

D&S Diversified Technologies LLP

Headmaster LLP

Tennessee Nursing Assistant Candidate Handbook

EFFECTIVE: July 19, 2021

Version 19

**EFFECTIVE JULY 19, 2021: TESTMASTER UNIVERSE (TMU©) INFORMATION ADDED
AND SKILL UPDATES ARE HIGHLIGHTED GRAY.**





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Contact Information

<p>Questions regarding testing process, test scheduling and eligibility to test: (877) 201-0758</p> <p>Questions about training program information and the Abuse Registry: (615) 532-7841</p> <p>Main switchboard, Renewals, Challenges, demographic changes and Out of State Reciprocity: (615) 532-5171</p>		
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<p>Tennessee Nurse Aide Registry 665 Mainstream Drive – 2nd Floor Nashville, TN 37243</p> <p>Tennessee Department of Health Website: https://www.tn.gov/content/tn/health/health-professionals/hcf-main/hcf-programs/nai.html</p> <p>Verification of Licensure: https://apps.health.tn.gov/licensure</p> <p>Training Programs: https://apps.health.tn.gov/nurseaide/natf_criteria.aspx</p> <p>Abuse Registry: https://apps.health.tn.gov/AbuseRegistry</p>	<p><i>Monday through Friday 8:00AM – 4:30PM</i></p>	<p>Phone #: (615) 532-5171</p> <p>Fax #: (615) 248-3601</p> <p>Renew Online at: https://lars.tn.gov</p>

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Introduction

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

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

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

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

General information regarding the Tennessee Nurse Aide program may also be found on the TDH website at:

<https://www.tn.gov/content/tn/health/health-professionals/hcf-main/hcf-programs/nai.html>

Americans with Disabilities Act (ADA)

ADA Compliance

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

The Registry

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

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CNA Renewals

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

The Tennessee Nurse Aide Competency Exam

Payment Information

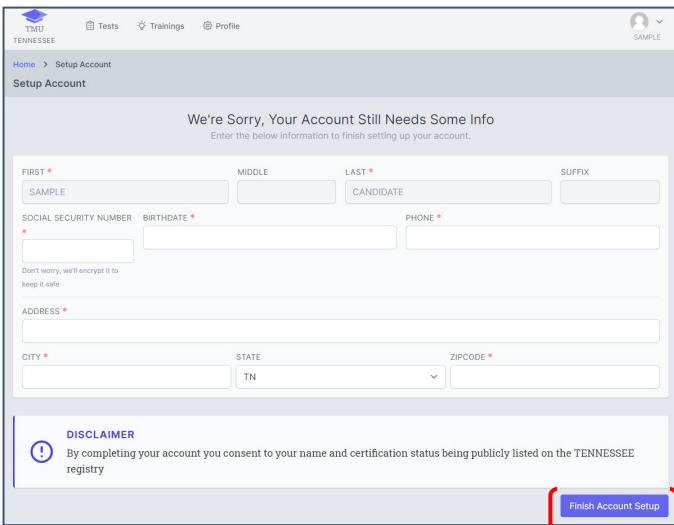
Exam Description	Price
Knowledge Test or Retake	\$30
Oral Knowledge Test or Retake	\$30
Skill Test or Retake	\$68

Complete your Initial Log In

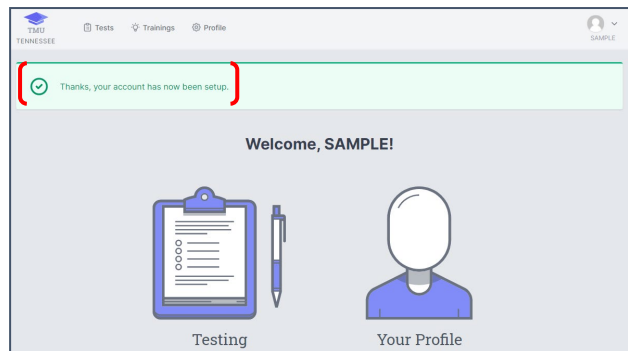
NURSING ASSISTANT TRAINING PROGRAM CANDIDATES

Your initial registration information (name, phone number, Email and training start date) will be entered in D&SDT-Headmaster’s TestMaster Universe (TMU©) software. You should receive a verification form during your training to sign after you review the data entered (make sure your first, middle and last names exactly match the first, middle and last names on your government issued ID and social security card). You must sign in to TMU© at <https://tn.tmutest.com> using your secure Email or Username and Password and complete your demographic information and answer the Abuse/Neglect questions and check the box next to “Attestation – I hereby attest to the following statements...”. If you do not know your Username and/or Password, click on ‘Sign In’, located in the upper right hand corner of the screen, and then click on “Forgot Your Password?” You will be asked to re-enter your email and a ‘reset password link’ will be sent to your email (see instructions under ‘Forgot your Password and Recover your Account’). If you are unable to sign in for any reason, contact D&SDT-Headmaster at (877)201-0758.

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



Enter the blank * fields and then click on-
Finish Account Setup



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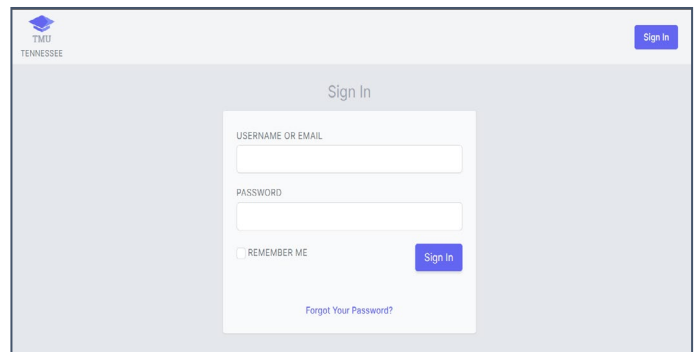
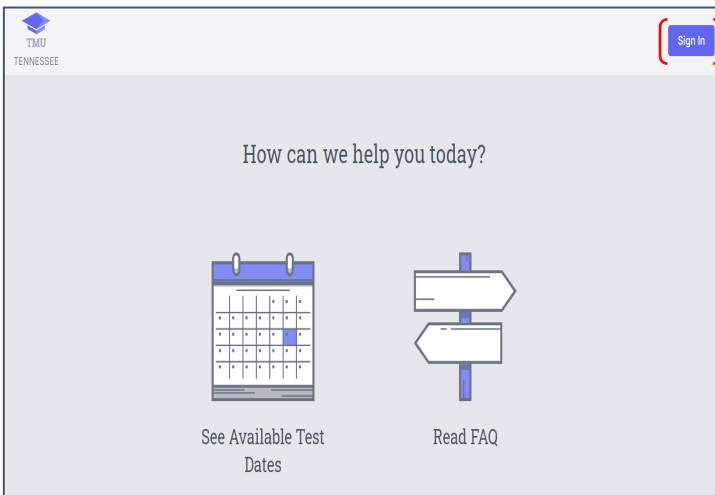
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Schedule an Exam

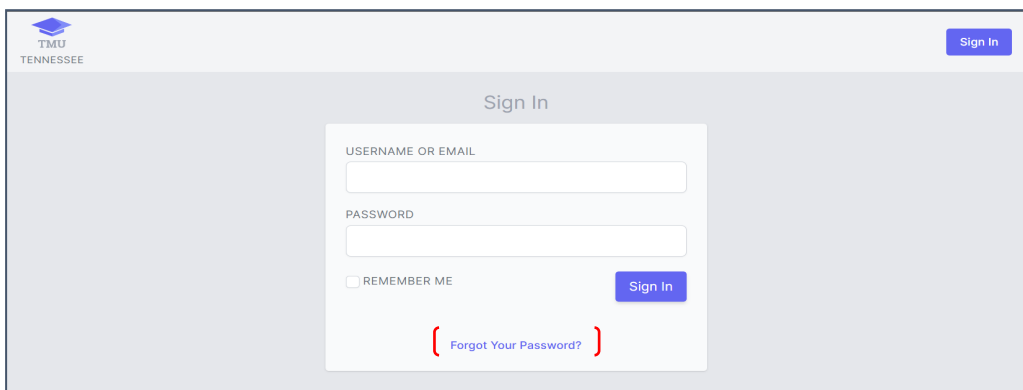
Once your completed record is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Tennessee TMU© webpage at <https://tn.tmutest.com> using your Email or Username and Password (instructions with screen shots below). If you are unable to sign in with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

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After paying your testing fees, you will be able to schedule and/or reschedule up to one full business day prior to a scheduled test date of your choice. You will receive your test confirmation notification by email, text or by signing in to your account. You may login with any Internet connected device. You will be scheduled to take your initial knowledge and skill tests on the same day. To schedule or reschedule your test date, sign in to the Tennessee TMU© webpage at <https://tn.tmutest.com> with your Email or Username and Password. If you are unable to schedule/reschedule on-line, please call D&SDT-Headmaster at (877)201-0758 for assistance.

This is the Tennessee TMU© main page:



FORGOT YOUR PASSWORD AND RECOVER YOUR ACCOUNT



Click on –
Forgot Your
Password?

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Type in your Email Address

Click on –
Recover Account

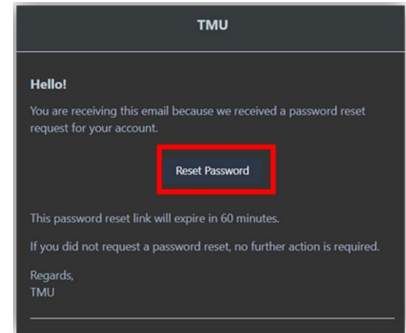
An email with the reset link will be emailed to you.

Click on the reset link in your email to reset your password. (See next page.)

-OR-

You can type in the requested data under **Using other Information**

Click on –
Recover Account

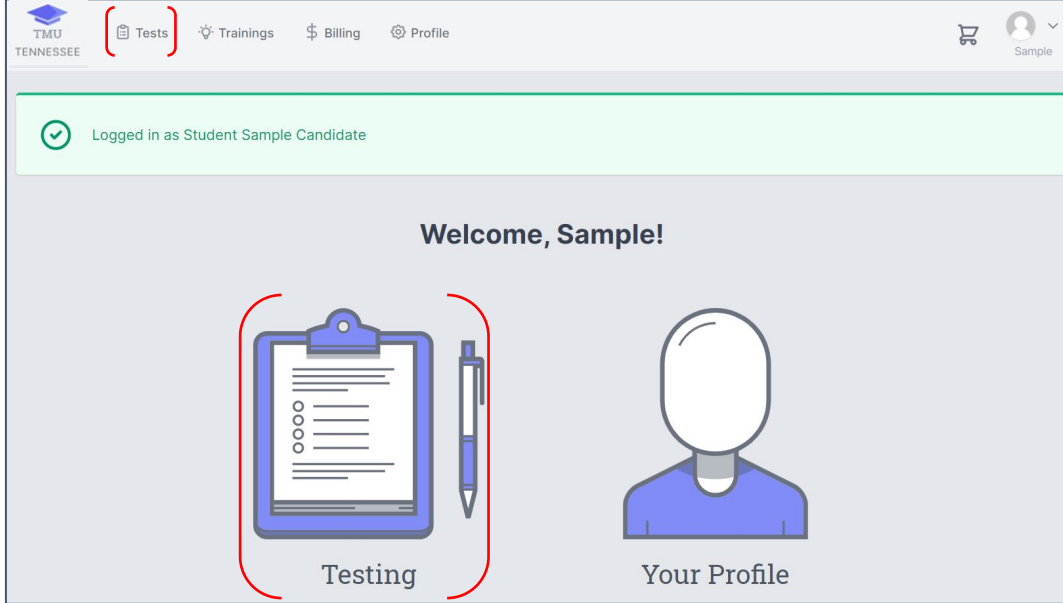


Type in your
**Password and
 Confirm Password,**
 then click on –
Reset Password

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



Click on –
Testing

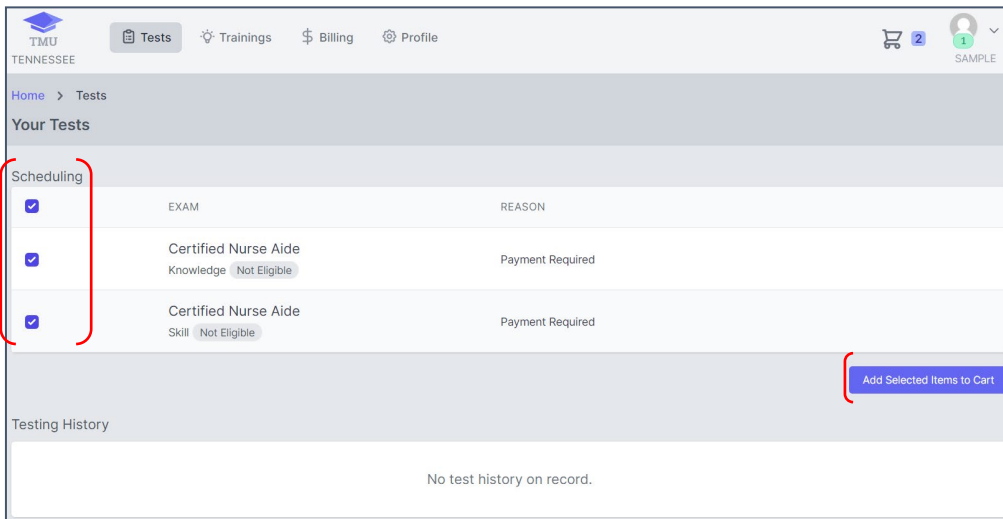
-or-

Click on the **Tests**
tab at the top of
the page

SELF-PAY OF TESTING FEES IN TMU©

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

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

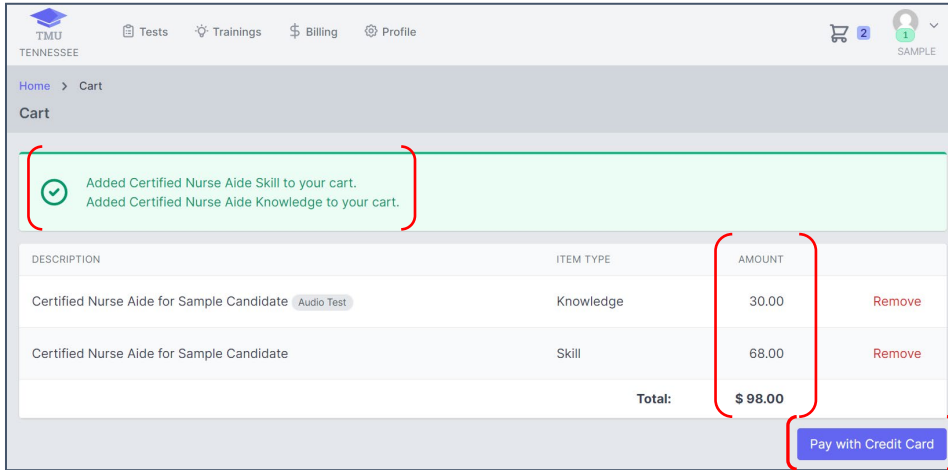


Under **Scheduling**,
click on the box to
the left of **Exam** to
select the test
component – a
checkmark will
appear in the box.

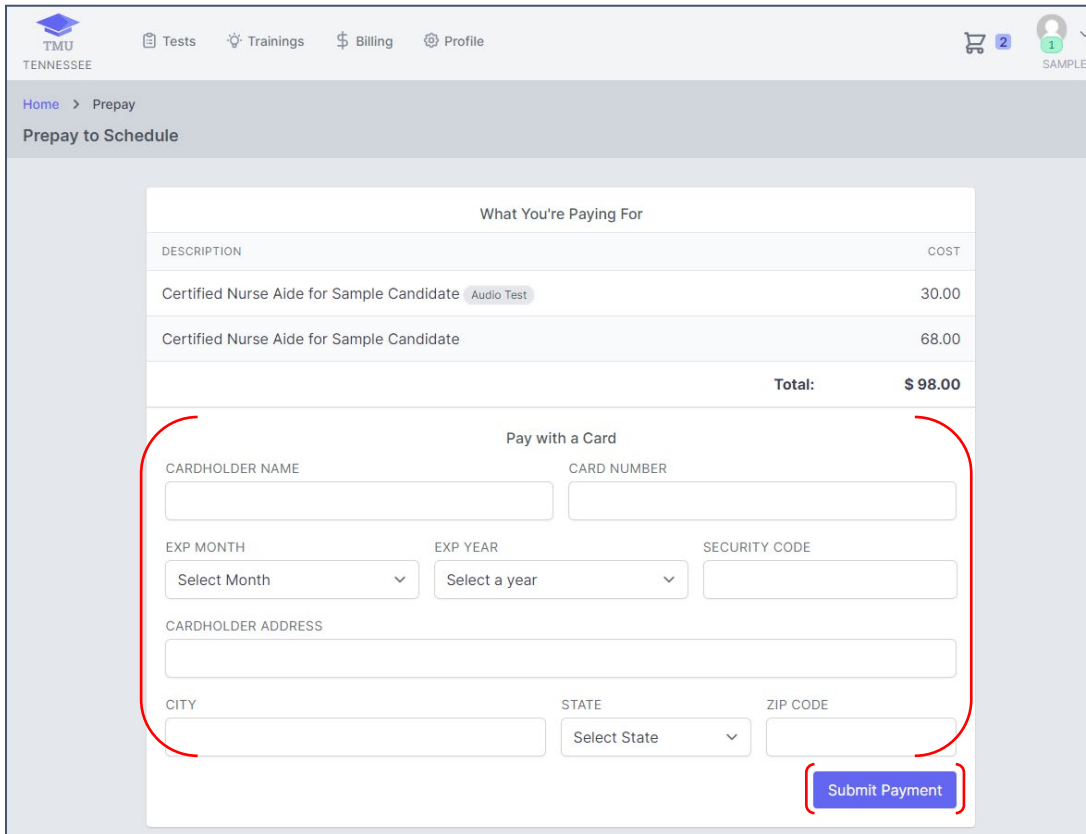
Then click on-
Add Selected Items
to Cart

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You will get a message that the Skill and Knowledge tests have been added to your cart and the Knowledge and Skill amount, click on- Pay with Credit Card



Enter the Credit Card information and then click on- Submit Payment

 You will receive a receipt of the transaction.

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

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SCHEDULE/RESCHEDULE INTO A TEST EVENT

All eligible test events will appear in this format.

To select a test, click on - **Schedule** next to the corresponding test component, knowledge or skills.

To select a test site and test date,

click on - **Schedule**

tn.tmutest.com says

Schedule into this Event on 07/15/2021 for Certified Nurse Aide Knowledge, Certified Nurse Aide Skill . Are you sure?

OK Cancel

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

click on - **OK**

This screen confirms you are scheduled into a test date to take your skills exam. You will get the same message when scheduled into your knowledge exam.

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

Click on- **Test Confirmation Page** to see your test confirmation with important reminders for testing.

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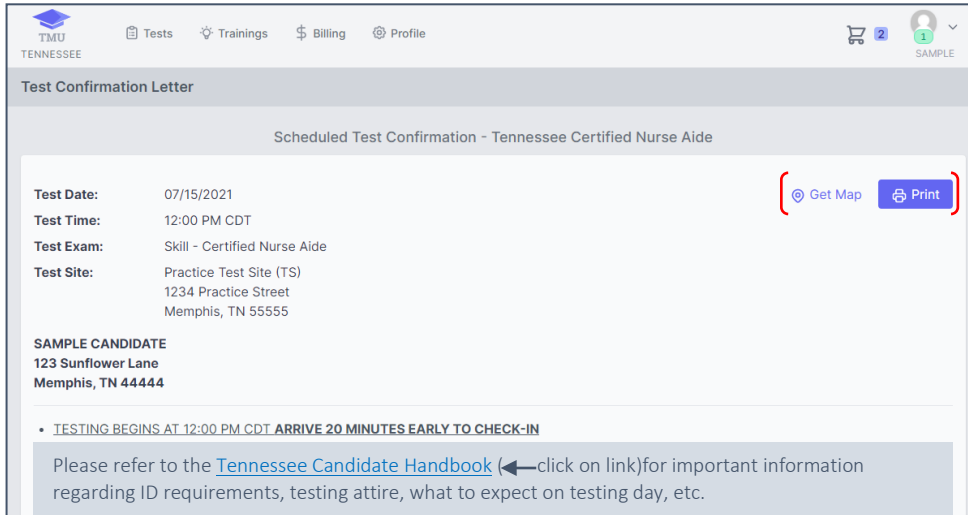
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TEST CONFIRMATION LETTER

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

The body of the test confirmation letter will give you state specific instructions on what time to arrive by, ID requirements, dress code, etc.

It is important you read this letter!



Scheduled Test Confirmation - Tennessee Certified Nurse Aide

Test Date: 07/15/2021 [Get Map Print]
Test Time: 12:00 PM CDT
Test Exam: Skill - Certified Nurse Aide
Test Site: Practice Test Site (TS)
 1234 Practice Street
 Memphis, TN 55555

SAMPLE CANDIDATE
 123 Sunflower Lane
 Memphis, TN 44444

• TESTING BEGINS AT 12:00 PM CDT ARRIVE 20 MINUTES EARLY TO CHECK-IN

Please refer to the [Tennessee Candidate Handbook](#) (←click on link) for important information regarding ID requirements, testing attire, what to expect on testing day, etc.

Click on-
Print
to print your
confirmation letter.

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

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

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

All D&SDT-Headmaster forms can be found on the [Tennessee NA webpage](#).

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

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

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Time Frame for Testing from Training Program Completion

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

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

If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (877)201-0758, during regular business hours 8:00AM to 6:00PM, EST, or 7:00AM to 7:00PM CST, Monday through Friday, excluding Holidays.

Exam Check-In

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

Testing Attire

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

- You must be in full clinical attire including clinical shoes.
 - No opened toed shoes (example; flip-flops or sandals) are allowed.
 - Scrubs and shoes can be any color/design.
- No wrist watches, smart watches or fitness monitors are allowed.
- Long hair must be pulled back.

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

Identification

You must bring a **US GOVERNMENT ISSUED, PHOTO-BEARING, SIGNED, NON-EXPIRED FORM OF IDENTIFICATION and your ORIGINAL SOCIAL SECURITY CARD**. A letter from the Social Security office cannot be accepted. Only original IDs and social security cards are accepted. No photocopies, faxes or images are allowed. Examples of the forms of US government issued, signed, photo ID's that are acceptable are:

- Driver's License
- State issued Identification Card
- US Passport (Foreign Passports and Passport Cards *are not* acceptable)
- Military Identification (*that meet all identification requirements*)

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- Work Authorization Card (*that meet all identification requirements*)
- Concealed Hand Gun Carry Permit

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

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

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

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

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

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

Instructions for the Knowledge and Skill Tests

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

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

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Testing Policies

The following policies are observed at each test site—

- Plan to be at the test site up to four (4) to six (6) 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 20-30 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, considered a No Show, and any exam fees paid *will NOT be refunded*.
- If you do not bring valid and appropriate US government issued, non-expired, signed photo ID and original social security card, you will not be admitted to the exam, considered a No Show and any exam fees paid *will NOT be refunded*.
- If the FIRST, MIDDLE and LAST printed names on your ID and social security card do not match your current name of record, you will not be admitted to the exam, considered a No Show and any exam fees paid *will NOT be refunded*.
- If you do not wear full clinical attire and shoes with long hair pulled back and conform to all testing policies for both the knowledge and skills portion of the exam, you will not be admitted to the exam, considered a No Show and any exam fees paid *will NOT be refunded*.
- If you NO SHOW for your exam day, any test fees paid *will NOT be refunded*. You must re-pay your testing fees on-line in your own TMU© record or submit Form 1402TN (Scheduling and Payment Form) to schedule another exam date. If your exam is TDH funded, that facility will be charged a \$40.00 No Show fee per candidate.
- If you refuse to show the RN Test Observer your required ID and social security card and/or refuse to sign your signature on the required sign-in forms, you will not be allowed to test. You will be asked to leave the test site, considered a No Show and any exam fees paid *will NOT be refunded*.
- No wrist watches are allowed to be on or near you in either testing room.
- Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth connected devices and personal items (such as briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. You will be informed by the testing team of the designated area to place your personal items and electronic devices and you are to collect these items when you complete your test(s).
- All electronic devices must be **turned off**. Any smart watches or fitness monitors must be removed from your wrist and turned off.
- Anyone caught using any type of electronic recording device during testing will be removed from the testing room(s), have their test scored as a failed test, forfeit all testing fees and will not be permitted to test for 6 months or without the approval of the Tennessee Department of Health.
- You are not allowed to have coats or hooded apparel covering your head during testing in the testing rooms.
- Candidates with long hair will be asked to pull his/her hair back by the testing team to ensure that no Bluetooth devices are being used.
- You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have during your free time in the waiting area.

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- Word-for-word language translation dictionaries are allowed during testing. You must show the foreign translation dictionary to the RN Test Observer/Knowledge Test Proctor before you start your knowledge exam. No documentation or writing can be in the translation dictionary, if there is, it will not be allowed.
 - Electronic translation dictionaries or dictionaries with definitions are not allowed during testing.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes or vape during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam has begun **for any reason**. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam and reported to your training program and the Tennessee Department of Health.
- No visitors, guests, pets (including companion animals) or children are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a nursing assistant. (examples: cast, arm/leg braces, crutches, etc.) Call D&SDT-Headmaster at (877)201-0758 immediately if you are on doctor's orders. You must image and email, hdmaster@hdmaster.com or fax, (406)442-3357, a doctor's order **within three (3) business days** of your scheduled exam day to qualify for a free reschedule.
- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate personal belongings at the test site.
- **Please refer to this Tennessee Candidate Handbook before your test day for any updates to testing and/or policies.**

Incident Weather and Unforeseen Circumstances Policies

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

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

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

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

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Candidate Feedback – Exit Survey

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

Security

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

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

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, etc. or browsing to other sites during your TMU© electronic exam), your test will be stopped and scored as a failure. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be reported to the Tennessee Department of Health and not permitted to retest for a minimum period of six (6) month.

Reschedules

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

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

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

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

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

Refund of Testing Fees Paid

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

SCHEDULED IN A TEST EVENT

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT- Headmaster’s main webpage at www.hdmaster.com at least **one (1) full business day** prior to your scheduled test event (excluding Saturdays, Sundays and Holidays). No phone calls will be accepted.
 - Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable Form on the D&SDT-Headmaster main webpage at www.hdmaster.com by close of business (D&SDT-Headmaster is open until 8:00PM Eastern Standard time Monday-Friday) the Thursday before your scheduled exam.
 - Facilities funded by TDH will be billed a \$35 refund fee for all candidates who request a refund at least one (1) full business day prior to a scheduled test date.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.
- 3) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT-Headmaster will not be issued.

NOT SCHEDULED IN A TEST EVENT

- 1) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT-Headmaster will not be issued.

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- 2) A refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at www.hdmaster.com. No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.

No Shows

If you are a non-TDH funded candidate scheduled for an exam and you do not show up without notifying D&SDT-Headmaster at least one (1) full business day prior to your scheduled testing event, **excluding** Saturdays, Sundays and Holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself into a new test event. Facilities submitting TDH funded candidates will be billed a \$40 no show fee and required to submit a new testing fee to schedule a TDH funded into a new test event.

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

NO SHOW EXCEPTIONS

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

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

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

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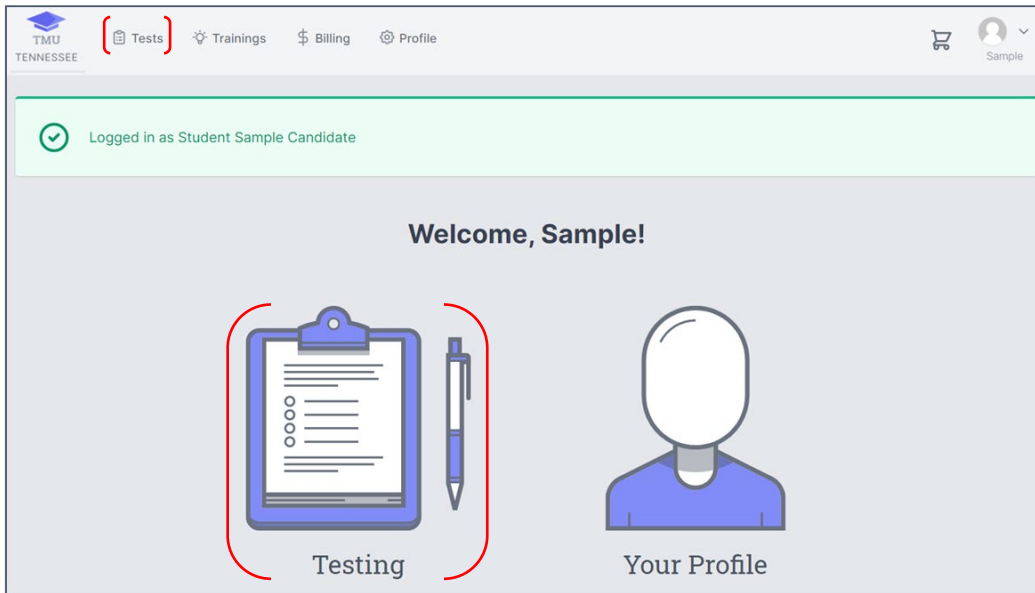
- Death in the family:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within the 7-business day time frame you will have to pay as though you were a No Show. (Immediate family includes parents, grand and great-grand parents, siblings, children, spouse or significant other.)

Test Results

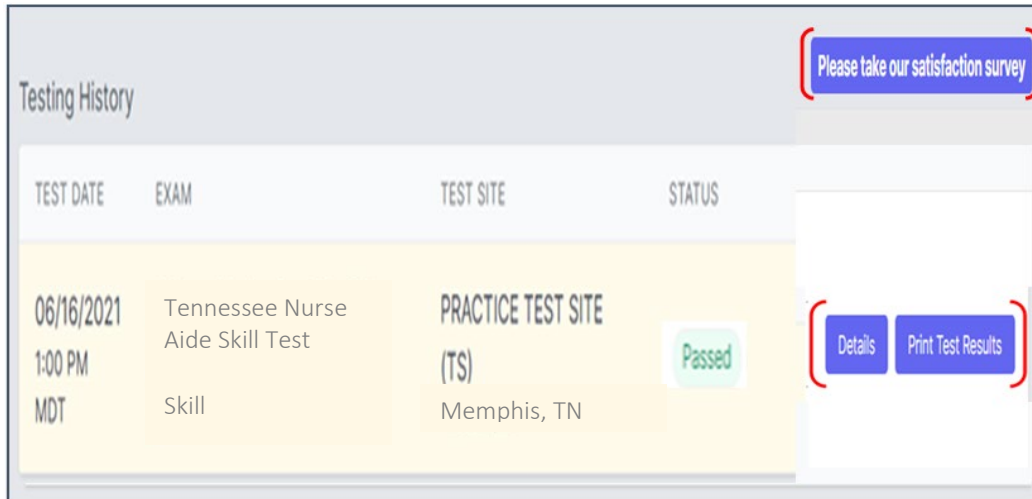
After you have completed both the Knowledge Test and Skill Test components of the competency exam, your test results will be officially scored and double checked. Official test results will be available by signing in to your TMU© record after 6:00PM (EST)/7:00 (CST) the business day after your test event.

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

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



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



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.

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Test Attempts

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

Tennessee Nurse Aide Registry Certification

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

Retaking the Nursing Assistant Test

In the event that your test results inform you that you failed the knowledge and/or skill portion of the examination, you will be provided with detailed test diagnostics in your test results. You will have to retake the portion you failed. When you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule an exam date:

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

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

If you need assistance scheduling your re-test, please call D&SDT-Headmaster at (877)201-0758 during regular business hours 8:00AM to 6:00PM Monday through Friday, EST, or 7:00AM to 7:00PM, CST, excluding Holidays. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

Test Review Requests

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

Note: Please call D&SDT-Headmaster at (877)201-0758 during regular business hours 8:00AM to 6:00PM Monday through Friday, EST, or 7:00AM to 7:00PM CST, 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,

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after discussion with D&SDT-Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request. If, after investigation, the finding of the review is in your favor, you will not be charged the \$25 test review deposit.

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

The Knowledge/Oral Test

English and Spanish Version of the Knowledge/Oral Exam

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

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

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

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of ninety (90) minutes to complete the 75 question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Test (such as "What does this question mean?") For paper tests, fill in only one (1) oval on the answer sheet for each question. Do not mark in the testing booklet. Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. **You must have a score of 75% or better to pass the knowledge portion of the exam.**

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

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

NOTE: You will need your TMU© Username or Email and Password to sign in to your knowledge test. The Knowledge Test Proctor will provide you a code at the test event to start your test.

An audio (Oral) version of the knowledge test is available in English or Spanish. However, you must request an Oral or Spanish/Spanish Oral test before you submit your testing fee payment. For TMU© electronic tests, the questions are read to you, in a neutral manner, and can be heard through headphones/ear buds plugged into the computer and have control buttons on the computer screen (play, rewind, pause etc.). For the paper test, the questions are read to you, in a neutral manner, from an MP-3 player, with control buttons for play, rewind, pause, etc., in addition to having the knowledge test and scan form for the paper test.

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

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

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

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to the Tennessee Department of Health.

Knowledge Test Content

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

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Knowledge Test Subject Areas:

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

Knowledge Practice Test

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

The following are a sample of the kinds of questions that you will find on the Knowledge/Oral test. →

1. Clean linens that touch the floor should be:
 - (A) Picked up quickly and placed back on the clean linen cart
 - (B) Used immediately on the next resident bed
 - (C) Considered dirty and placed in the soiled linen hamper
 - (D) Used only in the room with the floor the linen fell on
 2. A soft, synthetic fleece pad placed beneath the resident:
 - (A) Takes pressure off the back
 - (B) Provides warmth for the resident
 - (C) Gives the resident a sense of security
 - (D) Should only be used with bedridden residents
 3. A resident's psychological needs:
 - (A) Should be given minor consideration
 - (B) Make the resident withdrawn and secretive
 - (C) Are nurtured by doing everything for the resident
 - (D) Are nurtured when residents are treated like individuals
- ANSWERS: 1-C | 2-A | 3-D

The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Tennessee approved nursing assistant skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your ID that you showed the RN Test Observer at sign-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Your skill test will be scenario based. Listen carefully to each scenario as it is read to you by the RN Test Observer. Scenarios are randomly selected by the computer. The scenarios will direct you to demonstrate one or more of the tasks listed in this handbook and each set of scenarios that make up your skill test will have the same overall difficulty, making each unique skill test equivalent.
- You will be allowed a maximum of **thirty-five (35) minutes** to complete your Skill Test. After 20 minutes have elapsed, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key** steps (in bold font) and 80% of all non-key steps on each task assigned in order to pass the Skill Test.
- If you believe you made a mistake while performing a task, say so. You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step. You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted thirty-five (35) minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- The skill task steps are generally not order dependent, unless the words BEFORE or AFTER are used in a step.
- When you finish each demonstration, verbally tell the RN Test Observer you are finished and move to the designated “relaxation area.” When the RN Test Observer and actor have set up and are ready for your next demonstration, the RN Test Observer will read the scenario for your next task.
- **All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.**
 - Exception: There are steps in certain scenarios that require you to verbalize while you are demonstrating.

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Skill Test Recording Form

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

Recording Form:

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

Skill Test Scenarios

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

- **Bedpan and Output with required Hand Washing**
- **Catheter Care for a Female with required Hand Washing**
- **Isolation Gown and Gloves and Emptying a Urinary Drainage Bag with required Hand Washing**
- **Perineal Care for a Female with required Hand Washing**

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

Skill Tasks Listing

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

The steps that are listed for each scenario are the steps required for a nursing assistant candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. The steps will be performed on a live resident actor for most of the scenarios (the catheter care and perineal care of a female scenarios will be done on a manikin). You will be scored only on the steps listed. You must have a score of 80% on each scenario without missing any key steps (the Bolded steps) to pass the skill component of your competency evaluation. If you fail the Skill Test, one of the scenarios on your retest will be a scenario you previously failed. There will always be one of the first mandatory scenarios to start each Skill Test. The other scenarios included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete. The RN Test Observer will observe your demonstrations of your skill scenarios and record

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what she/he sees you do. D&SDT-Headmaster scoring teams will officially score and double check your test.

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

Ambulation with a Gait Belt

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of the hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Obtain gait belt.
- 5) **Adjust the bed height to ensure that the** ~~Lower bed until~~ resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 6) **Lock bed brakes to ensure resident's safety.**
- 7) **Lock wheelchair brakes to ensure resident's safety.**
- 8) Bring resident to sitting position and places gait belt around waist to stabilize trunk. Tighten gait belt. Check gait belt by slipping fingers between gait belt and resident.
- 9) Assist resident to put on non-skid slippers.
- 10) Bring resident to standing position using proper body mechanics.
- 11) With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulate resident at least 10 steps to the wheelchair.
- 12) Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety.
- 13) Use proper body mechanics at all times.
- 14) Remove gait belt.
- 15) Maintain respectful, courteous interpersonal interactions at all times.
- 16) Place call light or signaling device within easy reach of the resident.
- 17) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Ambulation with a Walker

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

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- 7) Bring resident to sitting position.
- 8) Assist resident to put on non-skid slippers.
- 9) Position walker correctly.
- 10) Assist resident to stand. Ensure resident has stabilized walker.
- 11) Position self behind and slightly to side of the resident.
- 12) Safely ambulate resident at least 10 steps to the wheelchair.
- 13) Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety using correct body mechanics.
- 14) Maintain respectful, courteous interpersonal interactions at all times.
- 15) Place call light or signaling device within easy reach of the resident.
- 16) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

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

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

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Bedpan and Output with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident – pull curtain.
- 5) Puts on gloves.
- 6) Position resident on bedpan correctly and safely using correct body mechanics.
- 7) Raise head of the bed to a comfortable level.
- 8) Leave call light or signaling device and tissue within reach of the resident. Candidate indicates they are providing privacy by stepping behind the privacy curtain. When signaled by the RN Test Observer, candidate returns.
- 9) Gently remove the bedpan and holds while RN Test Observer adds a known quantity of fluid.
- 10) Place graduate on the designated level, flat surface.
- 11) Empty urine from bedpan into graduate.
- 12) With graduate at eye level on the previously designated flat surface, measure output.
- 13) Empty equipment used into designated toilet/commode. Rinse and dry equipment. Return equipment to storage.
- ~~14) Perform hand hygiene.
 - a. Cover all surfaces of hand with hand sanitizer.
 - b. Rub hands together until hands are completely dry.~~
- 15) Remove gloves by turning inside out as they are removed and dispose of gloves in the appropriate container.
- 16) Wash/assist resident to wash and dry hands with soap and water. *AFTER* removing gloves.**
- 17) Record output on previously signed recording form.
- 18) Candidate's measured output reading is within 30cc/ml of RN Test Observer's pre-measured output reading.**
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place call light or signaling device within easy reach of the resident.
- 21) Wash hands: Turn on water.
- 22) Wash hands: Wet hands.
- 23) Wash hands: Apply soap to hands.
- 24) Wash hands: Rub hands together using friction with soap.
- 25) Wash hands: Scrub/wash hands together for at least twenty (20) seconds with soap.
- 26) Wash hands: Scrub/wash with interlaced fingers pointing downward with soap.
- 27) Wash hands: Wash all surfaces of hands and wrists with soap.
- 28) Wash hands: Rinse hands thoroughly under running water with fingers pointing downward.
- 29) Wash hands: Dry hands on a clean paper towel(s).
- 30) Wash hands: Turn off faucet with a clean, dry paper towel.
- 31) Wash hands: Discard paper towels to trash container as used.
- 32) Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.**

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Blood Pressure

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

Catheter Care for a Female with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to resident.
- 4) Provide privacy for resident – pull curtain.
- 5) Fill basin with comfortably warm water and place basin on over-bed table or bedside stand.
- 6) Cover resident with a bath blanket or clean sheet to maintain privacy *BEFORE* putting on gloves.
- 7) Put on gloves *AFTER* gathering supplies and preparing the area.
- 8) Verbalize and physically check to see that urine can flow unrestricted into the drainage bag.
- 9) Verbalize and physically check the area around the urethra for signs of leakage.
- 10) Use soap and water to carefully wash around the catheter where it exits the urethra.
- 11) Hold catheter near the urethra to prevent tugging on catheter and clean 3-4 inches away from the urethra down the drainage tube.**

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- 12) Clean with strokes only away from the urethra, using a clean portion of the wash cloth with each stroke.**
- 13) Using a clean wash cloth, rinse using strokes away from urethra. Use a clean portion of the wash cloth with each stroke.
- 14) Pat dry with a clean towel.
- 15) Do not allow the tube to be pulled at any time during the procedure.**
- 16) Replace top cover over resident and remove bath blanket or sheet. Dispose soiled linen in the designated laundry hamper.
- 17) Leave resident in a position of safety and comfort.
- 18) Empty, rinse and dry the equipment and return equipment to storage.
- 19) Remove gloves turning inside out as they are removed and dispose in the appropriate container.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place call light or signaling device within easy reach of the resident.
- 22) Wash hands: Turn on water.
- 23) Wash hands: Wet hands.
- 24) Wash hands: Apply soap to hands.
- 25) Wash hands: Rub hands together using friction with soap.
- 26) Wash hands: Scrub/wash hands together for at least twenty (20) seconds with soap.
- 27) Wash hands: Scrub/wash with interlaced fingers pointing downward with soap.
- 28) Wash hands: Wash all surfaces of hands and wrists with soap.
- 29) Wash hands: Rinse hands thoroughly under running water with fingers pointing downward.
- 30) Wash hands: Dry hands on a clean paper towel(s).
- 31) Wash hands: Turn off faucet with a clean, dry paper towel.
- 32) Wash hands: Discard paper towels to trash container as used.
- 33) Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.**

Denture Care

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Place a protective lining (wash cloth or cloth towel) in the sink basin to help prevent damage to the dentures.
- 5) Put on gloves *AFTER* gathering supplies and preparing the area.
- 6) Remove dentures from cup.
- 7) Handle dentures carefully to avoid damage.
- 8) Rinse denture cup.
- 9) Apply cleaning solution and thoroughly brush dentures including the inner, outer, and chewing surfaces of upper and lower dentures. (Toothettes may be utilized instead of a toothbrush as long as all the surfaces listed are cleaned.)
- 10) Rinse dentures using clean cool water.
- 11) Place dentures in rinsed cup.
- 12) Add cool clean water to denture cup.

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

Dressing a Dependent Resident

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for resident – pull curtain.
- 5) Raise bed the between mid-thigh and waist level.
- 6) Keep resident covered while removing gown.
- 7) Remove gown from unaffected side first.
- 8) Place used gown in designated laundry hamper.
- 9) Dress the resident in a button-up shirt. Insert hand through the sleeve of the shirt and grasp the hand of the resident.
- 10) When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.**
- 11) Assist the resident to raise her/his buttocks or turn the resident from side-to-side and draw the pants over the buttocks and up to the resident's waist.
- 12) When dressing the resident in pants, always dress from the affected (weak) side leg first.**
- 13) When putting on the resident's socks, the draw the socks up the resident's foot until they are smooth.
- 14) Leave the resident comfortably and properly dressed (pants pulled up to waist front and back and shirt completely buttoned.)
- 15) Lower bed.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Feeding a Dependent Resident

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

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

Hair Care

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

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

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Unfold the gown.
- 3) Face the back opening of the gown with seams and tags on the inside.
- 4) Place arms through each sleeve.
- 5) Fasten the neck opening behind the neck.
- 6) Secure the waist making sure that the back flaps cover clothing as completely as possible.
- 7) Put on gloves overlapping gown sleeves at the wrist.
- 8) Knock on door.
- 9) Explain procedure to be performed to the resident.
- 10) Provide privacy for resident – pull curtain.
- 11) Place a clean barrier on the floor under the drainage bag (paper towel or linen).**
- 12) Place the graduate on the previously placed barrier. Open the drain to allow the urine to flow into the graduate until the bag is empty.
- 13) Avoid touching the graduate or urine in the graduate with the tip of the tubing. Close the drain.
- 14) Wipe the drain with an uncontaminated antiseptic wipe.**
- 15) Place graduate on the designated level, flat surface and at eye level, measure output.
- 16) Empty graduate into designated toilet/commode. Rinse and dry equipment. Return equipment to storage.
- 17) Discard barrier in the appropriate container.
- 18) Leave resident in a position of comfort and safety.
- 19) Record output in cc/ml on the previously signed recording form.
- 20) Candidate's measured output reading is within 25cc/ml of RN Test Observer's output reading.**
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Place call light or signaling device within easy reach of the resident.
- 23) Remove gloves BEFORE removing gown, turning inside out as they are removed.**
- 24) Dispose the gloves in the designated biohazard container.**
- 25) Unfasten the gown at the neck AFTER gloves have been removed.
- 26) Unfasten the gown at the waist AFTER gloves have been removed.
- 27) Remove the gown by folding soiled area to soiled area.
- 28) Dispose of gown in the designated biohazard container.
- 29) Wash hands: Turn on water.
- 30) Wash hands: Wet hands.
- 31) Wash hands: Apply soap to hands.
- 32) Wash hands: Rub hands together using friction with soap.
- 33) Wash hands: Scrub/wash hands together for at least twenty (20) seconds with soap.
- 34) Wash hands: Scrub/wash with interlaced fingers pointing downward with soap.
- 35) Wash hands: Wash all surfaces of hands and wrists with soap.
- 36) Wash hands: Rinse hands thoroughly under running water with fingers pointing downward.
- 37) Wash hands: Dry hands on a clean paper towel(s).

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- 38) Wash hands: Turn off faucet with a clean, dry paper towel.
- 39) Wash hands: Discard paper towels to trash container as used.
- 40) Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.**

Making an Occupied Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Gather linen and transport linen correctly without touching uniform.
- 4) Place clean linen over back of chair, drape over foot of bed or on over-bed table.
- 5) Explain procedure to be performed to the resident.
- 6) Provide privacy for resident – pull curtain.
- 7) Raise the bed to between mid-thigh and waist level.
- 8) Resident is to remain covered at all times.**
- 9) Assist resident to turn onto side away from the candidate toward the center of the bed.**
- 10) Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
- 11) Place clean bottom sheet along the center of the bed and roll or fan fold linen against resident's back and unfold the remaining half of the clean bottom sheet.
- 12) Secure two fitted corners.
- 13) Assist the resident to roll onto his/her other side over the clean bottom linen.
- 14) Remove soiled linen without shaking and place in designated laundry hamper.
- 15) Avoid placing soiled linen on the over-bed table, chair or floor.
- 16) Avoid touching linen to uniform.
- 17) Pull through and smooth out the clean bottom linen leaving tight and free of wrinkles.
- 18) Secure the other two fitted corners.
- 19) Place resident on her/his back.
- 20) Physically check to ensure that resident is in correct body alignment.
- 21) Ensure that the resident never touches the bare mattress at any time during the procedure.
- 22) Place clean top linen and blanket or bed spread over covered resident. Remove used linen making sure the resident is unexposed at all times.
- 23) Dispose of soiled linen in designated laundry hamper.
- 24) Tuck in top linen and blanket or bedspread at the foot of bed only (except for the mitered corners, do not tuck in linens on the sides).
- 25) Ensure that sheet and top linen do not constrict the resident's feet.
- 26) Apply clean pillow case, with zippers and/or tags to inside.
- 27) Gently lift resident's head when replacing the pillow.
- 28) Leave bed neatly and completely made.
- 29) Lower bed.
- 30) Maintain respectful, courteous interpersonal interactions at all times.
- 31) Place call light or signaling device within easy reach of the resident.
- 32) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

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Making an Unoccupied Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Gather linen and transport correctly without touching uniform.
- 4) Place clean linen over back of chair, drape over foot of bed or on over-bed table.
- 5) Raise the bed to between mid-thigh and waist level.
- 6) Remove soiled linen from bed without touching uniform.
- 7) Place removed linen in designated laundry hamper.
- 8) Do not put soiled linen on the over-bed table or clean or dirty linen on the floor.**
- 9) Apply bottom fitted sheet, keeping it straight and centered.
- 10) Make bottom linen smooth and/or tight, free of wrinkles.
- 11) Place clean top linen and blanket or bed spread on the bed.
- 12) Tuck in top linen and blanket or bedspread at the foot of bed only (except for the mitered corners, do not tuck in linens on the sides).
- 13) Make mitered corners at the foot of the bed.
- 14) Apply clean pillow case, with zippers and/or tags to inside.
- 15) Leave bed completely and neatly made.
- 16) Lower bed.
- 17) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Mouth Care—Brushing Teeth

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident – pull curtain.
- 5) Drapes the resident's chest with towel to prevent soiling.
- 6) Put on gloves *AFTER* gathering supplies and preparing the area.
- 7) Wet toothbrush and apply a small amount of cleaning solution.
- 8) Brush resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.** (If available, toothettes may be utilized instead of the toothbrush as long as all of the surfaces listed are cleaned.)
- 9) Brush the resident's tongue.
- 10) Assist resident in rinsing mouth.
- 11) Wipe resident's mouth, remove soiled linen and place in designated laundry hamper.
- 12) Empty container. (Container may be an emesis basin or a disposable cup.)
- 13) Rinse and dry emesis basin, if used, or discard disposable items in the appropriate container.
- 14) Rinse toothbrush or dispose of toothette in the appropriate container.
- 15) Return equipment to storage.

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- 16) Remove gloves by turning inside out as they are removed and dispose of gloves in the appropriate container.
- 17) Leave resident in position of comfort.
- 18) Maintain respectful, courteous interpersonal interactions at all times.
- 19) Place call light or signaling device within easy reach of the resident.
- 20) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Mouth Care of a Comatose Resident

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Provide privacy for resident – pull curtain.
- 5) **Position resident in semi-Fowler's position with head turned well to one side or position resident on side as appropriate to avoid choking or aspiration.**
- 6) Drape resident's chest/bed as needed to protect from soiling.
- 7) Put on gloves *AFTER* gathering supplies and preparing area.
- 8) Apply a small amount of cleaning solution to a swab(s).
- 9) Gently and thoroughly brush the inner, outer, and chewing surfaces of all upper and lower teeth.
- 10) Gently and thoroughly brush the gums.
- 11) Gently and thoroughly brush the resident's tongue.
- 12) Clean/wipe and dry mouth area.
- 13) Return resident to position of comfort and safety.
- 14) Rinse, dry and return equipment to storage. Discard disposable items in designated container. Discard soiled linen in designated laundry hamper.
- 15) Remove gloves by turning inside out as they are removed and dispose of gloves in the appropriate container.
- 16) Maintain respectful courteous, interpersonal interactions at all times.
- 17) Place call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Nail Care One Hand

- 1) Knocks on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- 4) Immerse nails in comfortably warm water and soak for at least five (5) minutes. (Verbalize to soak nails for at least five minutes.)

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- 5) Dry hand thoroughly, specifically dry between fingers.
- 6) Gently clean under nails with an orange stick.
- 7) Gently push cuticle back with orange stick.
- 8) File each fingernail.
- 9) Rinse and dry equipment and return to storage. Discard soiled linen in designated laundry hamper.
- 10) Maintain respectful, courteous interpersonal interactions at all times.
- 11) Place call light or signaling device within easy reach of the resident.
- 12) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Perineal Care for a Female with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident/mannequin.
- 4) Provide privacy for resident – pull curtain.
- 5) Raise the bed to between mid-thigh and waist level.
- 6) Fill basin with comfortably warm water. Place basin on over-bed table or bedside stand.
- 7) Prepare area and gather supplies.
- 8) Place bath blanket or clean sheet over resident *BEFORE* putting on gloves.
- 9) Put on gloves.
- 10) Expose perineum only.
- 11) Verbalize separating labia while physically separating the labia.
- 12) Use water and soapy wash cloth (no peri-wash).
- 13) Clean both sides of the labia from front to back using a clean portion of a wash cloth with each single stroke.**
- 14) Clean middle of labia from front to back using a clean portion of a wash cloth for each single stroke.
- 15) Rinse both sides of labia from front to back.
- 16) Rinse middle of labia from front to back.
- 17) Use a clean portion of a wash cloth with each single stroke.
- 18) Pat dry.
- 19) Cover the exposed area with the bath blanket or clean sheet.
- 20) Assist resident (manikin) to turn onto side away from the candidate toward the center of the bed.
 - a. RN Test Observer may help hold the manikin on her side *ONLY* after the candidate has turned the manikin.
- 21) Use a clean wash cloth with water and soap (no peri-wash).
- 22) Clean rectal area from vagina to rectum with single strokes using a clean portion of a wash cloth with each single stroke.**
- 23) Rinse area from front to back using a clean portion of the wash cloth with each single stroke.

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- 24) Pat dry.
- 25) Position resident (manikin) on her back.
- 26) Dispose of soiled linen in a designated laundry hamper.
- 27) Empty, rinse, dry and return equipment to storage.
- 28) Remove gloves by turning inside out as they are removed and dispose of gloves in an appropriate container.
- 29) Lower bed.
- 30) Maintain respectful, courteous interpersonal interactions at all times.
- 31) Place call light or signaling device within easy reach of the resident.
- 32) Wash hands: Turn on water.
- 33) Wash hands: Wet hands.
- 34) Wash hands: Apply soap to hands.
- 35) Wash hands: Rub hands together using friction with soap.
- 36) Wash hands: Scrub/wash hands together for at least twenty (20) seconds with soap.
- 37) Wash hands: Scrub/wash with interlaced fingers pointing downward with soap.
- 38) Wash hands: Wash all surfaces of hands and wrists with soap.
- 39) Wash hands: Rinse hands thoroughly under running water with fingers pointing downward.
- 40) Wash hands: Dry hands on a clean paper towel(s).
- 41) Wash hands: Turn off faucet with a clean, dry paper towel.
- 42) Wash hands: Discard paper towels to trash container as used.
- 43) Wash hands: Do not re-contaminate hands at any time during the hand washing procedure.**

Position Resident on Side

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident and how the resident may help.
- 4) Provide privacy for resident – pull curtain.
- 5) Position bed flat.
- 6) Raise the bed to between mid-thigh and waist level.
- 7) From the working side of the bed, gently move resident's upper body toward self.
- 8) From the working side of the bed, gently move resident's hips toward self.
- 9) From the working side of the bed, gently move resident's legs toward self.
- 10) Gently assist/turn resident on her/his side. (The correct side that is read to you by the RN Test Observer).**
- 11) Physically check to ensure that the resident's face never becomes obstructed by the pillow.
- 12) Check to be sure resident is not lying on her/his downside arm.
- 13) Protect bony prominences by placing support devices such as pillows/wedges/blankets, etc., under the resident's head, upside arm, behind back and between knees.
- 14) Physically check to ensure resident is in correct body alignment.
- 15) Do not cause any discomfort or pain at any time during the procedure.**
- 16) Lower bed.

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

Range of Motion for Hip and Knee

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

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Range of Motion for Shoulder

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

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

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

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

Vital Signs –Pulse and Respirations

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain procedure to be performed to the resident.
- ~~4) Provide privacy for resident – pull curtain.~~
- 5) Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 6) Count resident's pulse **for a full 60 seconds** ~~or 30x2~~ and record pulse rate on the previously signed recording form.
 - a. *Tell the RN Test Observer when you start counting and tell her/him when you stop counting.*
- 7) Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.**
- 8) Count resident's respirations **for a full 60 seconds** ~~or 30x2~~ and record respirations on the previously signed recording form.
 - a. *Tell the RN Test Observer when you start counting and tell her/him when you stop counting.*

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- 9) **Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.**
- 10) Maintain respectful, courteous interpersonal interactions at all times.
- 11) Place call light or signaling device within easy reach of the resident.
- 12) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Weighing an Ambulatory Resident

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) **Balance scale before weighing resident or zeros if using an analog scale.**
- 5) **Lock wheelchair brakes to ensure resident's safety.**
- 6) Assist resident to stand and walk resident to the scale.
- 7) Assist resident to step on the scale.
- 8) Check that resident is balanced and centered on the scale with arms at sides and not holding on to anything that would alter reading of the weight.
- 9) **Appropriately adjust weights until scale is in balance or observe the analog scale.**
- 10) Read weight and return resident to wheelchair and assist resident to sit in the wheelchair.
- 11) Record weight on the previously signed recording form.
- 12) **Candidate's recorded weight varies no more than 2 pounds from RN Test Observer's recorded weight.**
- 13) Maintain respectful, courteous interpersonal interactions at all times.
- 14) Place call light or signaling device within easy reach of the resident.
- 15) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.

Knowledge Test Vocabulary List

abandonment
abdominal thrust
abductor wedge
abnormal vital signs
absorption
abuse
accidents
activities
acute

adaptive
adaptive devices
adaptive equipment
adduction
ADL
admission
admitting resident
advance directives
afebrile

affected side
aging process
agitation
AIDS
alarm
alternating pressure mattress
Alzheimer's
Alzheimer's care
ambulation

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amputees
anatomy
anger
angina
antibiotics
anti-embolitic stocking
anxiety
aphasia
apnea
appropriate response
arteries
arthritis
aseptic
aspiration
assault
assistive device
atrophy
attitudes
authorized duty
axillary temperature
bacteria
bargaining
basic needs
basic skin care
bath water temperature
bathing
bed cradle
bed making
bed position
bed rails
bed rest
bed sore
behavior
behavioral care plan

beliefs
biohazard
bladder training
blindness
blood pressure
body alignment
body fluid
body mechanics
body system
body temperature
bowel program
BP
breathing
burnout
burns
call light
cancer
cardiac arrest
cardiopulmonary resuscitation
cardiovascular system
care impaired
care plan
care planning
cast
cataract
catheter
catheter care
cc's in an ounce
central nervous system
cerebral vascular accident
chain of command
charge nurse
chemical restraint
chemical safety

chemotherapy
CHF
choking
chronic
circulation
circulatory system
clarification
cleaning
cleaning spills
clear liquid diet
clergy
cognitively impaired
cold application
cold compress
colostomy bag
colostomy care
coma
combative resident
comfort care
communicable
communication
compression
conduct
confidentiality
conflict
conflict resolution
confused resident
congestive heart failure
constipation
constrict
contact isolation
contamination
continuity
contracture

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converting measures
COPD
coughing excessively
CPR
cueing
CVA
cyanotic
data collection
death and dying
decubitus ulcer
deeper tissue
defamation
dehydration
delegation
dementia
denial
denture care
dentures
depression
development
developmental disability
diabetes
diabetic
dialysis
diastolic
diet
digestion
dilate
discharging resident
disease
disease process
disinfection
disoriented
disoriented resident

disposing of contaminated materials
disrespect
disrespectful treatment
dizziness
DNR
documentation
domestic abuse
dressing
droplets
drowsy
drug tolerance
dying
dysphagia
dyspnea
dysuria
edema
elastic
elastic stockings
elderly
elevate head
elimination
emesis
emesis basin
emotional abuse
emotional needs
emotional stress
emotional support
empathy
emphysema
end of life care
enema
epilepsy
ethics
evacuation

eye glasses
falls
false imprisonment
fasting
fecal impaction
feces
feeding
financial abuse
fire
fire safety
first aid
flatus
flexed
flexion
Foley catheter
foot care
Fowler's
fractures
fraud
frayed cord
free from disease
frequent urination
gait belt
gastric feedings
gastrostomy tube
geriatrics
germ transmission
gerontology
gestures
gifts
glass thermometer
gloves
grand mal seizure
grieving process

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group settings
hair care
hallucination
hand tremors
hand washing
hazardous substance
health care team
hearing
hearing aid
hearing impaired
hearing loss
heart muscle
heat application
height
hemiplegia
HIPAA
HIV
hormones
hospice
hospice care
hydration
hyperglycemia
hypertension
hyperventilation
hypoglycemia
I&O (input and output)
immobility
immune
impaired
impairment
incontinence
indwelling catheter
infection
infection control

infection prevention
infectious disease
in-house transfer
initial observations
input and output
in-service programs
insomnia
insulin
intake
intake and output
integumentary system
interpersonal skills
invasion of privacy
isolation
isolation precautions
jaundice
job description
kidney failure
life support
lift/draw sheet
linen
listening
log roll
loose teeth
low sodium diet
making occupied bed
manipulative behavior
Maslow
masturbation
material safety data sheets
MDS
measuring height
measuring temperature
mechanical lift

mechanical soft diet
medical asepsis
medical record
medications
memory loss
mental health
mentally impaired
metastasis
microorganism
minerals
misappropriation
mobility
mouth care
moving
MSDS
mucous membrane
multiple sclerosis
musculoskeletal
musculoskeletal system
nail care
neglect
negligence
new resident
non-contagious disease
non-verbal communication
nosocomial
NPO
nurse's station
nursing assistant's role
nutrition
objective
objective data
OBRA
observation

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official records
ombudsman
open-ended questions
oral care
oral hygiene
oral temperature
orientation
oriented
osteoporosis
ostomy bag
output
over-bed table
oxygen
pain
palliative care
paralysis
paranoia
Parkinson's
partial assistance
passive
pathogen
patience
perineal care
personal belongings
personal care
personal items
personal protective equipment
personal stress
personal values
pet therapy
phantom pain
phone etiquette
physical needs
physician's authority

plaque
policy book
positioning
postmortem care
postural supports
PPE (personal protective equipment)
pressure ulcer
preventing falls
preventing injury
privacy
professional boundaries
progressive
projection
pronation
prone
prostate gland
prosthesis
psychological needs
psychosis
psychosocial
pulse
QID
quadriplegia
quality of life
radial
ramps
range of motion
rationalization
reality orientation
rectal
refusal
regulation
rehabilitation
religious service

reminiscence therapy
reminiscing
renewal
reporting
reporting abuse
reposition
resident abuse
resident belongings
resident centered care
resident identification
resident independence
resident pain
resident pictures
resident right
resident treatment
resident unit
Resident's Bill of Rights
resident's chart
resident's environment
resident's families
respectful treatment
respiration
respiratory symptoms
respiratory system
responding to resident behavior
responsibility
restorative care
restraint
resuscitation
rights
rigidity
risk factor
rotation
safety

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scabies
scale
seclusion
security
seizure
self-esteem
semi-Fowlers
sensory system
sexual harassment
sexual needs
sexuality
Sharp's container
shaving
shearing
side rails
Sim's position
skilled care facility
skin integrity
slander
smoking
social needs
social worker
soiled linen
specimen
spills
spiritual needs
sputum test
standard precautions
STAT
stealing
sterilization
stethoscope
stomach

stress
stroke
strong side
subjective
subjective data
sundowning
supine
suprapubic
survey
swelling
systolic
TED hose
telephone etiquette
temperature
tendons
terminal illness
terminology
thickened liquids
threatening resident
tips
toenails
toileting schedule
trachea
transfers
transporting
transporting food
tub bath
tube feeding
tubing
twice daily
tympanic
tympanic temperature
unaffected

unconscious
urethral
urinary catheter bag
urinary problems
urinary system
urinary tract
urination
urine
validation
validation therapy
violent behavior
vision change
vital signs
vitamins
vocabulary
vomit
walker
wandering resident
water faucets
water intake
water temperature
weak side
weakness
weighing
weight
well-balanced meal
well-being
wheelchair safety
white blood cells
withdrawn resident
workplace violence

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Notes:
