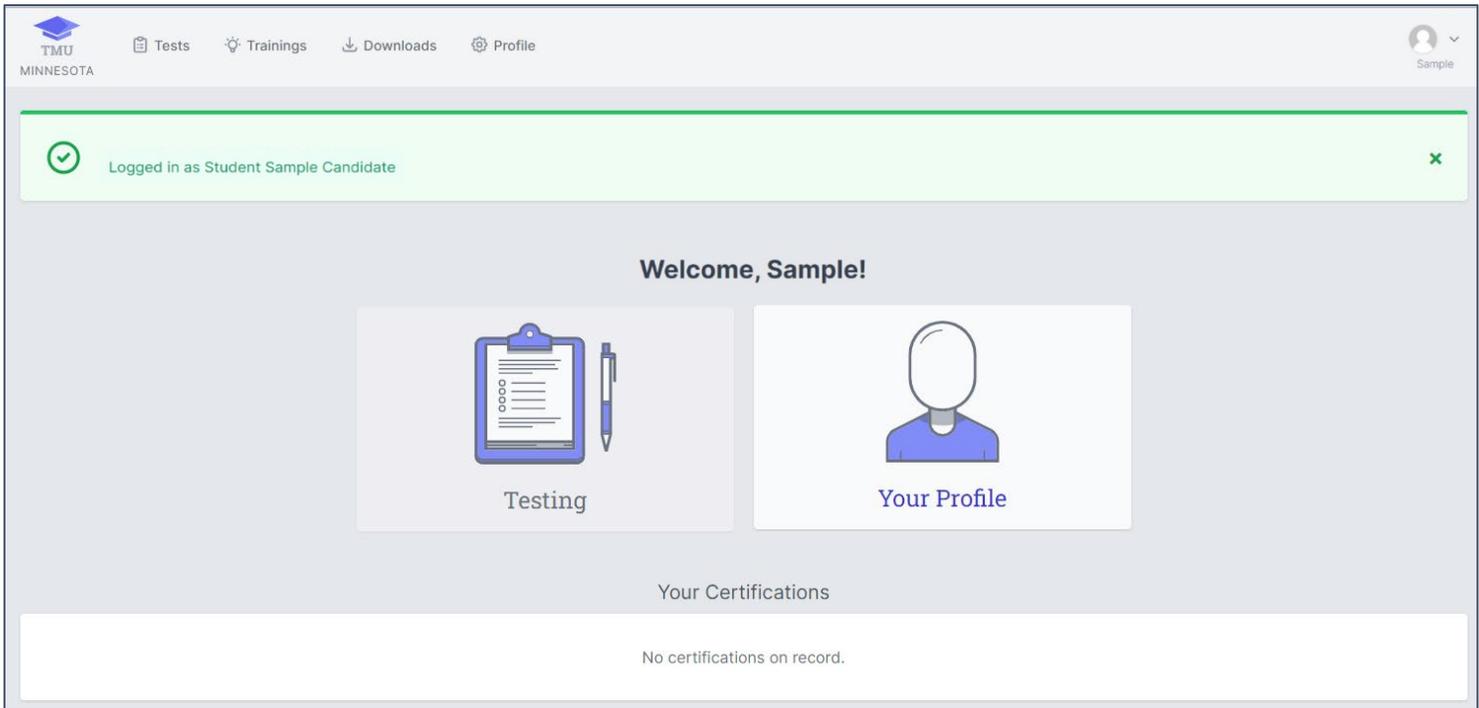
Email you will receive from TMU© to reset password (check your junk/spam mail):



In the Email, click on –
Reset Password

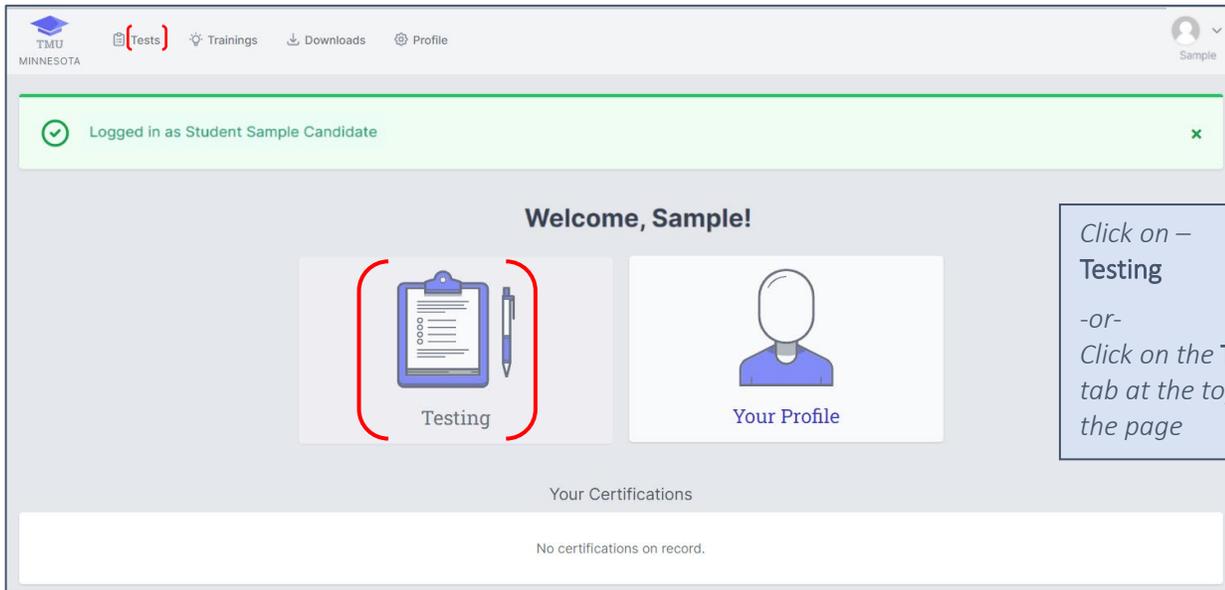
Type in your Password and Confirm Password, then click on –
Reset Password

This is the home screen you will see once you have signed in:

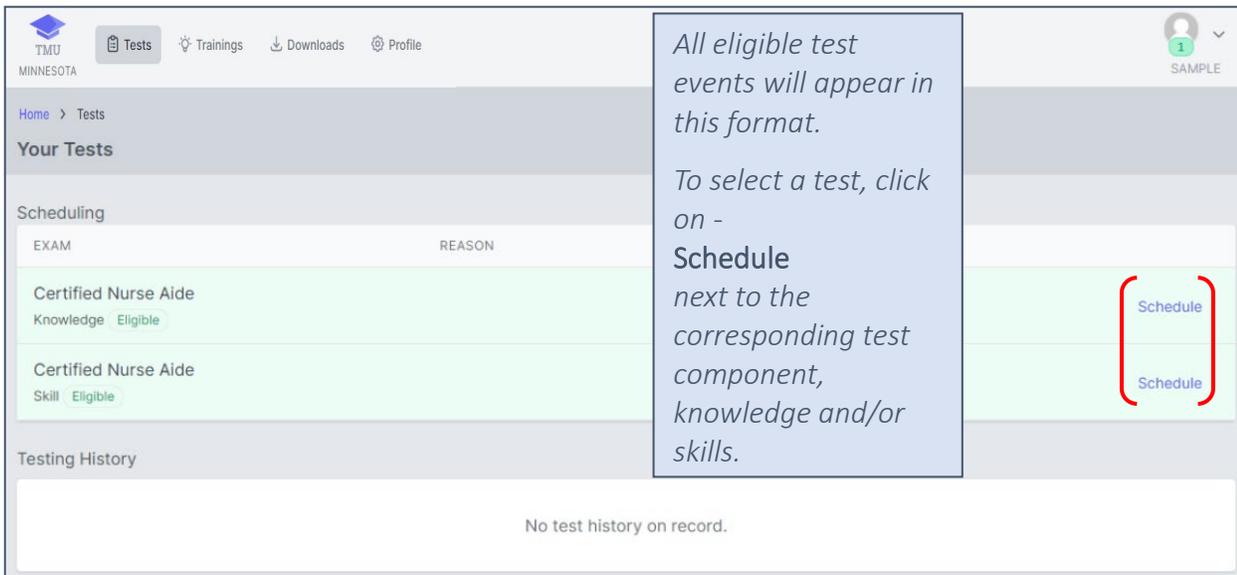


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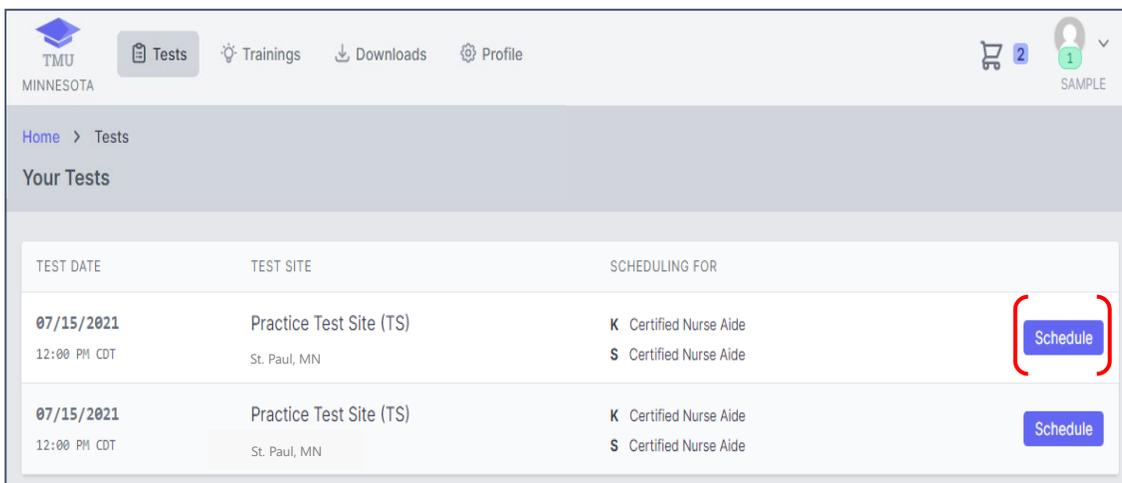
Schedule/Reschedule into a Test Event



Click on –
Testing
-or-
Click on the **Tests**
tab at the top of
the page

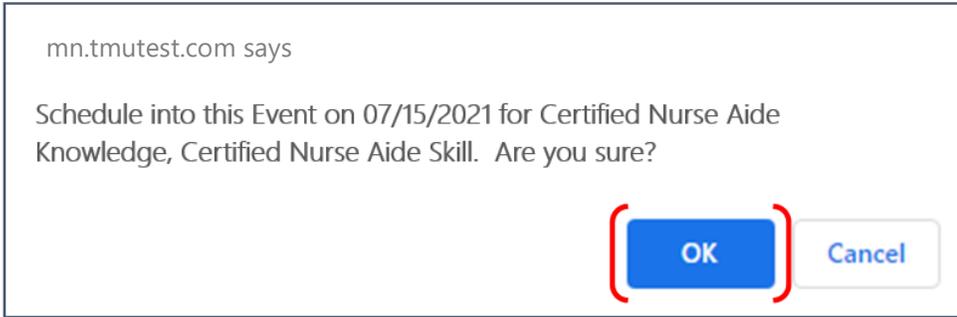


All eligible test
events will appear in
this format.
To select a test, click
on -
Schedule
next to the
corresponding test
component,
knowledge and/or
skills.

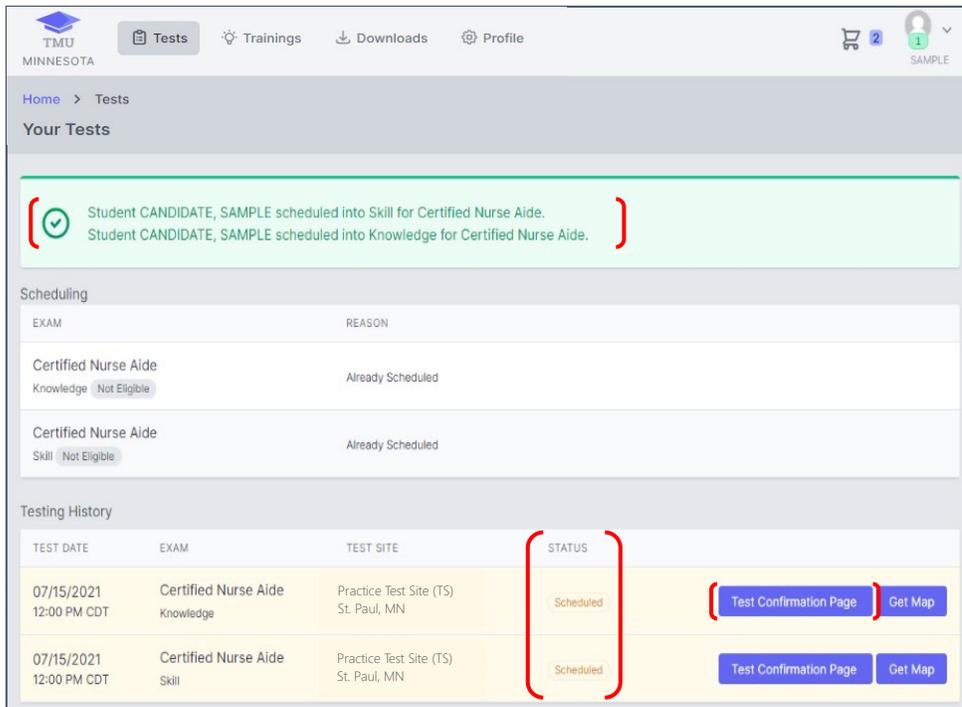


To select a test site
and test date,
click on –
Schedule

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



*This screen confirms you are scheduled into a test date to take your knowledge and skills exams. Your status shows **Scheduled** and a note at the top of your screen also shows you are scheduled. Click on- **Test Confirmation Page** to see your test confirmation with important reminders for testing.*

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 after you have been scheduled.

The body of the test confirmation letter will refer you to review the Minnesota candidate handbook that will give you 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.

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It is important you read this letter!



MINNESOTA

Tests Trainings Downloads Profile



Sample

Test Confirmation Letter

Sample for a candidate scheduled in a Virtual Knowledge Exam

Scheduled Test Confirmation - Minnesota Certified Nurse Aide

Get Map

Print Page

Test Date:	09/06/2022
Test Time:	9:00 AM CDT
Test Exam:	Knowledge - Certified Nurse Aide
Test Site:	SOUTH CENTRAL TECHNICAL COLLEGE - MANKATO (24043) (VTS) NO PHYSICAL ADDRESS - ALL TESTING WILL BE CONDUCTED FROM THE CANDIDATE'S LOCATION USING THEIR PERSONAL COMPUTER AND CELL PHONE VIRTUAL, MN 00000

SAMPLE CANDIDATE
123 Sunflower Lane
St. Paul, MN 11111

- TESTING BEGINS AT 9:00 AM CDT ARRIVE 20 MINUTES EARLY TO CHECK-IN**
- If you are unable to access your account, go to <https://mn.tmutest.com>, click Forgot Password and enter your Email. If you need further assistance, please call D&SDT-Headmaster at 888-401-0462.

Refer to the [Nurse Aide Competency Exam](#) section of the [MN Headmaster Candidate Handbook](#) regarding requirements for testing and what to expect on your test day. Failure to do so may result in you being turned away from testing and forfeiting your testing fees. Review this specific information prior to your testing date.

[Click to open the Candidate Handbook](#)

Driving Directions

- You have signed up for a VIRTUAL knowledge test. You will take this test from your home or the location you choose using your own personal computer or laptop with internet access and Google Chrome browser. You will also need a cell phone or mobile device with the Zoom app downloaded on it in order to video conference with the test proctor. It is highly recommended that you have both devices plugged in during the duration of the knowledge test. YOU WILL RECEIVE A ZOOM LINK FROM YOUR TEST PROCTOR ABOUT 24 HOURS BEFORE THE TEST TIME.
- IF YOU NEED TO CANCEL OR RESCHEDULE YOUR TEST DATE, YOU MUST RESCHEDULE AT LEAST 5 BUSINESS DAYS PRIOR TO YOUR TEST DATE, by emailing or calling the Customized Workforce Education office at cwe@southcentral.edu or 507-389-7203. If you are new to Zoom and would like to test your video, audio, and microphone, you can do a test session here: <https://zoom.us/test>

Here's a TIP to ensure you have a successful Virtual Testing Experience:

Make sure you download the Zoom App on your Smartphone and test it prior to your testing day.

If you need our help, give Headmaster a call at 1-888-401-0462. It would be helpful if you take some screenshots of your technical difficulties so that we can assist you prior to your testing day.

*Click on-
Print
to print your
confirmation letter.*

*Click on-
Get Map
to get Google
Maps directions to
the test site.*

Test sites and test dates are posted on the Minnesota NA webpage site:

<https://www.health.state.mn.us/facilities/regulation/directory/natrainingsites.html>

If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (800)393-8664, Monday through Friday 7:00AM to 7:00PM Central Standard time.

Candidates will receive their test confirmation at the time they are scheduled by a Test Site.

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Time Frame for Testing from Training Program Completion

You must schedule a test date **within 24 months of your date of training program completion**. After 24 months, you must complete another MDH approved training program in order to be eligible to schedule testing or choose to schedule as a test-out or challenge candidate.

Exam Check-In

You need to arrive at your confirmed test site between 20 to 30 minutes before your exam is scheduled to start. (For example: if your test start time is 8:00AM – you need to be at the test site for check-in no later than 7:30 to 7:40AM.) 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/Oral Test section.

Testing Attire

The following testing attire requirements will be followed at testing sites:

- You must be in full clinical attire (scrubs).
 - *Scrubs and shoes can be any color/design.*
- No opened toed shoes are allowed.
- Long hair must be pulled back.

Note: You will not be admitted for testing if you are not wearing scrubs attire and appropriate shoes. This is considered a NO SHOW and you typically will have to pay for another test and date.

Identification

You must bring a **UNITED STATES (US) GOVERNMENT ISSUED, SIGNED, UNEXPIRED, PHOTO BEARING ID**. (**See exception below.*) Only original IDs are accepted. No photocopies, faxes or images are allowed. Examples of the forms of US government issued, photo ID’s that are acceptable are:

- State or other United States Government Issued Driver’s License
- State Identification Card (*that meets all identification criteria*)
- US Passport (Foreign Passports and Passport Cards *are not acceptable*)
 - *Exception: A Foreign Passport that contains a US VISA is acceptable*
- Alien Registration Card (*that meets all identification criteria; may contain a fingerprint in place of signature*)
- Tribal Identification Card (*that meets all identification criteria*)
- Work Authorization Card (*that meets all identification criteria*)
- Military Identification (*that meets all identification criteria*)
- **Identification Criteria** = *US Government issued, signed (or fingerprint – Alien Registration Card), unexpired, photo bearing form of identification*

***EXCEPTION TO ID REQUIREMENT:** If you do not have a current, official US government issued identification form, then **you must bring two (2) forms of CURRENT (not expired), OFFICIAL, SIGNATURE BEARING identification with matching names on both IDs**. One of the two forms must be PHOTO-BEARING (photo copies will not be accepted). Examples of proper identification, with matching names, include CURRENT (non-expired):

- School ID Card with Photograph
- Signed Voter Registration Card
- Signed Credit/Debit (Bank) Card
- Signed Social Security Card

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The **FIRST** and **LAST** names listed on your ID presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the Minnesota Nurse Aide TMU© database by your training program. If using two forms of ID, both forms of ID must have matching names. You may call D&SDT-Headmaster at (800)393-8664 to confirm that your name of record matches your non-foreign government issued ID, or log in at <https://mn.tmutest.com>, using your Email or Username and Password to check on or change your demographic information.

NAME CHANGE:

If you have had a name change through marriage, divorce or other legal name change and need your name updated in TMU©, you need to email a copy of your official name change documentation (marriage certification, divorce decree, or other legal State document that shows the change in name) *along with* your ID or driver's license with your updated name on it to minnesota@hdmaster.com.

Please note:

- **You will not be admitted for testing if you do not bring proper/valid identification.**
 - Be sure your identification is not expired.
 - Check to be positive that both your FIRST and LAST printed names on your identification 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 **NOT VALID** and will not be accepted as an acceptable form of ID.
- In the cases where names do not match or your ID(s) are not proper/valid or has a hole punched in it, this is considered a NO SHOW and you will have to reschedule and pay for another test and 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 are available in written and oral format and are available online at www.hdmaster.com and are provided in the waiting area when you sign-in for your test. The Oral and PDF versions are available anytime from your smart phone via the knowledge test and skill test instruction links on the D&SDT-Headmaster [Minnesota NA webpage](#) 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 a couple of simple questions about the instructions you read when you enter the knowledge test room and/or skill test lab.

- If you are scheduled into a virtual knowledge exam, please see procedures/policies under '**Virtual Knowledge Exam Option**' in the Knowledge/Oral Test section for information and where the Virtual Knowledge Test Instructions can be found on the Minnesota CNA webpage at www.hdmaster.com, click on Minnesota CNA.

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Testing Policies

The following policies are observed at each test site:

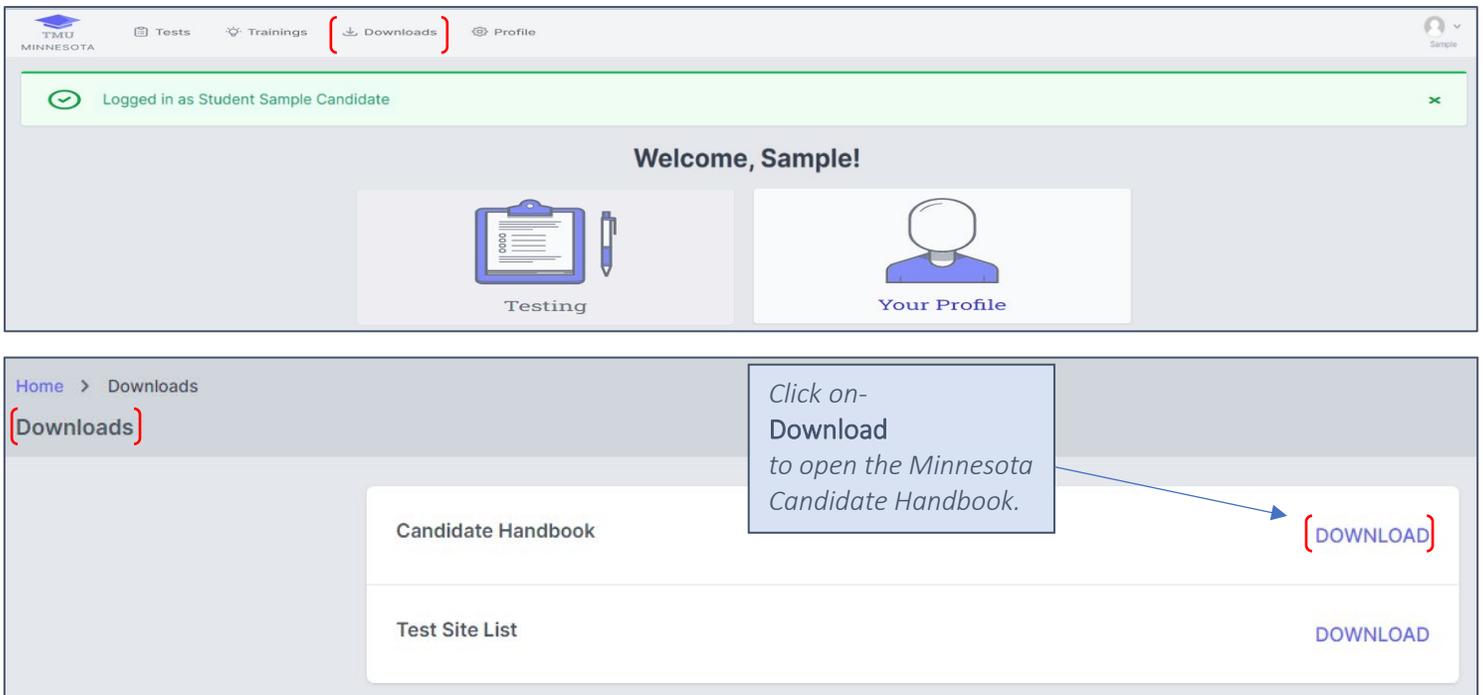
- Make sure you have signed in to your TMU© record at <https://mn.tmutest.com> well before your test date to update your password and complete/review your demographic information. Refer to the ‘**Complete Your Initial Login**’ section of this handbook for instructions and information.
 - If you have not signed in and completed/updated your TMU© record when you arrive for your test, you may not be admitted to the exam.
- Plan to be at the test site up to five (5) hours, in the worst-case scenario.
- 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/Oral Test section.
- If you do not bring valid and appropriate US government issued, non-expired, signed photo ID (a school ID is not an acceptable form of ID) you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- The **FIRST** and **LAST** names listed on your ID(s) presented to the RN Test Observer during sign-in at your test event **DOES NOT MATCH** the FIRST and LAST names that were entered in the Minnesota Nurse Aide TMU© database, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not wear full clinical attire and appropriate shoes with long hair pulled back, and conform to all testing policies, you will not be admitted to the exam 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 typically will have to re-pay your testing fees.
- **ELECTRONIC DEVICES AND PERSONAL ITEMS:** Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices and personal items (such as water bottles, 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**. Smart watches, fitness monitors and Bluetooth-connected devices must be removed from your wrist/body.
 - If you are scheduled into a virtual knowledge exam, please see procedures/policies under ‘**Virtual Knowledge Exam Option**’ in the Knowledge/Oral Test section.
- 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 failure, forfeit all testing fees paid and will be reported to their training program and the Minnesota Department of Health. 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 while waiting to test.
- Foreign language translation dictionaries are not permitted to be used during testing.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink or smoke (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, your test will be

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scored as a failure and you will be reported to your training program and the Minnesota Department of Health.

- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate personal belongings at the test site.
- 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 CNA (examples: cast, arm/leg braces, crutches, etc.) or if you have a contagious illness. Call the test site immediately if you are on doctor's orders to arrange a different test date.
- ***Please review this Minnesota Nurse Aide 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:



Inclement Weather and Unforeseen Circumstances Policy

If an exam date is cancelled due to weather or other unforeseen circumstances, D&SDT-Headmaster staff and/or the test site will make every effort to contact you using the contact information (email, text message, phone call) that is on file in your TMU© record to reschedule you, for no additional charge, to a mutually agreed upon new test date. Therefore, you must keep your contact information up to date in case you need to be contacted. See more information under 'No Show Exceptions'.

In the event of inclement weather, you will be expected to attend your schedule 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.

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In which case:

- Check with the test site where you were scheduled to take your test for particular inclement weather and unforeseen circumstances policies.

If the above listed circumstances are not met, failure to attend your scheduled test date will result in a No-Show status you will forfeit any testing fees paid and must repay the full testing fee to secure a test seat in a new test event.

Candidate Feedback – Exit Survey

You will be able to access your test results in your TMU© record the day your test is officially scored after 7:00PM Central Standard time. You will be provided a link to complete the exit survey when you access your test 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 your training program and MDH. 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 their training program and MDH 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 not be allowed to retest for a minimum period of six (6) months. You may need to obtain permission from MDH in order to be eligible to test again.

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, or navigating to other browsers/sites during an electronic exam, etc.), your test will be stopped, you will be dismissed from the testing room and your test will be scored as a failure. You will forfeit any testing fees paid. You will be reported to your training program and MDH and you may need to obtain permission from MDH in order to be eligible to test again.

Reschedules

All candidates must reschedule through their testing site and conform to test site policies for rescheduling. If you must reschedule your exam date, please do so as soon as possible. Contact the test site to conform to test site rescheduling policies.

Please note: If a reschedule request is not received by your test site before one (1) full business day prior to your scheduled test date, it generally will not be granted.

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 Minnesota Nurse Aide Competency exam at all. Generally, test sites do not refund any testing fees paid.

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No Shows

If you are scheduled for your exam and do not show up without notifying **your test site** before the one (1) full business day prior to your scheduled testing event, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem that you are ineligible to test, you will be considered a **NO SHOW**. You will forfeit all test fees paid and must schedule into a new test event.

If a reschedule or refund request is not received **by your test site** before the one (1) full business day preceding a scheduled test event a NO SHOW status will exist and you will forfeit any testing fees paid and must repay the full testing fee to secure a test seat in a new test event.

No Show Exceptions

Check with the test site where you were scheduled to take your test for particular No Show Exception policies.

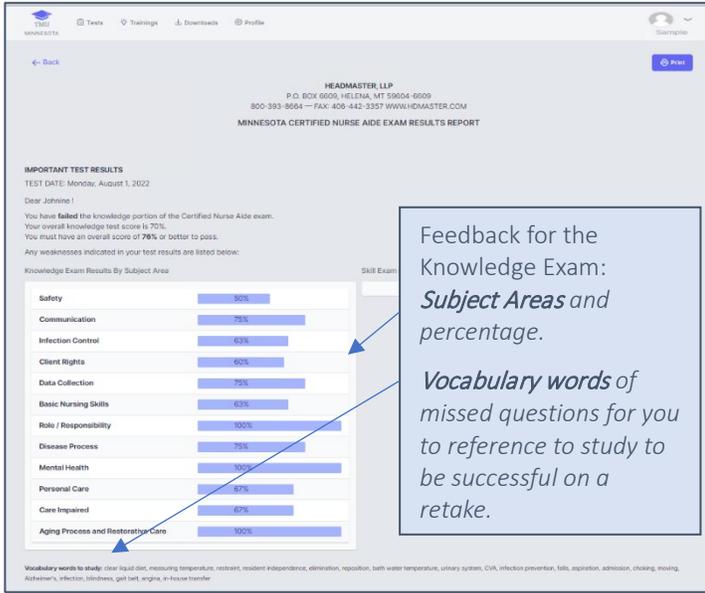
Test Results

After you have completed both the Knowledge Test and Skill Test components of the competency exam at the test site, your test results will be submitted to and officially scored and double checked by D&SDT-Headmaster scoring teams. Official test results will be available by signing in to your TMU© record after 7:00PM (CST) the business day after your test event. (See instructions and screen shots to access your **Test Results** below.)

TEST DATE	EXAM	TEST SITE	STATUS
08/01/2022 6:00 PM CDT	Certified Nurse Aide Knowledge	M STATE C&T COLLEGE-WORKFORCE DEVELOPMENT SOL (24021) (BA) (VTS) Virtual City, MN	Failed
08/01/2022 9:00 AM CDT	Certified Nurse Aide Skill	MN STATE COMMUNITY & TECH COLLEGE-FERGUS FALLS (24023) (BA) (TS) FERGUS FALLS, MN	Passed

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Sample of Failed Knowledge Test Results:



HEADMASTER, LLP
P.O. BOX 6609, HELENA, MT 59604-6609
800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM
MINNESOTA CERTIFIED NURSE AIDE EXAM RESULTS REPORT

IMPORTANT TEST RESULTS
TEST DATE: Monday, August 1, 2022

Dear Johnine!

You have **failed** the knowledge portion of the Certified Nurse Aide exam.
Your overall knowledge test score is 70%.
You must have an overall score of 76% or better to pass.
Any weaknesses indicated in your test results are listed below:

Knowledge Exam Results By Subject Area

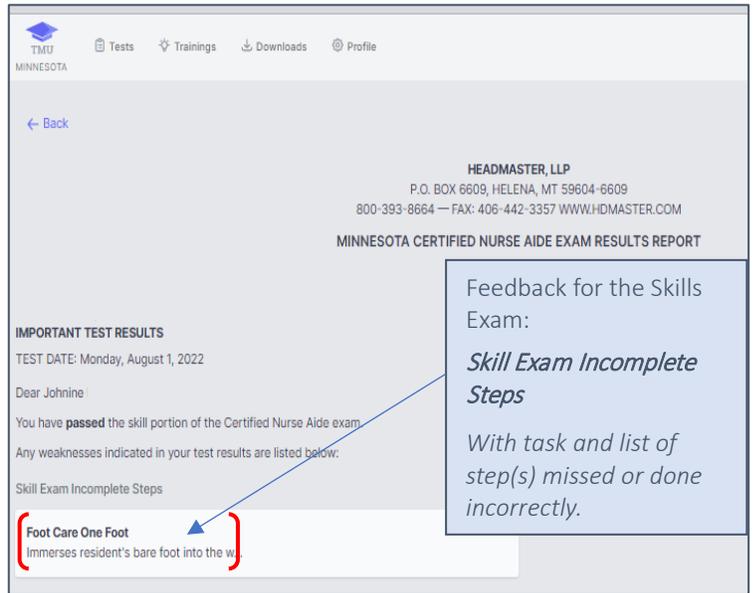
Subject Area	Score
Safety	50%
Communication	75%
Infection Control	63%
Client Rights	60%
Data Collection	75%
Basic Nursing Skills	63%
Role / Responsibility	100%
Disease Process	75%
Mental Health	100%
Personal Care	67%
Care Impaired	67%
Aging Process and Restorative Care	100%

Feedback for the Knowledge Exam:
Subject Areas and percentage.

Vocabulary words of missed questions for you to reference to study to be successful on a retake.

Vocabulary words to study: clear liquid diet, measuring temperature, resident, resident independence, administration, reposition, bath water temperature, urinary system, CNA, infection prevention, falls, aspiration, admission, chalking, moving, Alzheimer's, infection, loneliness, gait belt, angles, 30-degree transfer

Sample of Passed Skill Test Results:



HEADMASTER, LLP
P.O. BOX 6609, HELENA, MT 59604-6609
800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM
MINNESOTA CERTIFIED NURSE AIDE EXAM RESULTS REPORT

IMPORTANT TEST RESULTS
TEST DATE: Monday, August 1, 2022

Dear Johnine!

You have **passed** the skill portion of the Certified Nurse Aide exam.
Any weaknesses indicated in your test results are listed below:

Skill Exam Incomplete Steps

Foot Care One Foot
Immerses resident's bare foot into the w

Feedback for the Skills Exam:
Skill Exam Incomplete Steps

With task and list of step(s) missed or done incorrectly.

NOTE: Federal and State regulations allow health care facilities to employ students for up to 120 days from the day employment and training is offered in an approved facility-based nurse aide training and competency evaluation program. However, if you fail **(effective October 3, 2022) four (4) attempts on the knowledge portion** or three (3) attempts on the skills portion of the state competency exam, the facility is no longer allowed to employ you to perform nurse aide duties. Due to the Public Health Emergency, federal regulations for nurse aide training and testing are waived under CMS 1135 waiver.

Please refer to the MDH Nurse Aide Registry website for additional information at:

<https://www.health.state.mn.us/facilities/providers/nursingassistant/index.html>

Test Attempts

Effective October 3, 2022: You have **four (4) attempts to pass the knowledge portion** and **three (3) attempts** to pass the skill test portion of the exam within 24 months from your date of nurse aide training program completion. If you do not complete testing within 24 months from completion of training, you must complete a new Minnesota Department of Health approved training program in order to become eligible to further attempt Minnesota NA examinations.

Retaking the Nurse Aide Test

In the event that you fail the knowledge and/or skill portion of the examination, when you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule a new exam date. Please contact the test site regarding testing fee payment.

Test Review Requests

PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST: Please call D&SDT-Headmaster at (800)393-8664 and discuss the test outcome you are questioning before committing to a formal test review. 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

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still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

You may request a review of your test results or dispute any other condition of your testing. To request a review, you must submit the PDF fillable Test Review Request Form available on D&SDT-Headmaster's Minnesota webpage at www.hdmaster.com. Submit a detailed explanation of why you feel your dispute is valid via the PDF fillable Test Review Request and Payment Form **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.

A qualification for certification as a nurse aide in Minnesota is demonstration by examination of minimum nurse aide knowledge and skills. 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 be in touch with your test site who will contact the RN Test Observer, Actor or Knowledge test proctor for any additional recollection of your test(s).

After a candidate reaches the age of 18, D&SDT-Headmaster will only discuss test results or test disputes with the candidate or the candidate's training program/instructor. 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 request and will email the results of the investigation to your email address and to the Minnesota Department of Health.

The Knowledge/Oral Test

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 **two (2) hours** (effective 10-3-2022: increased time from 60 minutes to 2 hours) to complete the **70 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 76% or better to pass the knowledge portion of the exam.

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

Note: *You will need to know your Email or Username and Password to take the electronic TMU© Knowledge test.*

An audio (Oral) version of the knowledge test is available. However, you must request an Oral test when you schedule your test. The questions are read to you, in a neutral manner and can be heard through headphones/earbuds plugged into the computer. When taking an electronic Oral exam, the oral control buttons will be displayed on the computer screen enabling you to play, rewind or pause questions as needed.

❖ *Foreign language translation dictionaries are not be permitted to be used during testing.*

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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 Minnesota Department of Health.

Virtual Knowledge Exam Option

Virtual Knowledge Test 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 ‘facetime app’ that you will need to have downloaded.
 - D&SDT-Headmaster will provide you information of the ‘facetime app’ (example: Zoom) you will need before test day.
 - The night before your scheduled virtual knowledge exam, D&SDT-Headmaster will email and text (if you listed a text capable phone number in your TMU© record) you a reminder with the password protected link to join the test event. **MAKE SURE YOU ARE CHECKING YOUR EMAILS AND TEXT MESSAGES!**
- A distraction and interruption free area of your home, etc., where you will be testing.

Virtual Knowledge Test Scheduling

Once you have been scheduled into a virtual knowledge exam in the D&SDT-Headmaster TestMaster Universe© (TMU©) software by a test site, you will receive an email notification (and text if you listed a text capable phone number in your TMU© record) confirming your exam date and time. You can always see your test date and time online at the Minnesota TMU© webpage, <https://mn.tmutest.com>, using your Email or Username and Password.

Please make sure you have met the ‘Virtual Knowledge Test Candidate Requirements’ listed above before being scheduled in 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 (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 ‘facetime app’ (example: Zoom), including the meeting ID and Password for the virtual knowledge event you are scheduled for will be emailed to you.

Virtual Knowledge Test Sign-In

You are required to be signed in to the virtual link for the sign in process with the test proctor **prior** to the start time listed on your test confirmation. If you are not signed into your virtual exam prior 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 form of identification 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.

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Virtual Knowledge Test Policies

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

- The ‘facetime app’ (example: Zoom) link must be maintained during the entire knowledge test.
- If the ‘facetime app’ (example: Zoom) connection is lost, you must immediately reconnect or be subject to voided test results.
- If you have issues, please refer to the ‘No Show Exceptions’ section of this handbook.

Knowledge Test Content

The Knowledge Test consists of 70 multiple-choice questions. Questions are selected from subject areas based on the MDH approved Minnesota test plan and include questions from all the required categories as defined in the federal regulations.

Subject Areas

SUBJECT AREA	NUMBER OF QUESTIONS	SUBJECT AREA	NUMBER OF QUESTIONS
Aging Process and Restorative Care	4	Infection Control	8
Basic Nursing Skills	15	Mental Health	3
Care Impaired	6	Personal Care	4
Communication	4	Resident Rights	5
Data Collection	4	Role and Responsibility	5
Disease Process	4	Safety	8

Self-Assessment Reading Comprehension Exam

The following passages and corresponding questions will assess your reading comprehension required for the knowledge portion of the state competency evaluation. If you miss more than three (3) questions, you should consider utilizing the oral/audio option for the knowledge exam.

PASSAGE 1

Paul and Ben are twins. They are identical in features, but opposite in personality. Paul likes to wear dark colors. Ben likes to wear bright colors. Paul likes to read quietly. Ben likes to attend football games with friends.

1. Paul can be classified as an
 - a. omnivert
 - b. extrovert
 - c. introvert
 - d. ambivert

2. Ben can be classified as an
 - a. omnivert
 - b. extrovert
 - c. introvert
 - d. ambivert

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3. Paul and Ben have the same
- nose
 - shoes
 - earrings
 - tattoos

PASSAGE 2

Amy is from the state of Montana. Amy lives in an apartment with her parents and her brother Nick. Tomorrow, Amy is flying to the state of Oregon. Amy is bringing three books of 3 different colors with her. Nick doesn't understand why she needs three books. The yellow one is a Spanish-English dictionary. The red one is a tourist guide to Oregon. The blue one is about horses, which Amy feels is the most important.

Amy will not need her United States of America passport because she won't be leaving the country.

4. Amy is from
- Wisconsin
 - Montana
 - Oregon
 - Wyoming
5. Amy resides in a(n)
- house
 - farm
 - condo
 - apartment
6. Amy lives in
- Canada
 - America
 - Mexico
 - Peru
7. Amy lives with her
- aunt
 - grandmother
 - father
 - sister
8. Amy's brother's name is
- Nick
 - Loren
 - Chad
 - Jared

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9. Tomorrow she is going to
- Montana
 - Canada
 - Wisconsin
 - Oregon
10. The type of book that is yellow is a(n)
- dictionary
 - animal interest
 - tourist
 - guidebook
11. Amy believes the book that is the most important is the color
- red
 - black
 - yellow
 - blue

PASSAGE 3

Katherine did not like being called by her full name. Katherine preferred to be called Katie. Katherine's mother wanted her to understand why she was given that legal name. Her mother shared a story about a strong-willed woman that overcame adversities, and her name was Katherine. Katherine then embraced her given name.

12. Katherine is a
- last name
 - middle name
 - legal name
 - nick name
13. The purpose of Katherine's mother sharing the story with Katherine is to
- entertain
 - persuade
 - inform
 - describe

Answers: 1. C | 2. B | 3. A | 4. B | 5. D | 6. B | 7. C | 8. A | 9. D | 10. A | 11. D | 12. C | 13. C

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

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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:

<p>1. Clean linens that touch the floor should be:</p> <ul style="list-style-type: none">(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 <p>2. When you are communicating with residents, you need to remember to:</p> <ul style="list-style-type: none">(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 <p>3. A resident's psychological needs:</p> <ul style="list-style-type: none">(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 <p style="text-align: right;">ANSWERS: 1-C 2-A 3-D</p>

The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating MDH approved nurse aide 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 three (3) or four (4) 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 (30) minutes** to complete your three or four tasks. After fifteen (15) 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.

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- If you believe you made a mistake while performing a task, tell the RN Test Observer you would like to make a correction. You will need to correctly demonstrate the step or steps on the task you believe you performed incorrectly in order to receive credit for the correction.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted 30 minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- The skill task steps are 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.**

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.

RECORDING FORM →

Candidate's Name: _____	
PLEASE PRINT	
PULSE: _____	RESPIRATIONS: _____
URINARY OUTPUT: _____ ml	
GLASS 240ml: _____	
GLASS 120ml: _____	
TOTAL FLUID INTAKE: _____ ml	FOOD INTAKE: _____ %
Candidate's Signature: _____	

Skill Test Tasks

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

- Assisting Resident with the use of a Bedpan, Measure and Record Urine Output with Hand Washing
- Catheter Care for a Female with Hand Washing
- Donning PPE (Gown and Gloves), Emptying a Urinary Drainage Bag, Measure and Record Urine Output and Remove PPE with Hand Washing
- Perineal Care for a Female with Hand Washing

You will also receive an additional two (2) or three (3) 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 TMU© 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.

COVID PRECAUTIONS DURING TESTING: Candidates and all members of the testing team must follow the test site policies regarding wearing masks while at the test site. Testing on the feeding task and mouthcare task are suspended while using COVID precautions. The modified bed bath task will be performed on a manikin while using COVID precautions.

The steps that are listed for each task 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 most of the tasks (the catheter care for a female and the perineal care for a female will be done on a manikin. 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 one of the first mandatory tasks 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&SDT-Headmaster scoring teams will officially score and double check your test.

Note: The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Minnesota 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.

APPLYING AN ANTI-EMBOLIC STOCKING TO ONE LEG

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Raise bed height.
4. Provide for privacy.
5. Provide for resident's privacy by only exposing one leg.
6. Roll, gather or turn stocking down inside out to at least the heel.
7. Place foot of stocking over the resident's toes, foot, and heel.
8. Roll OR pull top of stocking over resident's foot, heel and up the leg.
9. Move resident's foot and leg gently and naturally avoiding force and over-extension of limb and joints.
10. Check toes for possible pressure from stocking.
11. Adjust stocking as needed.
- 12. Leave resident with stocking that is smooth/wrinkle free.**
13. Lower bed, if it was raised.
14. Place call light or signal calling device within easy reach of the resident.
15. Maintain respectful, courteous interpersonal interactions at all times.
16. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

ASSIST RESIDENT TO AMBULATE USING A GAIT BELT

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Provide for privacy.
3. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
4. Obtain a gait belt for the resident.
5. Assist resident to put on non-skid shoes/footwear BEFORE assisting to stand.
6. 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 BEFORE assisting to stand.
7. **Lock bed brakes to ensure resident's safety BEFORE assisting to stand.**
8. **Lock wheelchair brakes to ensure resident's safety.**
9. Bring resident to a sitting position.
10. Place gait belt around resident's waist to stabilize trunk.
11. Tighten gait belt.
12. Check gait belt for tightness by slipping fingers between gait belt and resident.
13. Ensure resident's safety by standing and positioning yourself facing the resident.
14. Grasp gait belt on both sides with an upward grasp.
15. Bring resident to standing position.
16. Grasp gait belt with one hand and stabilize resident.
17. Safely ambulate resident at least 10 steps to the wheelchair.
18. Assist resident to pivot/turn and sit resident in the wheelchair in a controlled manner that ensures safety.
19. Use proper body mechanics at all times.
20. Remove gait belt.
21. Place call light or signaling device within easy reach of the resident.
22. Maintain respectful, courteous interpersonal interactions at all times.
23. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

ASSISTING RESIDENT WITH THE USE OF A BEDPAN, MEASURE AND RECORD URINE OUTPUT WITH HAND WASHING

(One of the possible first mandatory tasks.)

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Put on gloves.
5. Position resident on bedpan/fracture pan safely and correctly. (Pan not upside down, is centered, etc.)
6. Remove gloves turning inside out as they are removed and dispose.

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7. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
8. AFTER positioning resident on bedpan/fracture pan and removing gloves, raise head of bed to comfortable level.
9. Leave tissue within reach of resident.
10. Leave call light or signaling device within reach of resident.
11. Step behind privacy curtain to provide privacy for resident.
12. When the RN Test Observer indicates, candidate returns.
13. Put on gloves.
14. Lower the head of the bed BEFORE gently removing bedpan.
15. Hold the bedpan for the RN Test Observer while an unknown quantity of liquid is poured into bedpan.
16. Place graduate on designated level flat surface.
17. Pour bedpan contents into graduate without spilling or splashing urine outside of the graduate.
18. With graduate at eye level, measure output.
19. Empty equipment used into designated toilet/commode.
20. Rinse equipment used and empty rinse water into designated toilet/commode.
21. Return equipment to storage.
22. Remove gloves turning inside out as they are removed and dispose.
23. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
24. Wash/assist resident to wash and dry hands with soap and water.
25. Place soiled linen in designated laundry hamper.
26. Perform hand hygiene BEFORE recording output.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
27. Record output in ml's on the previously signed recording form.
- 28. Candidate's recorded measurement is within 25ml's of RN Test Observer's reading.**
29. Place call light or signaling device within easy reach of the resident.
30. Maintain respectful, courteous interpersonal interactions at all times.
31. Turn on water.
32. Wet hands and wrists thoroughly.
33. Apply soap to hands.
34. Rub hands together using friction with soap.
- 35. Scrub/wash hands together for at least twenty (20) seconds with soap.**
36. Scrub/wash with interlace fingers pointing downward with soap.
37. Wash all surfaces of hands with soap.
38. Wash wrists with soap.
39. Clean fingernails by rubbing fingertips against palm of the opposite hand.
40. Rinse fingers, hands and wrists thoroughly under running water with fingers pointed downward.
41. Starting at the fingertips, dry fingers, hands and wrists on clean paper towel(s).

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42. Discard paper towels to trash container as used.
43. Turn off faucet with a clean, dry paper towel and discard paper towel to trash container as used, or uses knee/foot control to turn off faucet.
- 44. Do not re-contaminate hands at any time during the hand washing procedure.**

CATHETER CARE FOR A FEMALE RESIDENT WITH HAND WASHING

(One of the possible first mandatory tasks.)

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident/manikin. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Fill basin with comfortably warm water.
5. Put on gloves.
6. Expose area surrounding catheter, only exposing resident between hip and knee.
7. Hold catheter at the meatus.
8. Use water and soapy washcloth.
- 9. While holding catheter at the meatus, wash at least 4 inches away from the meatus down the drainage tube (wash with strokes only away from the meatus).**
- 10. Use a clean portion of the washcloth for each stroke.**
- 11. While holding catheter at the meatus, rinse at least 4 inches away from the meatus down the drainage tube (rinse with strokes only away from the meatus).**
- 12. Rinse using a clean portion of the washcloth for each stroke.**
13. While holding the catheter at the meatus, dry at least 4 inches away from meatus using a dry towel/washcloth.
- 14. Do not allow the tube to be tugged/pulled at any time during the procedure.**
15. Replace top cover over resident.
16. Place soiled linen in designated laundry hamper.
17. Empty equipment.
18. Rinse equipment.
19. Dry equipment.
20. Return equipment to storage.
21. Remove gloves turning inside out as they are removed and dispose.
22. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
23. Place call light or signaling device within easy reach of the resident.
24. Maintain respectful, courteous interpersonal interactions at all times.
25. Turn on water.
26. Wet hands and wrists thoroughly.
27. Apply soap to hands.
28. Rub hands together using friction with soap.
- 29. Scrub/wash hands together for at least twenty (20) seconds with soap.**
30. Scrub/wash with interlace fingers pointing downward with soap.

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31. Wash all surfaces of hands with soap.
32. Wash wrists with soap.
33. Clean fingernails by rubbing fingertips against palms of the opposite hand.
34. Rinse fingers, hands and wrists thoroughly under running water with fingers pointed downward.
35. Starting at the fingertips, dry fingers, hands and wrists on clean paper towel(s).
36. Discard paper towels to trash container as used.
37. Turn off faucet with a clean, dry paper towel and discard paper towel to trash container as used, or use knee/foot control to turn off faucet.
- 38. Do not re-contaminate hands at any time during the hand washing procedure.**

DENTURE CARE – CLEANING UPPER OR LOWER DENTURE

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Place a protective lining/basin in the sink.
4. Put on gloves BEFORE handling denture.
5. Apply denture cleanser (paste) to denture brush (or toothbrush).
6. Remove denture from cup.
7. Handle denture carefully to avoid damage.
8. Rinse denture under tepid running water BEFORE brushing.
9. Thoroughly brush denture inner surfaces of upper or lower denture.
10. Thoroughly brush denture outer surfaces of upper or lower denture.
11. Thoroughly brush denture chewing surfaces of upper or lower denture.
12. Rinse all surfaces of denture under tepid running water.
13. Rinse denture cup and lid.
14. Place denture in rinsed cup.
15. Add tepid clean water to denture cup and replace lid on denture cup.
16. Rinse equipment (denture brush or toothbrush and basin, if used).
17. Return equipment to storage.
18. Discard sink protective lining in an appropriate container, if used.
19. Remove gloves turning inside out as they are removed and dispose.
20. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
21. Place call light or signaling device within easy reach of the resident.
22. Maintain respectful, courteous interpersonal interactions at all times.

DONNING PPE (GOWN AND GLOVES), EMPTYING A URINARY DRAINAGE BAG, MEASURE AND RECORD URINE OUTPUT AND REMOVE PPE WITH HAND WASHING

(One of the possible first mandatory tasks.)

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.
4. Place arms through each sleeve.
5. Secure the neck opening.
6. Secure gown at the waist, making sure that the back flaps cover clothing as completely as possible.
7. Put on gloves.
8. Cuffs of gloves overlap cuffs of gown.
9. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
10. Provide for privacy.
11. Place a barrier on the floor under the drainage bag.
12. Place the graduate on the previously placed barrier.
13. Open the drain to allow the urine to flow into the graduate until bag is completely empty.
14. Avoid touching the graduate with the tip of the tubing.
15. Close the drain.
16. Wipe the drain with an alcohol wipe AFTER emptying drainage bag.
17. Place graduate on a level flat surface.
18. With graduate at eye level, measures output.
19. Empty graduate into designated toilet/commode.
20. Rinse equipment emptying into designated toilet/commode.
21. Return equipment to storage.
22. Record the output in ml's on previously signed recording form.
- 23. Candidate's recorded measurement is within 25ml's of the RN Test Observer's measurement.**
24. Place call light or signaling device within easy reach of resident.
25. Maintain respectful, courteous interpersonal interactions at all times.
- 26. Remove gloves BEFORE removing gown with one gloved hand grasping the other glove at the palm to remove.**
- 27. Slip fingers from ungloved hand underneath cuff of remaining glove at the wrist and remove glove turning inside out as it is removed.**
28. Dispose of gloves in trash can without contaminating self.
29. Unfasten gown at the waist AFTER gloves are removed.
30. Unfasten gown at the neck AFTER gloves are removed.
31. Remove gown without touching outside of the gown AFTER gloves are removed.
32. While removing gown, hold gown away from body without touching the floor.
33. While removing gown, turns gown inward and keeps it inside out.
34. Disposes of gown in designated container without contaminating self.
35. Turn on water.
36. Wet hands and wrists thoroughly.

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37. Apply soap to hands.
38. Rub hands together using friction with soap.
- 39. Scrub/wash hands together for at least twenty (20) seconds with soap.**
40. Scrub/wash with interlace fingers pointing downward with soap.
41. Wash all surfaces of hands with soap.
42. Wash wrists with soap.
43. Clean fingernails by rubbing fingertips against palms of the opposite hand.
44. Rinse fingers, hands and wrists thoroughly under running water with fingers pointed downward.
45. Starting at the fingertips, dry fingers, hands and wrists on clean paper towel(s).
46. Discard paper towels to trash container as used.
47. Turn off faucet with a clean, dry paper towel and discard paper towel to trash container as used, or use knee/foot control to turn off faucet.
- 48. Do not re-contaminate hands at any time during the hand washing procedure.**

DRESSING A RESIDENT WITH AN AFFECTED (WEAK) SIDE

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Raise bed height.
5. Keep resident covered while removing gown.
6. Remove gown from unaffected side first.
7. Place soiled gown in designated laundry hamper.
8. Dress the resident in a button-up shirt. Insert hand through the sleeve of the shirt and grasp the hand of the resident.
- 9. When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.**
10. Assist the resident to raise her/his buttocks or turn the resident from side-to-side and draw the pants over the buttocks and up to the resident's waist.
- 11. When dressing the resident in pants, always dress the affected (weak) side leg first.**
12. Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.
13. Leave the resident comfortably/properly dressed.
14. Lower bed, if it was raised.
15. Place call light or signaling device within easy reach of the resident.
16. Maintain respectful, courteous interpersonal interactions at all times.
17. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

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FEEDING A DEPENDENT RESIDENT

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Ask resident to state name and verify name matches the name on the diet card.
4. **Position the resident in an upright, sitting position BEFORE feeding. At least 75-90 degrees.**
5. Offer napkin, clothing protector, or towel to protect clothing from soiling.
6. Provide hand hygiene for the resident BEFORE feeding. (*Candidate may use a disposable wipe and dispose of in trash can –or– wash resident’s hands with soap and a wet washcloth –or– they may rub hand sanitizer over all surfaces of the resident’s hands until dry.*)
7. Ensure resident's hands are dry BEFORE feeding. (*If a wet washcloth with soap was used, the candidate will need to dry the resident’s hands. If a disposable wipe or hand sanitizer was used, must make sure hands are dry.*)
8. Place soiled linen in designated laundry hamper, or dispose in appropriate container, if used.
9. Sit in a chair, facing the resident, while feeding the resident.
10. Describe the food and fluids being offered to the resident.
11. Offer each fluid frequently.
12. Offer small amounts of food at a reasonable rate.
13. Allow resident time to chew and swallow.
14. Wipe resident's hands and mouth AFTER the feeding demonstration.
15. Remove clothing protector or napkin and place in appropriate container, if used.
16. Leave resident sitting upright in bed with the head of the bed set up to at least 75-90 degrees.
17. Record intake as a percentage of total solid food eaten on the previously signed recording form.
18. **Candidate's calculation must be within 25 percentage points of the RN Test Observer's.**
19. Record estimated intake as the sum total fluid consumed in ml's on the previously signed recording form.
20. **Candidate's calculation must be within 30ml's of the RN Test Observer's.**
21. Place call light or signaling device within easy reach of the resident.
22. Maintain respectful, courteous interpersonal interactions at all times.
23. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

FOOT CARE ONE FOOT

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Fill basin with comfortably warm water.
5. Place basin on a protective barrier and in a comfortable position for resident.
6. Put on gloves BEFORE washing foot.

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7. Immerse resident's bare foot into the water.
8. Use water and a soapy washcloth.
9. Wash entire foot.
10. Wash between toes.
11. Rinse entire foot.
12. Rinse between toes.
13. Dry foot thoroughly.
14. Dry thoroughly between toes.
15. Apply lotion to top and bottom of foot.
16. Avoid getting lotion between toes.
17. If any excess lotion on foot, wipe with a towel/washcloth.
18. Support foot and ankle during procedure.
19. Empty equipment.
20. Rinse equipment.
21. Dry equipment.
22. Return equipment to storage.
23. Placed soiled linens in designated laundry hamper.
24. Remove gloves turning inside out as they are removed and dispose.
25. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
26. Place call light or signaling device within easy reach of resident.
27. Maintain respectful, courteous interpersonal interactions at all times.

MODIFIED BED BATH- FACE AND ONE ARM, HAND AND UNDERARM

Using COVID precautions – this task will be performed on a manikin.

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident/manikin. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Raise bed height.
5. Cover resident/manikin with a bath blanket.
6. Remove remaining top covers to bottom of bed or place aside.
7. Remove resident/manikin's gown without exposing resident/manikin and place soiled gown in designated laundry hamper.
8. Fill basin with comfortably warm water.
9. Put on gloves BEFORE washing resident.
10. **Beginning with eyes, wash eyes WITHOUT SOAP using a clean portion of the washcloth for each stroke, washing inner aspect to outer aspect.**
11. Wash face WITHOUT SOAP.
12. Pats dry face.
13. Place towel under arm, exposing one arm.
14. Wash arm with soap.

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15. Wash hand with soap.
16. Wash underarm with soap.
17. Rinse arm.
18. Rinse hand.
19. Rinse underarm.
20. Dry arm.
21. Dry hand.
22. Dry underarm.
23. Assist resident/manikin to put on a clean gown.
24. Empty equipment.
25. Rinse equipment.
26. Dry equipment.
27. Return equipment to storage.
28. Place soiled linen in designated laundry hamper.
29. Lower bed, if it was raised.
30. Remove gloves turning inside out as they are removed and dispose.
31. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
32. Place call light or signaling device within easy reach of the resident.
33. Maintain respectful, courteous interpersonal interactions at all times.

MOUTH CARE—BRUSHING RESIDENT’S TEETH

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Drape resident’s chest with a towel to prevent soiling.
5. Put on gloves BEFORE cleaning resident’s mouth.
6. Wet toothbrush and apply a small amount of toothpaste.
7. Gently brush the inner surfaces of resident’s upper and lower teeth.
8. Gently brush the outer surfaces of resident’s upper and lower teeth.
9. Gently brush the chewing surfaces of resident’s upper and lower teeth.
10. Gently brush the resident’s tongue.
11. Assist the resident in rinsing mouth.
12. Wipe resident’s mouth.
13. Remove soiled linen.
14. Place soiled linen in the designated laundry hamper.
15. Empty container. (*Container may be an emesis basin or a disposable cup.*)
16. Rinse emesis basin, if used, or discards disposable items in trash can.
17. Dry emesis basin, if used.
18. Rinse toothbrush.
19. Return equipment to storage.

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20. Remove gloves turning inside out as they are removed and dispose.
21. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
22. Place call light or signaling device within easy reach of resident.
23. Maintain respectful, courteous interpersonal interactions at all times.

PERINEAL CARE FOR A FEMALE RESIDENT WITH HAND WASHING

(One of the possible first mandatory tasks.)

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident/manikin. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Fill basin with comfortably warm water.
5. Raise bed height.
6. Put on gloves BEFORE washing.
7. Place pad/linen protector under the perineal area, including the buttocks, BEFORE washing.
8. Expose perineal area only. (Only expose between hips and knees.)
9. Use water and soapy washcloth (no peri-wash or no rinse soap allowed).
- 10. Wash genital area from front to back.**
- 11. Use a clean portion of the washcloth for each stroke.**
- 12. Using a clean washcloth, rinse soap from genital area from front to back.**
- 13. Use a clean portion of the washcloth for each stroke.**
14. Pats dry genital area from front to back with a dry washcloth/towel.
15. 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 her side ONLY after the candidate has turned the manikin.*
16. Using a clean washcloth with water and soap (no peri-wash or no rinse soap allowed).
- 17. Wash rectal area from front to back using a clean portion of a washcloth with each stroke.**
18. Using a clean washcloth, rinse soap from rectal area from front to back.
19. Use a clean portion of the washcloth with for each stroke.
20. Pats dry rectal area from front to back with a dry washcloth/towel.
21. Safely remove pad/liner from under resident, if used.
22. Position manikin on her back.
23. Place soiled linen in designated laundry hamper.
24. Empty equipment.
25. Rinse equipment.
26. Dry equipment.
27. Return equipment to storage.
28. Remove gloves turning inside out as they are removed and dispose.
29. Lower bed, if raised.
30. Place call light or signaling device within easy reach of resident.
31. Maintain respectful, courteous interpersonal interactions at all times.

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32. Turn on water.
33. Wet hands and wrists thoroughly.
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 interlace fingers pointing downward with soap.
38. Wash all surfaces of hands with soap.
39. Wash wrists with soap.
40. Clean fingernails by rubbing fingertips against palms of the opposite hand.
41. Rinse fingers, hands and wrists thoroughly under running water with fingers pointed downward.
42. Starting at the fingertips, dry fingers, hands and wrists on clean paper towel(s).
43. Discard paper towels to trash container as used.
44. Turn off faucet with a clean, dry paper towel and discard paper towel to trash container as used, or use knee/foot control to turn off faucet.
- 45. Do not re-contaminate hands at any time during the hand washing procedure.**

POSITION RESIDENT IN BED ON SIDE

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Position bed flat.
5. Raise bed height.
6. Directs RN Test Observer to stand on side of the bed opposite working side of the bed to provide safety.
7. From the working side of 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 to slowly roll onto correct side that the RN Test Observer stated in the scenario that was read to the candidate at the start of the task.
11. Place or adjust pillow under resident's head for support.
12. Reposition resident's arm and shoulder so that the resident is not lying on arm.
13. Place support device under the resident's upside arm.
14. Place support device behind resident's back.
15. Place support device between resident's legs.
16. Lower bed, if raised.
17. Place call light or signaling device within easy reach of resident.
18. Maintain respectful, courteous interpersonal interactions at all times.
19. 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 ONE KNEE AND ONE ANKLE

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Raise bed height.
5. Position resident supine (bed flat).
6. Correctly support joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.
7. Gently bend the resident's knee.
 - a. *Flexion*
8. Gently return (straighten) resident's leg to normal position.
 - a. *Extension*
9. Gently, slowly and smoothly complete flexion and extension of the knee at least three times.
10. Correctly support joints at all times by placing one hand under the resident's foot and the other hand under the resident's ankle close to the bed.
11. Gently push/pull the resident's foot toward head.
12. Gently push/pull the resident's foot down with toes pointing down.
13. Gently, slowly and smoothly complete dorsiflexion and plantar flexion of the ankle at least three times.
- 14. Candidate must ask at least once during the ROM exercise if there is/was any discomfort/pain.**
15. Lower bed, if raised.
16. Place call light or signaling device within easy reach of resident.
17. Maintain respectful, courteous interpersonal interactions at all times.
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 SHOULDER

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Raise bed height.
5. Position resident supine (bed flat).
6. Correctly support joints at all times by placing one hand under the resident's elbow and the other hand under the resident's wrist.
7. Gently raise the resident's straightened arm up and over the resident's head to ear level.
 - a. *Flexion*
8. Gently bring the resident's arm back down to the side of the resident's body.
 - a. *Extension*

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9. Gently, slowly and smoothly complete flexion and extension of the shoulder at least three times.
10. Continue same support for shoulder joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.
11. Gently move the resident's entire arm away from the side of the resident's body to shoulder level.
 - a. *Abduction*
12. Gently return resident's arm to the side of the resident's body.
 - a. *Adduction*
13. Gently, slowly and smoothly complete abduction and adduction of the shoulder at least three times.
- 14. Candidate must ask at least once during the ROM exercise if there is/was any discomfort/pain.**
15. Lower bed, if raised.
16. Place call light or signaling device within easy reach of resident.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

TRANSFER RESIDENT FROM BED TO WHEELCHAIR USING A GAIT BELT

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Provide for privacy.
3. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
4. Obtain a gait belt for the resident.
5. Assist resident to put on non-skid shoes/footwear BEFORE assisting to stand.
6. 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 BEFORE assisting to stand.
- 7. Lock bed brakes to ensure resident's safety BEFORE assisting to stand.**
- 8. Lock wheelchair brakes to ensure resident's safety BEFORE assisting to stand.**
9. Bring resident to a sitting position.
10. Place gait belt around resident's waist to stabilize trunk.
11. Tighten gait belt.
12. Check gait belt for tightness by slipping fingers between gait belt and resident.
13. Ensure resident's safety by standing and positioning yourself facing the resident.
14. Grasp gait belt on both sides with an upward grasp.
15. Bring resident to standing position.
16. Assist resident to pivot/turn to stand in front of the wheelchair with back of resident's legs against the wheelchair in a controlled manner that ensures safety.
17. Lower resident into the wheelchair in a controlled manner that ensures safety.
18. Position/adjust resident with resident's hips touching the back of the wheelchair seat.
19. Remove gait belt.

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

VITAL SIGNS – COUNT AND RECORD RESIDENT’S RADIAL PULSE AND RESPIRATIONS

1. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident. (Speak clearly, directly, maintaining face-to-face contact whenever possible.)
3. Locate the resident’s radial pulse by placing fingertips on thumb side of the resident's wrist.
4. Count resident’ radial pulse for one full minute.
 - a. *Tell the RN Test Observer when you start counting and tell them when you stop counting.*
5. Record your radial pulse rate reading on the previously signed recording form.
- 6. Candidate’s recorded radial pulse rate is within 4 beats of RN Test Observer's recorded rate.**
7. Count resident’s respirations for one full minute.
 - a. *Tell the RN Test Observer when you start counting and tell them when you stop counting.*
8. Record your respirations reading on the previously signed recording form.
- 9. Candidate’s recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.**
10. Place call light or signaling device within easy reach of resident.
11. Maintain respectful, courteous interpersonal interactions at all times.
12. 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	AIDS	basic needs
abdominal thrust	Alzheimer's	bathing
abductor wedge	ambulation	bed bath
abnormal vital signs	angina	bed cradle
abuse	anti-embolitic stocking	bed height
accidents	antibiotics	bedrails
activities	aphasia	behavior
acute	apnea	behavioral care plan
adaptive	appropriate response	beliefs
adaptive devices	arthritis	biohazard
ADL	aspiration	bladder training
admitting resident	assistive device	bleeding
advance directives	attitudes	blindness
affected side	authorized duty	blood pressure
aging process	axillary temperature	blood supply
agitation	bacteria	body alignment

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body language
body mechanics
body temperature
bone loss
bowel program
break time
breathing
brittle bones
call light
cancer
cardiopulmonary resuscitation
care impaired
care plan
cast
cataract
catheter
cc's in an ounce
central nervous system
charge nurse
chemical restraint
chemotherapy
chest pain
choking
chronic
circulation
cleaning
clear liquid diet
clergy
cognitively impaired
colostomy care
coma
combative resident
communicable
communication
competency evaluation
conduct
confidentiality
conflict resolution
confused resident
congestive heart failure
constipation
contracture
converting measures

COPD
CPR
cultural
CVA
de-escalation
death and dying
defense mechanism
dehydration
delegation
demanding resident
dementia
denture care
dentures
dependability
depression
dermatitis
developmental disability
diabetes
dialysis
diet
digestion
dirty linen
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