

D & S Diversified Technologies

dba HEADMASTER

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PROVIDING CNA TESTING SOLUTIONS THROUGHOUT TENNESSEE

FACILITY NAME: _____ SITE # _____ DATE _____
FACILITY ADDRESS: _____ CITY _____ ZIP _____
TESTING SITE TYPE: ___ FLEXIBLE (In Facility) ___ FIXED (Regional) ___ BOTH
CONTACT PERSON: _____ PHONE #: _____
PROGRAM COORDINATOR: _____ PHONE #: _____

****TEST SITES MUST INCLUDE ALL OF THE MATERIALS NECESSARY TO PROPERLY ADMINISTER ANY OF THE RANDOMLY SELECTED SKILL TESTS.**

ROOM REQUIREMENTS:

_____ Skill Lab
_____ Written Test Room
_____ Holding Area (Identify room to be used: _____)

EQUIPMENT REQUIREMENTS:

_____ Bedpan
_____ **Completely functioning long-term care bed with brakes. No siderails should be on the bed. If siderails must be on the bed (part of the bed or bed controls are on the siderails) they must be tethered to the bed so they cannot be raised. The head of the bed and the bed itself must raise and lower.**
_____ Privacy curtain (Must be overhead rail, pull type with a minimum 4' of rail)
_____ Laundry hamper
_____ Bedside stand and over bed stand
_____ Wheelchair with working brakes and footrest
_____ Standard scale or analog scale (NO DIGITAL)
_____ Hand washing sink with running water, liquid soap, and paper towels (Preferably in same room.)
_____ Wash basin
_____ Bedpan output measurement container/graduate
_____ Wastebasket
_____ Call light—does not have to be a working call light
_____ Gait belt/transfer belt
_____ Food tray, plate, silverware, water proof pads, pillowcases, flat and fitted sheets, blankets, towels, washcloths, bath blankets, and resident gowns
_____ Dentures and denture container
_____ Mannequin (**lower portion of body acceptable must include the complete peri and rectal area**)
_____ Walker
_____ Blood pressure cuff
_____ Bi-ocular Stethoscope
_____ Wall Clock
_____ Urinary Drainage bag & tubing
_____ Antiseptic Wipes
_____ Gloves and Isolation Gown

RECOMMENDATIONS: _____

COMPLETED BY: _____ DATE: _____