

D&S Diversified Technologies LLP

Headmaster LLP

Minnesota Nurse Aide

Candidate Handbook

EFFECTIVE FOR TESTING: August 5, 2024

Version 6

EFFECTIVE AUGUST 5, 2024:

The Feeding a Dependent Resident Task will be included in testing (page 43).

The Knowledge Exam passing percentage will be changed to 74% or better (page 27).

Contact Information

Questions regarding: testing process • test scheduling • eligibility to test (800) 393-8664 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 (800) 397-6124 (Minnesota only) D&S Diversified Technologies (D&SDT), Phone #: (800) 393-8664 Headmaster, LLP PO Box 6609 Monday through Friday Helena, MT 59604 Fax #: (406) 442-3357 7:00AM - 7:00PM Email: minnesota@hdmaster.com Central Standard Time (CST) Web Site: www.hdmaster.com Minnesota MN State TMU© Webpage: https://mn.tmutest.com Minnesota IN-FACILITY TMU© Webpage: https://mr.tmutest.com Minnesota Department of Health (MDH) Phone #: (651) 215-8705 **Nurse Aide Registry** PO Box 64501 Monday through Friday Phone #: (800) 397-6124 St. Paul, MN 55164-0501 8:00AM - 5:00PM Central Standard Time (CST) (Minnesota only) Nurse Aide Registry: health.FPC-NAR@state.mn.us Nurse Aide Registry Website: https://www.health.state.mn.us/facilities/providers/ nursingassistant/index.html

Table of Contents

INTRODUCTION	4
MINNESOTA NURSE AIDE REGISTRY REQUIREMENTS	4
AMERICANS WITH DISABILITIES ACT (ADA)	5
ADA COMPLIANCE	5
MN State	5
THE MINNESOTA NURSE AIDE COMPETENCY EXAM	5
Testing Fees Payment Information	5
MN State	5
In-Facility	5
Criteria to Waive the Nurse Aide Training Requirement	6
COMPLETE YOUR TMU© ACCOUNT	6
SCHEDULE AN EXAM	8
MN State	8
MN State	8
Forgot Your Password and Recover your Account	9
Schedule/Reschedule a Test Event	12
Test Confirmation Letter	13

TIME FRAME FOR TESTING FROM TRAINING PROGRAM COMPLETION	16
Exam Check-In	16
TESTING ATTIRE	16
Identification	16
INSTRUCTIONS FOR THE KNOWLEDGE, REMOTELY PROCTORED KNOWLEDGE AND SKILL EXAMS	17
TESTING POLICIES	
Access the Candidate Handbook and Testing Instructions in your TMU© Account	
Unforeseen Circumstances Policy	
MN State	
In-Facility	
CANDIDATE FEEDBACK — EXIT SURVEY	
TEST RESULTS	
TEST ATTEMPTS	
RETAKING THE NURSE AIDE EXAM	
TEST REVIEW REQUESTS	
THE KNOWLEDGE/AUDIO EXAM	27
SELECT AN AUDIO VERSION OF THE KNOWLEDGE EXAM	27
REMOTELY PROCTORED KNOWLEDGE EXAM OPTION	
Remotely Proctored Knowledge Exam Candidate Requirements	
Schedule a Remotely Proctored Knowledge Exam	
Remotely Proctored Knowledge Exam Check-In	
Remotely Proctored Knowledge Exam Policies	
Knowledge Exam Content	
Subject Areas	
Self-Assessment Reading Comprehension Exam	
Self-Assessment Reading Comprehension exam	
THE MANUAL SKILL TEST	35
Skill Test Recording Form	35
SKILL TEST TASKS	36
Skill Tasks Listing	36
Apply an Anti-Embolic Stocking to One Leg	
Assist Resident to Ambulate using a Gait Belt	
Assist Resident with the use of a Bedpan, Measure and Record Urine Output with Hand Washing	38
Catheter Care for a Female Resident with Hand Washing	
Denture Care – Clean Upper or Lower Denture	40
Donn PPE (Gown and Gloves), Empty a Urinary Drainage Bag, Measure and Record Urine Output and Remove PPE with Hand Washing	
Dress a Resident with an Affected (Weak) Side	
Feed a Dependent Resident	
Foot Care One Foot	
Modified Bed Bath- Face and One Arm, Hand and Underarm	
Mouth Care—Brush Resident's Teeth	
Position Resident in Bed on their Side	
Range of Motion for One Knee and One Ankle	
Range of Motion for One Shoulder	
Transfer Resident from Bed to Wheelchair using a Gait Belt	
Vital Signs – Count and Record Resident's Radial Pulse and Respirations	
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Introduction

Congress adopted the Nursing Home Reform Act in 1987 as part of the Omnibus Budget Reconciliation Act (OBRA '87). This federal law was designed to improve the quality of care in long-term healthcare facilities and 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 the 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. The examination has two parts: a multiple-choice knowledge test and a skill test. Candidates must pass both parts 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, go to D&SDT-Headmaster's Minnesota webpage, or go to www.hdmaster.com and click '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 findings 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. If you have questions about a background check, contact 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. D&SDT-Headmaster must approve accommodations in advance of the 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 the 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 the 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.

MN STATE

When an ADA request is approved, the candidate's TMU© account is updated with the approved accommodations, and D&SDT-Headmaster emails the candidate with the candidate's approved accommodations.

The approved accommodations email informs the candidate of the specifics of their approved accommodations and asks them to please inform their test site before they schedule a test that they have an approved accommodation. Allow the test site 10-14 business days to coordinate this accommodation.

- It is the candidate's responsibility to notify the test site of their approved accommodations before scheduling their test date so that the test site can coordinate the accommodation.
- The RN Test Observer/Knowledge Test Proctor will see special notes of the approved accommodations that need to be allowed for the candidate during testing. RN Test Observers check the check-in sheet (list of candidates testing in the event) the day before a test event.

The Minnesota Nurse Aide Competency Exam

Testing Fees Payment Information

MN STATE

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

IN-FACILITY

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

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 both the Knowledge and Skills exams.
- 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 both the Knowledge and Skills exams.
- 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 both the Knowledge and Skills exams. 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: <u>How to Get on the Nursing Assistant Registry – MN Dept. of Health</u> (<u>state.mn.us</u>)

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 and temporary PASSWORD to sign in to your account at: for MN State-https://mn.tmutest.com / for In-Facility-https://mr.tmutest.com. You **MUST** complete your testing account 48 hours BEFORE the date of your test. Please see the instructions under 'Complete your TMU© Account'. If you have any questions, contact D&SDT-Headmaster at (800)393-8664.

Complete your TMU© Account

Your initial registration information will be entered in D&SDT-Headmaster's TestMaster Universe (TMU©) software.

IMPORTANT: At least 48 hours BEFORE you can test, you must sign in to your TMU© account using your secure Email or Username and Password and complete/review your demographic information.

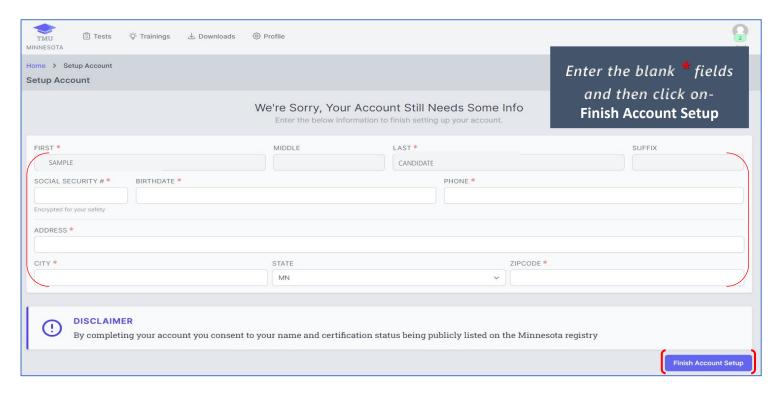
- When you receive your confirmation email from TMU© (check your junk/spam mail) that your account has been created, sign in to your account, update your password, and complete/review your demographic information.
- If you attempt to complete your TMU© account and get an error message, you will need to send an encrypted email to minnesota@hdmaster.com or fax (406)442-3357 a copy of your social security card and a US-issued form of identification or driver's license.
 - **REMINDER:** If you are sending personal information via email, please make sure the email is encrypted before sending it.

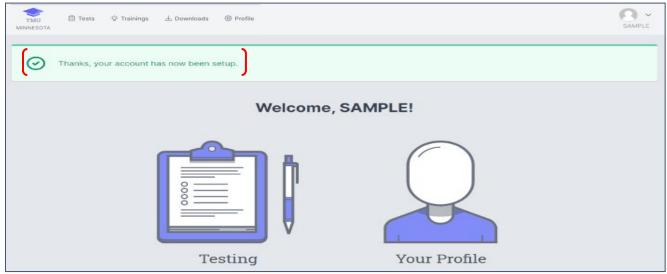
If you do not know your Email or Username and Password, enter your email address and click "Forgot Your Password?" You will be asked to re-enter your email, and a 'reset password link' will be sent to your email (see

instructions under 'Forgot your Password and Recover your Account'). If you cannot sign in for any reason, contact D&SDT-Headmaster at (800)393-8664.

Note: If you do not have a Social Security Number, please contact D&SDT-Headmaster at (800)393-8664 **at least 48 hours before** your test for further direction.

This is the screen you will see the first time you sign in to your TMU© account **with the demographic information you need to enter to complete your account** (the screen will look the same in the In-Facility TMU©):





Schedule an Exam

MN STATE

You need to contact your test site to schedule an exam date. 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© account) 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 screenshots below). If you cannot sign in with your email, please call D&SDT-Headmaster for assistance at (800)393-8664.

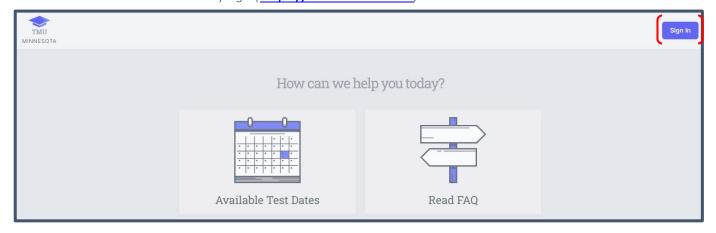
You will receive your test confirmation notification via email, text, or sign-in to your TMU© account. You may log in with any Internet-connected device.

IN-FACILITY

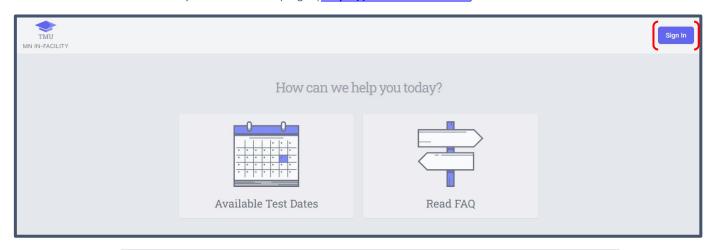
Once your completed account is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Minnesota In-Facility TMU© webpage, https://mr.tmutest.com, using your email and password (see instructions under 'Schedule/Reschedule into a Test Event'). If you cannot sign in with your email, please call D&SDT-Headmaster for assistance at (800)393-8664 during regular business hours, 7:00AM to 7:00PM CST, Monday through Friday, excluding holidays. Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. In some cases, testing fees may be paid by a training program or sponsoring facility.

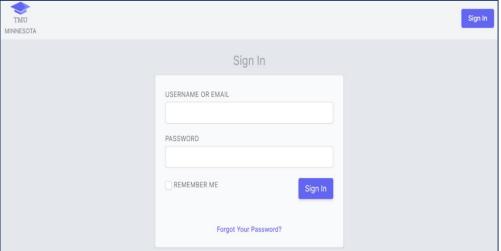
After testing fees are paid, you will be able to schedule and/or reschedule your test event up to the business day prior to a scheduled test date of your choice and receive your test confirmation notification online or on the screen while you are logged in. You may log in with any Internet-connected device. Sign in to the Minnesota In-Facility TMU©, https://mr.tmutest.com, with your email and password to schedule or reschedule your test date. If you cannot schedule/reschedule online, please call D&SDT-Headmaster at (800)393-8664 during regular business hours, 7:00AM to 7:00PM CST, Monday through Friday, excluding holidays, for assistance.

This is the Minnesota TMU© main page (https://mn.tmutest.com):



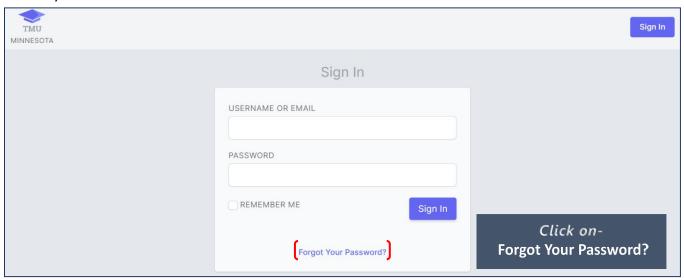
This is the Minnesota In-Facility TMU© main page (https://mr.tmutest.com):

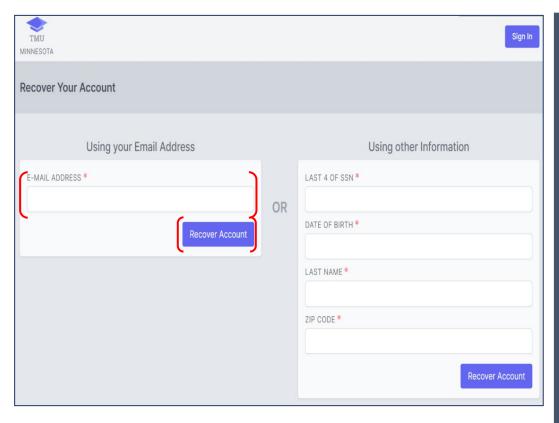




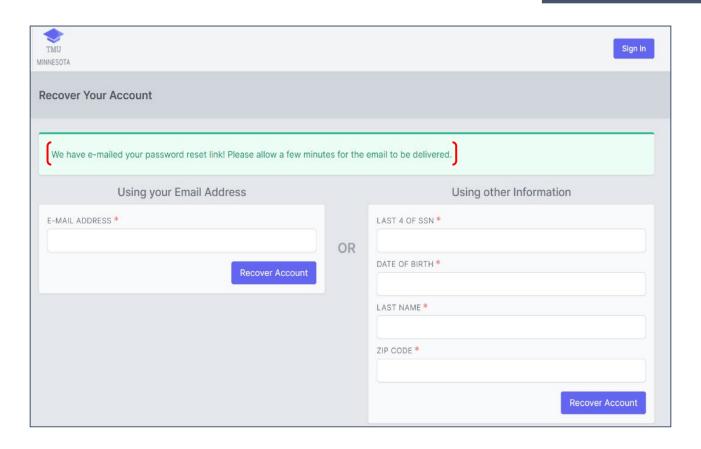
FORGOT YOUR PASSWORD AND RECOVER YOUR ACCOUNT

If you do not remember your password, follow these instructions (see screenshots below) to reset your password and recover your account.

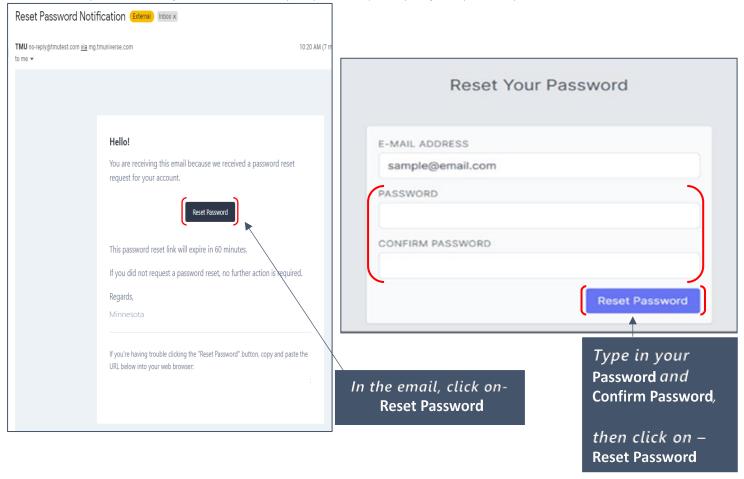




Type in your Email **Address** Click on -**Recover Account** An email with the reset link will be emailed to you. Click on the reset link in your email to reset your password. -OR-If you have already been in your account and updated your demographic information, you can type in the requested data under Using other Information

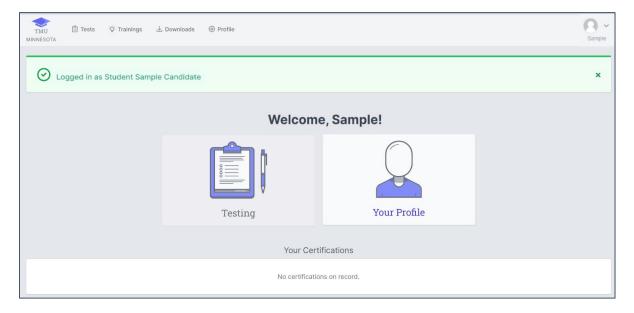


This is the email you will receive from TMU© to reset your password (check your junk/spam mail):

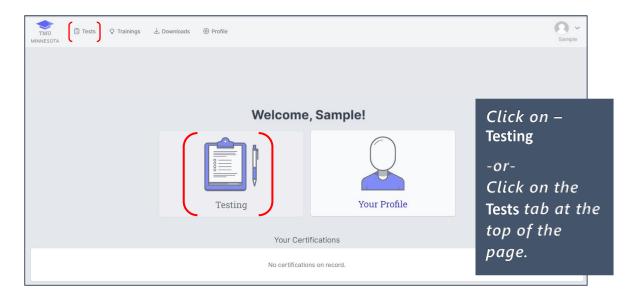


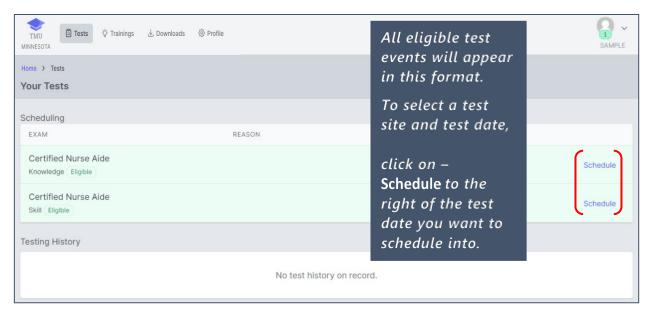
Note: If you do not reset your password right away, the link expires in 60 minutes, and you will need to request a new link after that time.

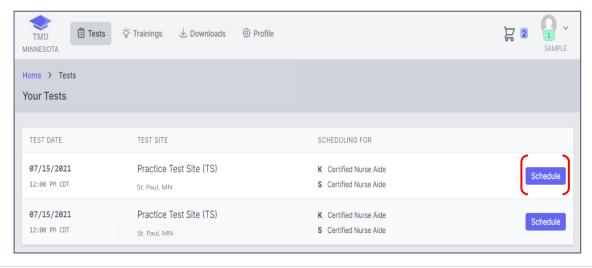
This is the home screen you will see once you have signed in (the screen for the Minnesota In-Facility will look the same):



SCHEDULE/RESCHEDULE A TEST EVENT

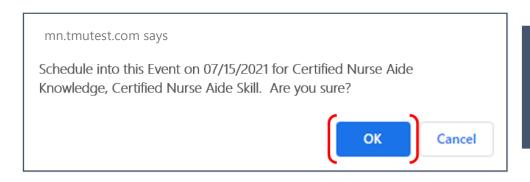




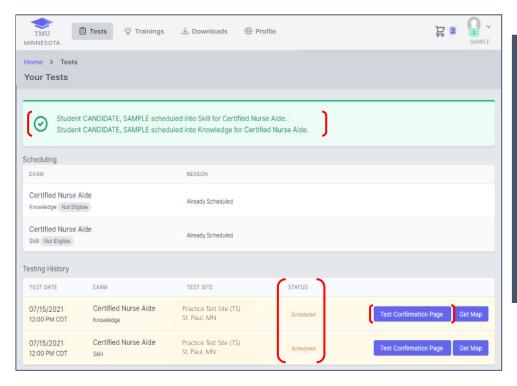


To select a test site and test date,

click on – Schedule



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



This screen confirms you are scheduled into a test date to take your exams.

Your status shows Scheduled and a note at the top of your screen also shows you are scheduled.

Click on-

OK

Test Confirmation Page to see your test confirmation with important reminders for testing.

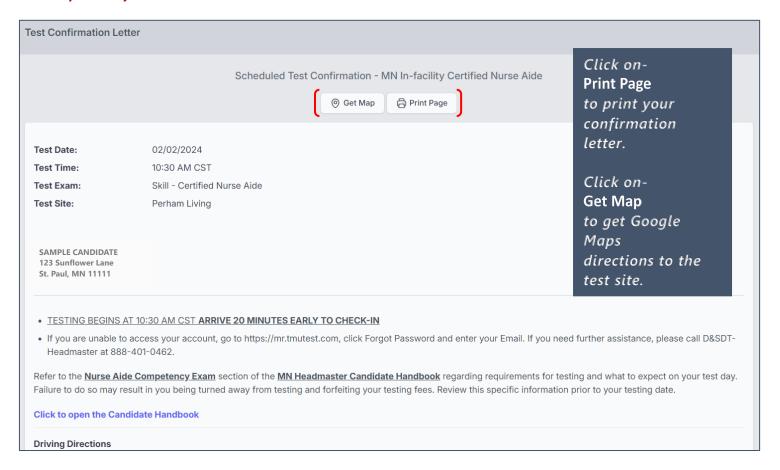
TEST CONFIRMATION LETTER

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, which will give you instructions on what time to arrive, ID requirements, dress code, etc.

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

It is important you read this letter!



Test sites are posted on the Minnesota NA webpage site:

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

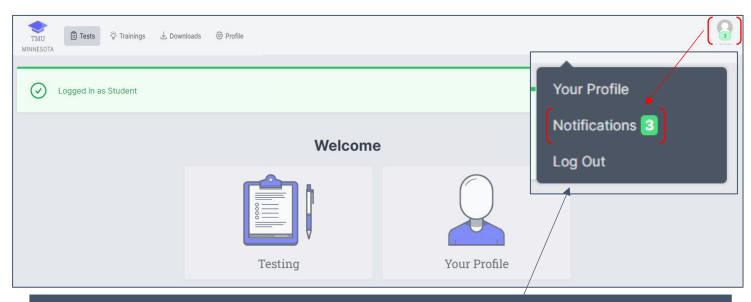
If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (800)393-8664, Monday through Friday, 7:00AM to 7:00PM Central Standard Time.

For MN State- Candidates will receive their test confirmation when a Test Site schedules them.

For In-Facility- Candidates will receive their test confirmation when they schedule themselves.

Check/View your TMU© Notifications

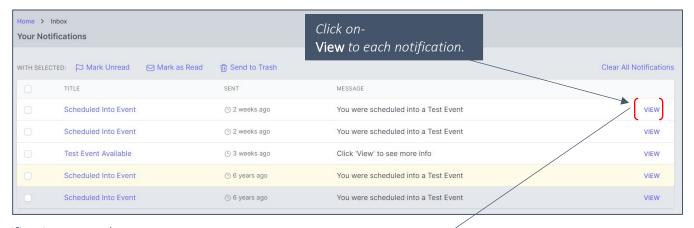
Remember to check your 'notifications' in your TMU© account for important notices regarding your selected test events and other information. See the screenshots that follow:



When you have 'notifications' they will show up when you click on your profile pic. The number represents the number of notifications you have to view.

Click on- Your Profile Pic to open your profile and notifications.

Click on- Notifications to view all of your notifications.



Notification Example:



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 20 to 30 minutes before your exam is scheduled to start. (For example, if your test start time is 8:00AM, you must 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 remotely proctored knowledge exam, please see procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.

Testing Attire

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

- You must be in full clinical attire (scrubs shirt/pants or long skirt).
 - Scrubs and shoes can be any color/design.
- No open-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 IDs 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 with a signature that contains a US VISA (there is no signature on 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; may contain a fingerprint in place of signature)
- Military Identification (that meets all identification criteria)
- <u>Identification Criteria</u> = US Government-issued, signed (or fingerprint Alien Registration or Work Authorization 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 (photocopies 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

The **FIRST** and **LAST** names listed on your ID presented to the RN Test Observer during check-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 to your TMU© account at MN State-https://mn.tmutest.com or for In-Facility-https://mr.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 your TMU© account, you need to fill out, upload the required documentation (official name change documentation such as a 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) and submit the DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM in TMU© by clicking on APPLICATIONS on the main Minnesota or Minnesota In-Facility web pages (before you sign in to your TMU© account), then click on **APPLY** next to the **DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM**.

DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM

This form is to update, change or correct the spelling of your name or update/correct your social security number in your TMU® account.

Apply

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 ensure that the FIRST and LAST printed names on your identification card match the current name on record in your TMU© account.
- A driver's license or state-issued ID card with a hole punched in it is <u>NOT VALID</u> and will not be accepted as an acceptable form of ID.
- In cases where names do not match, your ID(s) are not proper/valid, or have a hole punched in them, 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 the skills lab for your skills exam. Please keep your ID with you throughout the exam day.

Instructions for the Knowledge, Remotely Proctored Knowledge and Skill Exams

Test instructions for the knowledge and skills exams will be provided in written format in the waiting area when you check in for your test. If you are taking a remotely proctored knowledge exam, the instructions can be found in your TMU© account under the Downloads tab (*see paragraph below).

These instructions detail the process and what you can expect during your exam. Please read the instructions **before** taking the knowledge exam room or skills lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the testing rooms.

■ The Knowledge, Remotely Proctored Knowledge, and Skill Exam Instructions are also available under the 'DOWNLOADS' tab in your TMU© account. *Refer to the 'Access the Candidate Handbook and Testing Instructions in your TMU© Account' section of this handbook for instructions.

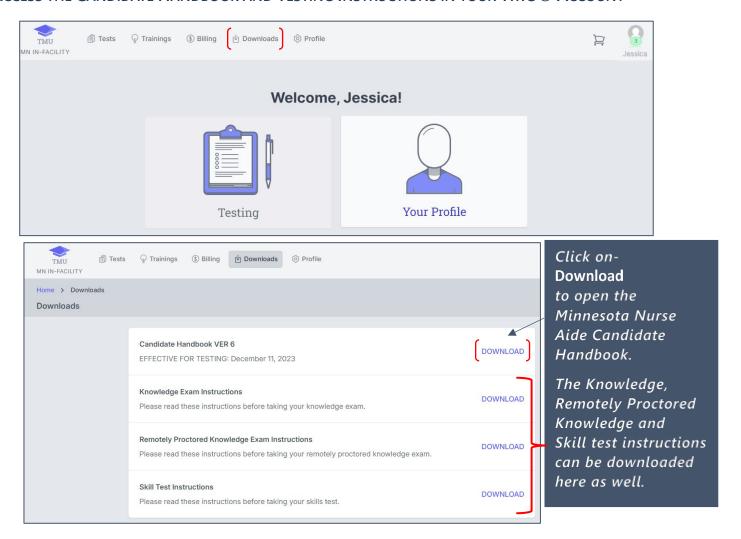
Testing Policies

The following policies are observed at each test site:

- Make sure you have signed in to your TMU© account at (for MN State-https://mn.tmutest.com, for In-Facilityhttps://mr.tmutest.com) well before your test date to update your password and complete/review your demographic information. Refer to the 'Complete Your TMU© Account' section of this handbook for instructions and information.
 - If you have not signed in and completed/updated your TMU© account when you arrive for your test, you may not be admitted to the exam.
- Plan to be at the test site for 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. Any exam fees paid will NOT be refunded.
 - If you are scheduled into a remotely proctored knowledge exam, please see procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.
- If you do not bring a 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 check-in at your test event **DO 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 are a NO-SHOW status 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. The testing team will inform you 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**, including smartwatches, fitness monitors, and Bluetooth-connected devices, which must be removed from your wrist or body.
 - If you are scheduled into a remotely proctored knowledge exam, please see procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.
- Anyone caught using any electronic recording device during testing will be removed from the testing room(s), have their test scored as a failed attempt, 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 word-for-word translation, translating devices of any type, and non-approved language translators 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, or smoke (e-cigarettes or vape) during the exam.

- You are not allowed to leave the testing room (onsite or remotely proctored 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 or engaging in misconduct, trying to take notes or testing materials from the testing room, or being visibly impaired, you will be dismissed from the exam, your test will be 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 the candidate's personal belongings at the test site.
- No visitors, guests, pets (including companion animals), or children are allowed. Service animals with an approved ADA accommodation are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA) 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.

ACCESS THE CANDIDATE HANDBOOK AND TESTING INSTRUCTIONS IN YOUR TMU© ACCOUNT



Security

If you refuse to follow directions, use abusive language, disrupt the examination environment, or are visibly impaired, your test will be stopped and scored as a failure. You will be dismissed from the testing room and forfeit any testing fees paid. Your training program and MDH will receive a report of your behavior. You will not be allowed to retest for a minimum 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

MN STATE

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 your <u>test site</u> does not receive a reschedule request one (1) full business day before your scheduled test date, it will generally not be granted.

IN-FACILITY

All candidates may reschedule to a new test date until **one (1) full business day** preceding a scheduled test day, **excluding** Saturdays, Sundays, and holidays.

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

-continued on next page-

• <u>Example</u>: If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to reschedule by close of business the Thursday before your scheduled exam.

The scheduled test date is on a:	Reschedule online by the previous:
Monday	The previous Thursday
Tuesday	The previous Friday
Wednesday	The previous Monday
Thursday	The previous Tuesday
Friday	The previous Wednesday
Saturday	The previous Thursday
Sunday	The previous Thursday

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

Refund of Testing Fees Paid

MN STATE

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.

IN-FACILITY

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.

Scheduled in a Test Event

- 1) If you are scheduled for a test event, you must request a refund of the testing fees paid by filling out and submitting the <u>Refund Request Form</u> on D&SDT-Headmaster's main webpage at <u>www.hdmaster.com</u> at least one (1) full business day prior to your scheduled test event (excluding Saturdays, Sundays, and holidays). No phone calls will be accepted.
 - **Example:** If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to request a refund by the close of business on the Thursday before your scheduled exam. D&SDT-Headmaster is open until 7:00PM Central time, Monday through Friday, excluding Saturdays, Sundays, and holidays.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.
- 3) Refund requests must be made within thirty (30) days of paying the original testing fees with Headmaster. Requests for refunds made after 30 days will not be issued.

Not Scheduled in a Test Event

- 1) Refund requests must be made within thirty (30) days of paying the original testing fees with Headmaster. Requests for refunds made after 30 days *will not be issued*.
- 2) To request a refund for testing fees paid, you must fill out and submit the <u>Refund Request Form</u> on D&SDT-Headmaster's main webpage at <u>www.hdmaster.com</u>. No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.

Unforeseen Circumstances Policy

MN STATE

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

IN-FACILITY

If an exam date is canceled due to weather or other unforeseen circumstances, D&SDT-Headmaster staff will make every effort to contact you using the contact information (phone number/email) we have on file in your TMU© account to reschedule you for no charge to a mutually agreed-upon new test date.

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

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

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

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

See more information under 'No Show Exceptions'.

No Show Policy

MN STATE

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 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. You must repay the full testing fee to secure a test seat in a new test event.

MN State No Show Exceptions

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

IN-FACILITY

If you are scheduled for your exam and do not show up without notifying D&SDT-Headmaster at least one (1) full business day prior to your scheduled testing event, **excluding** Saturdays, Sundays, and holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW.** You will forfeit all fees paid and must sign in to your TMU© account to repay or submit a new testing fee to schedule yourself into a new test event.

These fees partially offset D&SDT-Headmaster's costs incurred for services requested and resulting work performed. If a reschedule or refund request is not made or received before the one (1) full business day preceding a scheduled test event, excluding Saturdays, Sundays, and holidays, a NO SHOW status will exist, and you will forfeit your testing fees. You must repay the full testing fee to secure a new test event.

In-Facility 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, a free reschedule will be authorized to the remitter of record, providing **the required documentation is received within the appropriate time frames outlined below:**

These are examples and not an all-inclusive list. Please contact D&SDT-Headmaster if you have unique circumstances that are not addressed below.

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

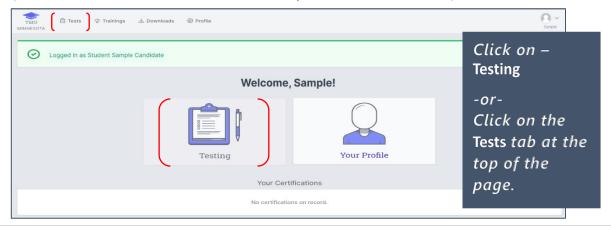
- Medical emergency or illness: D&SDT-Headmaster must be contacted within one business day via phone, fax, or email, and a doctor's note must be submitted within three (3) business days of the missed exam date. If we do not receive proof within the 3-business-day time frame, you will have to pay as though you were a No-Show.
 - * For an at-home COVID test result, you will need to image (take a picture) the COVID-19 positive test result with your photo ID together within the same image (picture) and email it to minnesota@hdmaster.com.
- Death in the family: D&SDT-Headmaster must be contacted within one business day via phone, fax, or email, and an obituary for immediate family must be submitted within seven (7) business days from a missed exam date. If we do not receive proof within the 7-business-day time frame, you will have to pay as though you were a No-Show. (Immediate family is parent, grand and great-grandparent, sibling, children, spouse, or significant other.)
- Remotely proctored testing issues: D&SDT-Headmaster must be contacted within one business day via phone, fax, or email, and appropriate documentation must be submitted within three (3) business days of the exam date. If we do not receive proof within the 3-business-day time frame, you will have to pay as though you were a No-Show.
 - Internet outage or issue: Documentation from the Internet provider showing outage date and times.
 - **Computer or cell phone issue:** If the computer or cell phone fails to work for any reason, documentation from a computer repair technician/shop or other appropriate documentation.

Candidate Feedback – Exit Survey

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

Test Results

After you have completed both the Knowledge Exam and Skill Test components of the competency exam, 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© account after 7:00PM (CST) the business day after your test event. (See instructions and screenshots to access your Test Results below.)



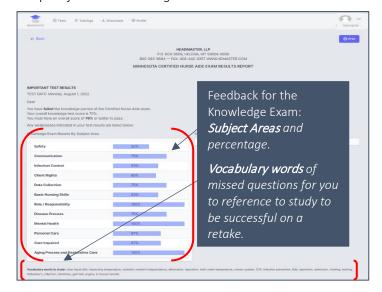


Click on – Details to view your results.

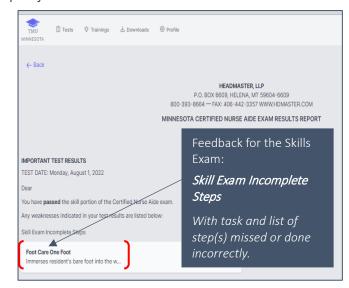
Click on Print Test Results to print your results.

Click on Please take our satisfaction survey to complete the exit survey.

Sample of Failed Knowledge Test Results:



Sample of Passed Skill Test Results:



NOTE: Federal and State regulations allow healthcare 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 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.

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

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 the date you complete the nurse aide training program. If you do not complete testing within 24 months of training completion, you must complete a new Minnesota Department of Health-approved training program to become eligible to further attempt Minnesota NA examinations.

Retaking the Nurse Aide Exam

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.

For MN State - 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 during regular business hours, 7:00AM to 7:00PM CST Monday through Friday, excluding holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts.

If, after discussing your concerns with D&SDT-Headmaster staff, you still have a concern about your testing process that affected the outcome of your exam, you may submit a Test Review Request. If the review is in your favor, the test review request deposit fee will be refunded to the remitter.

You may request a review of your test results or dispute any other testing condition. There is a \$25 test review deposit fee. To request a review, you must submit the <u>Test Review Request and Payment Form</u> available on D&SDT-Headmaster's main webpage at <u>www.hdmaster.com</u>. Submit the Test Review Fee of \$25 (Visa, MasterCard, or debit card) and a detailed explanation of why you feel your dispute is valid within three (3) business days from the 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).

Once a candidate reaches the age of 18, D&SDT-Headmaster will not discuss testing outcomes or reviews with family members or anyone else on behalf of the candidate (D&SDT-Headmaster will only discuss test results or test reviews with the candidate). D&SDT-Headmaster will not review test results or reviews with instructors/training programs, regardless of the candidate's age.

D&SDT-Headmaster will complete your review request within 10 business days of receiving it and will email the investigation results to your email address and the Minnesota Department of Health.

The Knowledge/Audio Exam

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

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Exam. You will have a maximum of **two (2) hours** to complete the **70-question Exam.** You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Exam (such as "What does this question mean?"). The Knowledge Test Proctor will have scratch paper and a basic calculator during your knowledge exam.

You must have a score of 76% or better to pass the knowledge portion of the exam.

EFFECTIVE AUGUST 5, 2024: You must have a score of **74% or better** to pass the knowledge portion of the exam.

All test sites in Minnesota utilize electronic TMU© testing using Internet-connected computers. 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 your TMU© Username or Email and Password to sign in to your knowledge exam. The Knowledge Test Proctor will provide you with a code at the test event to start your test.

An audio (oral) version of the knowledge exam is available. However, you must request an Audio test by enabling audio testing in your TMU© account before you schedule your test (see 'Select an Audio Version of the Knowledge Exam' below). 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 Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

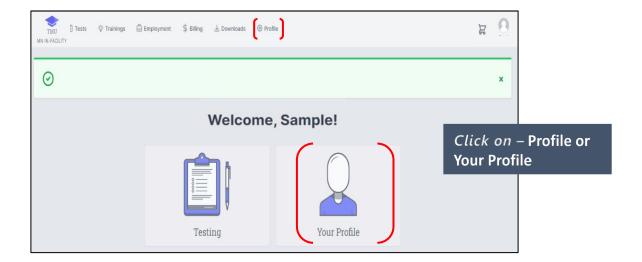
NOTE: Foreign word-for-word translation dictionaries, translating devices of any type, and non-approved language translators are not allowed to be used during testing.

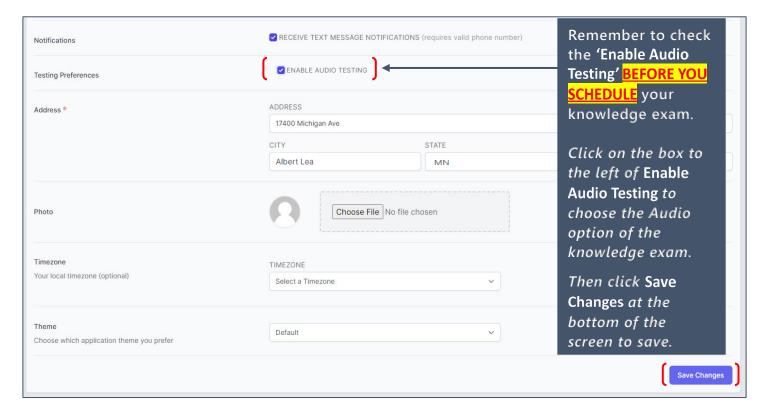
All test materials, including scratch paper and calculator, must be left in the testing room. Anyone who takes or tries to take materials, notes, or information from the testing room is subject to prosecution and will be reported to their training program and the Minnesota Department of Health.

Select an Audio Version of the Knowledge Exam

To select the Audio version of the knowledge exam, follow the instructions with screenshots that follow on the next page.

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





Remotely Proctored Knowledge Exam Option

You can take your knowledge exam with a remote proctor from your home, etc.

REMOTELY PROCTORED KNOWLEDGE EXAM CANDIDATE REQUIREMENTS

Candidates must have:

- An updated version of Google Chrome as your Internet browser.
 - TMU© does not support Internet Explorer.

- A reliable Internet (Wi-Fi) connection.
- A personal computer/tablet/laptop to log into TMU© to access the knowledge exam.
- Your Email or Username and Password to take the remotely proctored TMU© Knowledge exam.
- A smartphone to access the 'video conferencing app' (for example, Zoom, etc.) that you will need to have downloaded.
 - D&SDT-Headmaster will provide you information on the 'video conferencing app' (for example, Zoom, etc.) you will need before test day.
 - The night before your scheduled remotely proctored knowledge exam, D&SDT-Headmaster will email and text (if you listed a text-capable phone number in your TMU© account), and a notification will be generated in your TMU© account, a reminder with the password-protected link to join the test event.

MAKE SURE YOU ARE CHECKING YOUR EMAILS, TEXT MESSAGES AND NOTIFICATIONS!

- A distraction and interruption-free area of your home, etc., where you will be testing.
- If you have selected the Audio version of the knowledge exam, you will need to bring your own wired headphones or earbuds (Bluetooth-connected devices are not allowed) to plug into the computer.
 - The questions are read to you in a neutral manner and will be heard through wired headphones or earbuds plugged into the computer.
 - When taking an Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

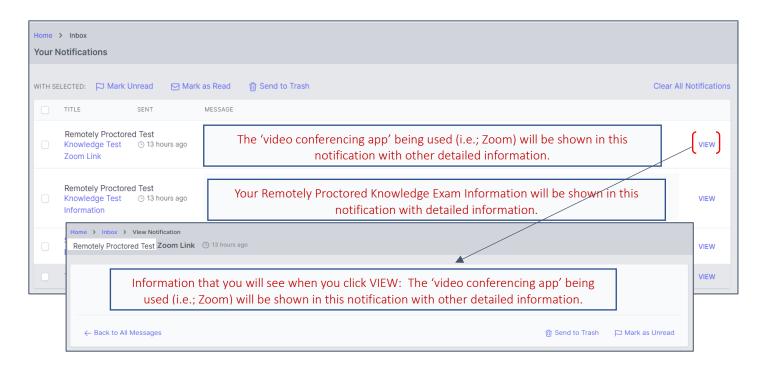
SCHEDULE A REMOTELY PROCTORED KNOWLEDGE EXAM

Once you have been scheduled into a remotely proctored 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© account), and a notification will be generated in your TMU© account, confirming your exam date and time. You can always see your test date and time online at the Minnesota TMU© webpage for MN State- https://mn.tmutest.com / for In-Facility- https://mr.tmutest.com using your Email or Username and Password.

Please ensure you have met the 'Remotely Proctored Knowledge Test Candidate Requirements' listed above before being scheduled for a remotely proctored knowledge exam.

- The test site location for a remotely proctored knowledge exam is 'Remotely Proctored Knowledge Test Site'.
- Once scheduled, a test confirmation will be sent via email and/or text message (see the 'Schedule/Reschedule a Test Event' and the 'Test Confirmation Letter' section for information on accessing your test confirmation).
- You will receive an email with instructions and a link to download the 'video conferencing app' (for example, Zoom, etc.), including the meeting ID and Password for the remotely proctored knowledge event you are scheduled for.
 - Remember to also check your 'NOTIFICATIONS' under your profile pic in your TMU© account for this
 information. Please refer to the 'Check/View your TMU© Notifications' section.

See screenshots showing an example of what a notification regarding your remotely proctored knowledge exam will entail:



REMOTELY PROCTORED KNOWLEDGE EXAM CHECK-IN

You are required to be signed in to the remotely proctored link for the check-in process with the test proctor prior to the start time listed on your test confirmation. If you are not signed in to your remotely proctored exam prior to the time listed on your test confirmation, you will not be allowed to test, you will be considered a No-Show, and you will forfeit your testing fees paid and have to pay for another test date.

- You must show your mandatory form of identification to the remote Proctor at check-in before starting your remotely proctored knowledge exam. Please see the 'Identification' section for specifics.
- You must show your surroundings to the remote Proctor during check-in before starting your remotely proctored knowledge exam.

REMOTELY PROCTORED KNOWLEDGE EXAM POLICIES

During the remotely proctored knowledge exam, all 'Testing Policies' and 'Security' measures are adhered to. Please refer to those sections for information.

- The 'video conferencing app' (for example, Zoom, etc.) link must be maintained during the entire knowledge exam.
- If the 'video conferencing app' (for example, Zoom, etc.) connection is lost, you must immediately reconnect or be subject to being exited from the test by the remote Proctor, and your test will scored as a failed attempt.
- Your device <u>must not be muted</u> during testing so that the remote Proctor can hear if there are any distractions or other interruptions during your test. **REMEMBER:** You need to test in a distraction- and interruption-free area, just like you would if you were sitting in the knowledge test room at a test site.
- Please see the information on remotely proctored knowledge test issues under the 'No Show Exceptions' section.

- If needed, you may do math calculations on a piece of scratch paper. You may also use a basic calculator. You
 will be asked to show both sides of the scratch paper and the basic calculator to the remote Proctor before
 starting your exam.
 - At the end of your exam, you will be asked to show both sides of the scratch paper and the calculator to the remote Proctor *again*. You will then be told to tear up the scratch paper in view of the remote Proctor and to mute your phone before tearing up the scratch paper.
- Foreign word-for-word translation, translating devices of any type, or non-approved language translators **are not allowed** during the remotely proctored knowledge exam.

Please call D&SDT-Headmaster at (800)393-8664 if you have any questions or concerns or need assistance scheduling a remotely proctored knowledge exam.

Knowledge Exam Content

The Knowledge Exam 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
- 3. Paul and Ben have identical
 - a. noses
 - b. shoes
 - c. earrings
 - d. 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
 - a. Wisconsin
 - b. Montana
 - c. Oregon
 - d. Wyoming
- 5. Amy resides in a(n)
 - a. house
 - b. farm
 - c. condo
 - d. apartment
- 6. Amy lives in
 - a. Canada
 - b. America
 - c. Mexico
 - d. Peru
- 7. Amy lives with her
 - a. aunt
 - b. grandmother
 - c. father
 - d. sister

- 8. Amy's brother's name is
 - a. Nick
 - b. Loren
 - c. Chad
 - d. Jared
- 9. Tomorrow she is going to
 - a. Montana
 - b. Canada
 - c. Wisconsin
 - d. Oregon
- 10. The type of book that is yellow is a(n)
 - a. dictionary
 - b. animal interest
 - c. tourist
 - d. guidebook
- 11. Amy believes the book that is the most important is the color
 - a. red
 - b. black
 - c. yellow
 - d. 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 who overcame adversities, and her name was Katherine. Katherine then embraced her given name.

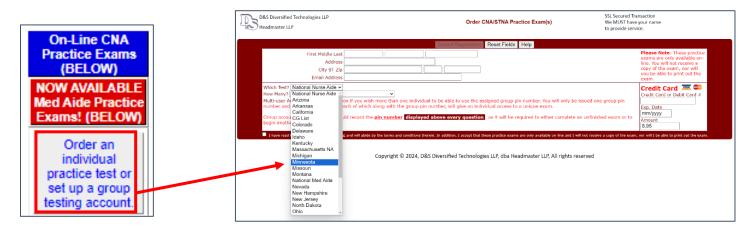
- 12. Katherine is a
 - a. last name
 - b. middle name
 - c. legal name
 - d. nickname
- 13. The purpose of Katherine's mother sharing the story with Katherine is to
 - a. entertain
 - b. persuade
 - c. inform
 - d. describe

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 online static practice test available on our website 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 move on to 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.

NOTE: Make sure you choose **MINNESOTA** in the drop-down.



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

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

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

3. A resident's psychological needs:

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

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

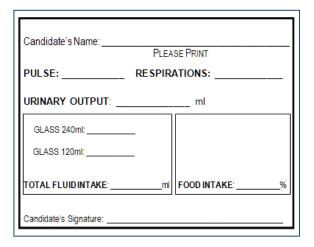
The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating 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 check-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. Once the Skill Test begins and the timer starts, you may not ask questions, and 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.
- To pass the Skill Test, you must correctly perform all of the **key** steps (in bold font) and 80% of all non-key steps on each task assigned.
- 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

If your skill test includes a skill task that requires recording a count or measurement, the RN test observer will provide a recording form similar to the one displayed below.

RECORDING FORM



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:

- Assist Resident with the use of a Bedpan, Measure and Record Urine Output with Hand Washing
- Catheter Care for a Female with Hand Washing [DEMONSTRATED ON A MANIKIN]
- Donn PPE (Gown and Gloves), Empty a Urinary Drainage Bag, Measure and Record Urine Output and Remove
 PPE with Hand Washing
- Perineal Care for a Female with Hand Washing [DEMONSTRATED ON A MANIKIN]

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.

The steps listed for each task are the steps required for a nurse aide candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer. For all of the tasks, the steps will be performed on a live resident actor, with the exception of the catheter care for a female and the perineal care for a female, which will be demonstrated on a manikin.

You will be scored only on the steps listed. You must score 80% on each task without missing 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 an average length of time to complete. The RN Test Observer will observe your demonstrations of your skill tasks and record what they see 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. 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.

APPLY 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 and 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 the stocking down inside out to at least the heel.
- 7. Place the foot of the stocking over the resident's toes, foot, and heel.
- 8. Roll OR pull the top of the stocking over the resident's foot, heel, and up the leg.
- 9. Move the resident's foot and leg gently and naturally, avoiding force and over-extension of limbs and joints.
- 10. Check toes for possible pressure from stocking.
- 11. Adjust stocking as needed.
- 12. Leave the resident with a stocking that is smooth/wrinkle-free.
- 13. Lower bed.
- 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 and directly, maintaining face-to-face contact whenever possible.)
- 4. Obtain a gait belt for the resident.
- 5. Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed BEFORE assisting the resident in standing.
- 6. Assist resident in putting on non-skid shoes/footwear BEFORE standing.
- 7. Lock bed brakes to ensure resident's safety BEFORE assisting to stand.
- 8. Lock wheelchair brakes to ensure resident's safety.
- 9. Bring the resident to a sitting position.
- 10. Place a gait belt around the resident's waist to stabilize the trunk.
- 11. Tighten gait belt.
- 12. Check the gait belt for tightness by slipping fingers between the gait belt and the resident.

- 13. Ensure the resident's safety by standing and positioning yourself facing the resident.
- 14. Grasp the gait belt on both sides with an upward grasp.
- 15. Bring the resident to a standing position.
- 16. Grasp the gait belt with one hand and stabilize the resident.
- 17. Safely ambulate resident at least 10 steps to the wheelchair.
- 18. Assist the resident in pivoting/turning and sitting in the wheelchair in a controlled manner that ensures safety.
- 19. Use proper body mechanics at all times.
- 20. Remove gait belt.
- 21. Place the 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.

ASSIST 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 and 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.)
- Remove gloves, turning them inside out as they are removed, and dispose.
- 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 the resident on the bedpan/fracture pan and removing gloves, raise the head of the bed to a comfortable level.
- 9. Leave tissue within reach of the resident.
- 10. Leave the call light or signaling device within reach of the resident.
- 11. Step behind the privacy curtain to provide privacy for the resident.
- 12. When the RN Test Observer indicates the candidate returns.
- **13. Put on gloves.** (NOTE: 2nd glove change required.)
- 14. Lower the head of the bed BEFORE gently removing the bedpan.
- 15. Hold the bedpan for the RN Test Observer while an unknown quantity of liquid is poured into the bedpan.
- 16. Place the graduate on a level, flat surface.
- 17. Pour bedpan contents into the graduate without spilling or splashing urine outside of the graduate.
- 18. With the graduate at eye level, measure output.
- 19. Empty equipment used into the designated toilet/commode.
- 20. Rinse equipment used and empty rinse water into the designated toilet/commode.
- 21. Return equipment to storage.

- 22. Remove gloves, turning them 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 the resident to wash and dry hands with soap and water.
- 25. Place soiled linen in a 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 mls on the previously signed recording form.
- 28. The candidate's recorded measurement is within 25mls of the RN Test Observer's reading.
- 29. Place the call light or signaling device within easy reach of the resident.
- 30. Maintain respectful, courteous interpersonal interactions at all times.
- 31. Turn on the faucet.
- 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 interlaced 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 the 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 with clean paper towel(s).
- 42. Discard paper towels to the trash container as used.
- 43. Turn off the faucet with a clean, dry paper towel and discard it in the trash container as used, or use the knee/foot control to turn off the 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.) [DEMONSTRATED 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 and directly, maintaining face-to-face contact whenever possible.)
- 3. Provide for privacy.
- 4. Fill a basin with comfortably warm water.
- 5. Put on gloves.
- 6. Expose the area surrounding the catheter, only exposing the resident between the hip and knee.
- 7. Use water and a soapy washcloth.
- 8. Hold the catheter at the meatus and do not allow it to be pulled or tugged at any time.
- 9. Wash at least 4 inches away from the meatus down the catheter (wash with strokes only away from the meatus).

- 10. Rinse at least 4 inches away from the meatus down the catheter (rinse with strokes only away from the meatus).
- 11. While washing and rinsing, use a clean portion of the washcloth for each stroke.
- 12. While holding the catheter at the meatus, dry it at least 4 inches away from the meatus using a dry towel/washcloth.
- 13. Replace the top cover over the resident.
- 14. Place soiled linen in a designated laundry hamper.
- 15. Empty equipment.
- 16. Rinse equipment.
- 17. Dry equipment.
- 18. Return equipment to storage.
- 19. Remove gloves, turning them 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 the call light or signaling device within easy reach of the resident.
- 22. Maintain respectful, courteous interpersonal interactions at all times.
- 23. Turn on the faucet.
- 24. Wet hands and wrists thoroughly.
- 25. Apply soap to hands.
- 26. Rub hands together using friction with soap.
- 27. Scrub/wash hands together for at least twenty (20) seconds with soap.
- 28. Scrub/wash with interlaced fingers pointing downward with soap.
- 29. Wash all surfaces of hands with soap.
- 30. Wash wrists with soap.
- 31. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
- 32. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.
- 33. Starting at the fingertips, dry fingers, hands, and wrists with clean paper towel(s).
- 34. Discard paper towels to a trash container as used.
- 35. Turn off the faucet with a clean, dry paper towel and discard it in the trash container as used, or use the knee/foot control to turn off the faucet.
- 36. Do not re-contaminate hands at any time during the hand washing procedure.

DENTURE CARE - CLEAN 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 and directly, maintaining face-to-face contact whenever possible.)
- 3. Place a protective lining/basin in the sink.
- 4. Put on gloves BEFORE handling the denture.
- 5. Apply denture cleanser (paste) to denture brush (or toothbrush).
- 6. Remove the denture from the cup.
- 7. Handle the denture carefully to avoid damage.
- 8. Rinse the denture under tepid running water BEFORE brushing.

- 9. Thoroughly brush the inner surfaces of an upper or lower denture.
- 10. Thoroughly brush the outer surfaces of an upper or lower denture.
- 11. Thoroughly brush denture chewing surfaces of the upper or lower denture.
- 12. Rinse all surfaces of the denture under tepid running water.
- 13. Rinse the denture cup and lid.
- 14. Place the denture in the rinsed cup.
- 15. Add tepid, clean water to the denture cup and replace the lid on the 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 them 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 the call light or signaling device within easy reach of the resident.
- 22. Maintain respectful, courteous interpersonal interactions at all times.

DONN PPE (GOWN AND GLOVES), EMPTY 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 the gown at the waist, ensuring the back flaps cover the clothing as completely as possible.
- 7. Put on gloves.
- 8. The cuffs of gloves overlap the cuffs of the gown.
- 9. Explain the procedure to the resident. (Speak clearly and 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 the 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 the drainage bag.
- 17. Place the graduate on a level, flat surface.
- 18. With the graduate at eye level, measure output.
- 19. Empty the graduate into the designated toilet/commode.
- 20. Rinse equipment emptying into the designated toilet/commode.
- 21. Return equipment to storage.
- 22. Record the output in mls on the previously signed recording form.

- 23. The candidate's recorded measurement is within 25mls of the RN Test Observer's measurement.
- 24. Place the call light or signaling device within easy reach of the resident.
- 25. Maintain respectful, courteous interpersonal interactions at all times.
- 26. Remove gloves BEFORE removing the gown with one gloved hand grasping the other glove at the palm to remove.
- 27. Slip fingers from the ungloved hand underneath the cuff of the remaining glove at the wrist and remove the glove, turning it inside out as you do so.
- 28. Dispose of gloves in the trash can without contaminating yourself.
- 29. Unfasten the gown at the waist AFTER gloves are removed.
- 30. Unfasten the gown at the neck AFTER gloves are removed.
- 31. Remove the gown without touching the outside of the gown AFTER the gloves are removed.
- 32. While removing the gown, hold the gown away from the body without touching the floor.
- 33. While removing the gown, turn the gown inward and keep it inside out.
- 34. Dispose of the gown in the designated container without contaminating yourself.
- 35. Turn on the faucet.
- 36. Wet hands and wrists thoroughly.
- 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 interlaced 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 the palm 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 with clean paper towel(s).
- 46. Discard paper towels to a trash container as used.
- 47. Turn off the faucet with a clean, dry paper towel and discard it in the trash container as used, or use the knee/foot control to turn off the faucet.
- 48. Do not re-contaminate hands at any time during the hand washing procedure.

DRESS 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 and directly, maintaining face-to-face contact whenever possible.)
- 3. Provide for privacy.
- 4. Raise bed height.
- 5. Keep the resident covered while removing the gown.
- 6. Remove the gown from the unaffected side first.
- 7. Place the soiled gown in the 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 their 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.
- 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.

FEED A DEPENDENT RESIDENT

Update: will be included in testing effective 8-5-2024.

- 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 and directly, maintaining face-to-face contact whenever possible.)
- 3. Ask the resident to state the name and verify that the 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 a 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 it in a 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 the resident's hands are dry BEFORE feeding. (If a wet washcloth with soap was used, the candidate must dry the resident's hands. If a disposable wipe or hand sanitizer was used, the hands must be dry.)
- 8. Place soiled linen in the designated laundry hamper or dispose in an 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 the resident's hands and mouth AFTER the feeding demonstration.
- 15. Remove the clothing protector or napkin and place it in an appropriate container if used.
- 16. Leave the resident sitting upright in bed with the head of the bed set up to at least 75-90 degrees.
- 17. Record the estimated intake of total food consumed in a percentage on the previously signed recording form.
- 18. The candidate's calculation must be within 25 percentage points of the RN Test Observer's.
- 19. Record the estimated intake of total fluid consumed in mls on the previously signed recording form.
- 20. The candidate's calculation must be within 30mls 60mls of the RN Test Observer's. Note range increase.

- 21. Place the 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 and directly, maintaining face-to-face contact whenever possible.)
- 3. Provide for privacy.
- 4. Fill a basin with comfortably warm water.
- 5. Place the basin on a protective barrier and in a comfortable position for the resident.
- 6. Put on gloves BEFORE washing foot.
- 7. Immerse the resident's barefoot into the water.
- 8. Use water and a soapy washcloth.
- 9. Wash entire foot.
- 10. Wash between toes.
- 11. Rinse the entire foot.
- 12. Rinse between toes.
- 13. Dry foot thoroughly.
- 14. Dry thoroughly between toes.
- 15. Apply lotion to the top and bottom of the foot.
- 16. Avoid getting lotion between the resident's toes.
- 17. If any excess lotion is on the foot, wipe with a towel/washcloth.
- 18. Support the foot and ankle during the procedure.
- 19. Empty equipment.
- 20. Rinse equipment.
- 21. Dry equipment.
- 22. Return equipment to storage.
- 23. Placed soiled linens in a designated laundry hamper.
- 24. Remove gloves, turning them 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 the call light or signaling device within easy reach of the resident.
- 27. Maintain respectful, courteous interpersonal interactions at all times.

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

- 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 and directly, maintaining face-to-face contact whenever possible.)
- 3. Provide for privacy.
- 4. Raise bed height.
- 5. Cover the resident with a bath blanket.
- 6. Remove the remaining top covers to the bottom of the bed or place them aside.
- 7. Remove the resident's gown without exposing the resident and place the soiled gown in the designated laundry hamper.
- 8. Fill a basin with comfortably warm water.
- 9. Put on gloves BEFORE washing the resident.
- 10. Beginning with the eyes, wash the resident's eyes WITHOUT SOAP.
 - a. Wash from the inner aspect to the outer aspect of each eye.
 - b. Use a clean portion of the washcloth for each stroke.
- 11. Wash face WITHOUT SOAP.
- 12. Pats dry face.
- 13. Place a towel under the arm, exposing one arm.
- 14. Wash arm with soap.
- 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 the resident in putting on a clean gown.
- 24. Empty equipment.
- 25. Rinse equipment.
- 26. Dry equipment.
- 27. Return equipment to storage.
- 28. Place soiled linen in the designated laundry hamper.
- 29. Remove gloves, turning them inside out as they are removed, and dispose.
- 30. Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 31. Lower bed.
- 32. Place the call light or signaling device within easy reach of the resident.
- 33. Maintain respectful, courteous interpersonal interactions at all times.

MOUTH CARE—BRUSH 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 and directly, maintaining face-to-face contact whenever possible.)
- 3. Provide for privacy.
- 4. Drape the resident's chest with a towel to prevent soiling.
- 5. Put on gloves BEFORE cleaning the resident's mouth.
- 6. Wet the toothbrush and apply a small amount of toothpaste.
- 7. Gently brush the inner surfaces of the resident's upper and lower teeth.
- 8. Gently brush the outer surfaces of the resident's upper and lower teeth.
- 9. Gently brush the chewing surfaces of the resident's upper and lower teeth.
- 10. Gently brush the resident's tongue.
- 11. Assist the resident in rinsing the mouth.
- 12. Wipe the resident's mouth.
- 13. Remove soiled linen.
- 14. Place soiled linen in the designated laundry hamper.
- **15**. **Empty container**. (The container may be an emesis basin or a disposable cup.)
- 16. Rinse the emesis basin, if used, or discard disposable items in the trash can.
- 17. Dry emesis basin, if used.
- 18. Rinse the toothbrush.
- 19. Return equipment to storage.
- 20. Remove gloves, turning them 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 the call light or signaling device within easy reach of the 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.) [DEMONSTRATED 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 and directly, maintaining face-to-face contact whenever possible.)
- 3. Provide for privacy.
- 4. Fill a 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 the perineal area only. (Only expose between hips and knees.)
- 9. Use water and a soapy washcloth (no peri-wash or no-rinse soap allowed).

- 10. Wash the genital area from front to back.
- 11. Use a clean portion of the washcloth for each stroke.
- 12. Use a clean washcloth and rinse the soap from the 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 the resident (manikin) to turn onto the 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. Use a clean washcloth with water and soap (no peri-wash or no-rinse soap allowed).
- 17. Wash the rectal area from front to back using a clean portion of a washcloth with each stroke.
- 18. Using a clean washcloth, rinse the soap from the rectal area from front to back.
- 19. Use a clean portion of the washcloth for each stroke.
- 20. Pats dry the rectal area from front to back with a dry washcloth/towel.
- 21. Safely remove pad/liner from under resident, if used.
- 22. Position the manikin on their back.
- 23. Place soiled linen in the designated laundry hamper.
- 24. Empty equipment.
- 25. Rinse equipment.
- 26. Dry equipment.
- 27. Return equipment to storage.
- 28. Remove gloves, turning them inside out as they are removed, and dispose.
- 29. Lower bed.
- 30. Place the call light or signaling device within easy reach of the resident.
- 31. Maintain respectful, courteous interpersonal interactions at all times.
- 32. Turn on the faucet.
- 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 interlaced 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 the palm 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 with clean paper towel(s).
- 43. Discard paper towels to a trash container as used.
- 44. Turn off the faucet with a clean, dry paper towel and discard it in the trash container as used, or use the knee/foot control to turn off the faucet.
- 45. Do not re-contaminate hands at any time during the hand washing procedure.

POSITION RESIDENT IN BED ON THEIR 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 and directly, maintaining face-to-face contact whenever possible.)
- 3. Provide for privacy.
- 4. Position the bed flat.
- 5. Raise bed height.
- 6. Directs RN Test Observer to stand on the side of the bed opposite the working side of the bed to provide safety.
- 7. From the working side of the bed gently move the resident's upper body toward self.
- 8. From the working side of the bed gently move the resident's hips toward self.
- 9. From the working side of the bed gently move the resident's legs toward self.
- 10. Gently assist/turn the resident to slowly roll onto the correct side, as the RN Test Observer stated in the scenario read to the candidate at the start of the task.
- 11. Place or adjust the pillow under the resident's head for support.
- 12. Reposition the resident's arm and shoulder so that the resident is not lying on the arm.
- 13. Place a support device under the resident's upside arm.
- 14. Place a support device behind the resident's back.
- 15. Place a support device between the resident's legs.
- 16. Lower bed.
- 17. Place the call light or signaling device within easy reach of the 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 and 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) the resident's leg to a 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 the 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. The candidate must ask at least once during the ROM exercise if there is/was any discomfort/pain.
- 15. Lower bed.
- 16. Place the call light or signaling device within easy reach of the 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 ONE 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 and 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
- 9. Gently, slowly, and smoothly complete flexion and extension of the shoulder at least three times.
- 10. Continue the 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 the 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. The candidate <u>must ask</u> at least once during the ROM exercise if there is/was any discomfort/pain.
- 15. Lower bed.
- 16. Place the call light or signaling device within easy reach of the 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 and directly, maintaining face-to-face contact whenever possible.)
- 4. Obtain a gait belt for the resident.
- 5. Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed BEFORE assisting to stand.
- 6. Assist resident in putting on non-skid shoes/footwear BEFORE standing.
- 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 the resident to a sitting position.
- 10. Place a gait belt around the resident's waist to stabilize the trunk.
- 11. Tighten gait belt.
- 12. Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
- 13. Ensure the resident's safety by standing and positioning yourself facing the resident.
- 14. Grasp the gait belt on both sides with an upward grasp.
- 15. Bring the resident to a standing position.
- 16. Assist resident to pivot/turn to stand in front of the wheelchair with the back of resident's legs against the wheelchair in a controlled manner that ensures safety.
- 17. Lower the resident into the wheelchair in a controlled manner that ensures safety.
- 18. Position/adjust the resident with the resident's hips touching the back of the wheelchair seat.
- 19. Remove gait belt.
- 20. Place the 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 and directly, maintaining face-to-face contact whenever possible.)
- 3. Locate the resident's radial pulse by placing fingertips on the thumb side of the resident's wrist.
- 4. Count the resident's radial pulse for one full minute or thirty (30) seconds, and then double your recording.
 - 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. The candidate's recorded radial pulse rate is within 4 beats of the RN Test Observer's recorded rate.

- 7. Count the resident's respirations for one full minute, or thirty (30) seconds, and then double your recording.
 - a. Tell the RN Test Observer when you start counting and tell them when you stop counting.
- 8. Record your respiration reading on the previously signed recording form.
- 9. The candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.
- 10. Place the call light or signaling device within easy reach of the 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 Exam Vocabulary List

abandonment abdominal thrust abductor wedge abnormal vital signs abuse accidents activities acute adaptive adaptive devices ADL admitting resident advance directives affected side aging process agitation AIDS Alzheimer's ambulation angina anti-embolic stocking antibiotics aphasia apnea appropriate response arthritis aspiration assistive device attitudes authorized duty axillary temperature
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axillary temperature

bacteria
basic needs
bathing
bed bath
bed cradle
bed height
bedrails
behavior
behavioral care plan
beliefs
biohazard
bladder training
bleeding
blindness
blood pressure
body alignment
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
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
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
disease process
disinfection
disoriented
disposing of contaminated
materials
disrespect
dizziness
DNR
documentation
draw/lift
dressing
dry skin
dying
dysphagia
dyspnea
dysuria
edema
elastic stockings
elderly
electrical equipment
elimination
emesis
emotional abuse
emotional needs
empathy
equipment
essential behaviors

ethics facility policy falls fasting faulty equipment fecal impaction feces feeding fingernail care fire flatus foot care foot drop fracture pan gait belt gastric feedings gastrostomy tube gerontology gestures gifts gloves grief group settings hand care hand washing hearing aid hearing impaired heart helping residents hemiplegia HIPAA HIV hospice hyperglycemia hypertension I&O immobility impaired in-service programs incontinence indwelling catheter infection insomnia		
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indwelling catheter infection	in-service programs	
infection	incontinence	
	indwelling catheter	
insomnia		
	insomnia	

intake and output
integumentary system
interpersonal skills
isolation
IV care
job description
lift/draw sheet
linen
living will
log roll
loose teeth
male perineal care
Maslow
masturbation
measuring height
measuring temperature
mechanical lift
medical asepsis
medical record
medications
memory loss
mental health
microorganism
military time
mistakes
mobility
mouth care
moving
musculoskeletal
nail care
neglect
non-contagious disease
NPO
nutrition
objective data
OBRA
obsessive-compulsive
occupied bed
ombudsman
oral care
oral temperature
orientation
osteoporosis

overbed table
oxygen
palliative care
paralysis
Parkinson's
perineal care
peristalsis
personal care
personal hygiene
personal items
pet therapy
phantom pain
phone etiquette
physical needs
physical therapist
positioning
PPE
precautions
pressure injury
preventing falls
privacy
progressive
prostate gland
psychological needs
PTSD
pulse
quality of life
radial
range of motion
reality orientation
rectal temperature
refusal
regulation
rehabilitation
rejection
reminiscence therapy
reminiscing
renewal
reporting
reposition
resident behavior

resident independence
resident pain
resident pictures
resident treatment
resident's chart
resident's families
residents
respiration
respiratory symptoms
responsibility
restorative care
restraint
rights
risk factor
role
ROM
safety
safety data sheets
sanitizer
scale
seclusion
seizure
self-esteem
semi-Fowlers
sensory system
sexual abuse
sexual harassment
sexual needs
sharing information
sharps container
shaving
shearing
side rails
skilled care facility
skin
smoking
social needs
soiled linen
spills
spiritual needs
standard precautions

state survey
stereotypes
stethoscope
stress
stroke
subjective data sundowning
supplemental feedings
suprapubic
survey
swelling
TED hose
temperature
terminal illness
threatening resident
tips
transfers
transporting
tub bath
tubing
twice daily
tympanic
unconscious
uniform
unsteady
urinary
UTI
validation
vision change
vital signs
vocabulary
vomitus
Vulnerable Adult Act
wandering resident
water faucets
weakness
weight
well-being
wheelchair safety
withdrawn resident

Notes:			