



Oklahoma Long Term Care

(Home Health Aide-Deemed – if hours completed)

Candidate Handbook

UPDATED: June 1, 2023 (No Show Policy Update)

Version 4

Oklahoma LTC/HHA (Deemed) Candidate Handbook

Contact Information

<p>Questions regarding: Exam Applications • Exam Scheduling • Eligibility to Test • Rescheduling • Pre-Exam Name • Address Changes Contact your Training Facility</p> <p>Questions regarding: Exam Results (800) 393-8664</p> <p>Questions regarding: LTC/HHA (Deeming - <i>if hours completed</i>) Certification • Nurse Aide Registry • State and Federal Regulations • Post-Exam Name • Address Changes (405) 426-8150</p>		
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<p>Oklahoma State Department of Health (OSDH) Nurse Aide Registry (NAR) PO Box 268816 Oklahoma City, OK 73126 Email: NAR@health.ok.gov Web Site: Oklahoma State Department of Health</p>	<p>Monday through Friday 8:00AM –5:00PM (Central Standard Time – CST)</p>	<p>Phone #: (405) 426-8150</p>

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Introduction

In 1987, the Nursing Home Reform Act was adopted by Congress as part of the Omnibus Budget Reconciliation Act (OBRA '87). It was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for nurse aides who work in such facilities. Each state is responsible for following the terms of this federal law. As defined in the OBRA regulations, a nurse aide competency evaluation program provides specific standards for nurse aide related knowledge and skills. The purpose of a nurse aide competency evaluation program is to ensure that candidates who are seeking to be nurse aides understand these standards and can competently and safely perform the job of an entry-level nurse aide.

The Oklahoma Department of Health (OSDH) has approved Headmaster, LLP-D&S Diversified Technologies (D&ST), LLP, to provide testing and scoring services for the Oklahoma Long Term Care Aide Competency Exam and Deeming for Home Health Aides. Upon passing the Oklahoma Long-Term Care (LTC) Aide Competency Exam, an individual will be listed on the Oklahoma Registry as a Certified Nurse Aide in Long-Term Care. If at that time the individual has also completed 16 hours of OSDH-approved Home Health Aide (HHA) training or later completes HHA training, the candidate will be listed on the Oklahoma State Nurse Aide Registry as a Certified Nurse Aide in both Long-Term Care and Home Health. No additional exam is required to be deemed an Oklahoma LTC-HHA. Individuals, who have tested with D&SDT-Headmaster, completing HHA training after passing the LTC exam must submit proof of HHA training completion (from their training program) to D&SDT-Headmaster who will notify the Registry that the individual is deemed an Oklahoma LTC-HHA.

This handbook is designed to help prepare candidates for taking the OKDOH-approved Long Term Care Aide Competency Exam and describes the process for Home Health Aide Deeming. There are two parts to the LTC Competency Exam—a multiple-choice knowledge exam and a skill exam. Candidates must pass both parts of the exam and meet all requirements of the Oklahoma State Department of Health for LTC Aide certification in Oklahoma and if they wish to be deemed LTC-HHA provide proof of completion (submitted by their training program) of HHA training.

For questions not answered in this handbook please contact D&SDT-Headmaster at (800)393-8664 or go to the Oklahoma LTC/HHA webpage at www.hdmaster.com.

The information in this handbook will help you prepare for your examination and should be kept for future reference.

Americans with Disabilities Act (ADA)

ADA Compliance

The Oklahoma Department of Health and D&SDT-Headmaster provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the nurse aide competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. Accommodations must be approved by D&SDT-Headmaster in advance of examination.

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The request for accommodations can be found on the [D&SDT-HEADMASTER webpage](#) and clicking on the PDF Fillable [ADA Accommodation Form 1404](#). This form must be electronically submitted to D&SDT-Headmaster with required documentation listed on the second page of the ADA application in order to be reviewed for an accommodation.

ADA request forms submitted without supporting documentation of a diagnosed disability will not be accepted or reviewed.

Please allow additional time for your request to be approved. If you have any questions regarding the ADA review process or specific required documentation, please call D&SDT-Headmaster at (800)393-8664.

The Oklahoma Long Term Care Aide Competency Exam

Applying to take the Long-Term Care Aide (deemed Home Health Aide if hours completed) Exam

To apply to take the Oklahoma LTC/HHA (Deeming-if hours completed) Exam, contact your training program/trainer or D&SDT-Headmaster at (800)393-8664.

Schedule an Exam

In order to schedule an examination date, candidates must have successfully completed an Oklahoma State Department of Health approved, Long Term Care Aide training program. In addition, all LTC/Deemed HHA (if hours completed) exam candidates must be registered with D&SDT-Headmaster by their training program.

Long Term Care Aide Program Candidates

Your training program will enter your initial training information into the WebETest© database. Your training program/trainer will verify the name entered into WebETest© against the two forms of identification and training verification form you will present when you sign in at a test event. If you discover your name on your forms of ID and training verification form does not match your name as listed in WebETest©, please inform your training program/trainer or call D&SDT-Headmaster at (800)393-8664. Please see forms of ID requirements under '**Identification**'.

To change or reschedule your test date, contact your Training Program/Trainer.

Long Term Care Aide - Deemed Home Health Aide Program Candidates

No additional exam is required to be deemed an OK LTC-HHA. Individuals, who have tested with D&SDT-Headmaster, completing HHA training after passing the LTC exam must submit proof of HHA training completion (from their training program) to D&SDT-Headmaster who will notify the Registry that the individual is deemed an OK LTC-HHA.

If you wish to be deemed LTC-HHA, your training program will need to submit to D&SDT-Headmaster proof of completion of HHA training hours.

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Exam Check-In

You need to arrive at your confirmed test site between 20 to 30 minutes before your exam is scheduled to start. (*For example:* If your test start time is 8:00AM – you need to be at the test site for check-in no later than 7:30 to 7:40AM.) If you arrive late, you will not be allowed to test.

Testing Attire

There is not a mandated dress code, however, scrubs and close-toed shoes are recommended.

Identification

You must bring a **NON-EXPIRED, SIGNED, PHOTO-BEARING FORM OF IDENTIFICATION, a second signature ID and your Training Verification Form that you were given by your Trainer at the completion of the training program.** (*An example of the Training Verification Forms are shown on pages 3 and 4.*)

NOTE: You will not be admitted for testing if you do not bring proper ID's and your Training Verification Form.

Examples of accepted **NON-EXPIRED, SIGNED, PHOTO-BEARING** forms of identification include:

- Driver's License
- State issued Identification Card
- Passport
- Military Identification Card (that meets all requirements)
- Alien Registration Card (that meets all requirements)
- Tribal Identification Card (that meets all requirements)
- Work Authorization Card (that meets all requirements)

Examples of accepted **second signature bearing** form of identification include:

- Social Security Card
- Credit Card or Debit Card
- 1st Aid or CPR Card
- Hunting or Fishing License

The **FIRST** and **LAST** names listed on both ID's and your Training Verification Form presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the Oklahoma LTC/HHA database by your training program. You may call D&SDT-Headmaster at (800)393-8664 to confirm that your name of record matches your two forms of ID and your Training Verification Form.

Note:

- **You will not be admitted for testing if you do not bring proper/valid forms of identification.**
 - Be sure your photo-bearing form of identification is not expired and that both forms of identification are signed.
 - You will not be admitted for testing if you do not bring your two forms of mandatory identification.

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- Check to be positive that both your FIRST and LAST printed names on your photo ID and your second form of ID match your training verification and current name of record entered in the database by your training program.
- A driver's license or state-issued ID card that has a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID.


In cases where names do not match or your ID(s) are not proper/valid, you will be 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 skills testing lab. Please keep your ID with you during the entire exam day.

See next page.


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Candidates with Long Term Care and Home Health Aide Training Verification Form:

 <small>Nurse Aide Registry Oklahoma State Department of Health</small>	TRAINING VERIFICATION FORM	Oklahoma State Department of Health Protective Health Services Nurse Aide Registry 1000 NE 10th Oklahoma City, OK 73117-1207 Telephone: (405) 271-4085
<u>TRAINEE INFORMATION</u>		
Trainee Name: <u>John Doe</u>		Social Security #: <u>444-55-6666</u>
<u>TRAINING INFORMATION</u>		
Please check (✓) the training program the trainee completed and indicate the number of training hours completed.		
<input checked="" type="checkbox"/> <u>75</u> Long Term Care Hours (75 Hr. Minimum)	<input checked="" type="checkbox"/> <u>160</u> Deeming LTC to HHA Hours 16 Hr. Minimum)	<input type="checkbox"/> Adult Day Care Hours (45 Hr. Minimum)
<input type="checkbox"/> Home Health Aide Hours (75 Hr. Minimum)	<input type="checkbox"/> Developmentally Disabled Direct Care Hours (75 Hr. Minimum)	<input type="checkbox"/> Residential Care Hours (45 Hr. Minimum)
Date Examinee completed the training program: <u>09/02/16</u>		Training Facility Code: <u>3000000</u>
Training Program/Facility Name: <u>Headmaster Training</u>		
Training Program/Facility Address: <u>3310 McHugh Ln, Edmond OK</u>		
Instructor's Name (Please print clearly): <u>Jane Smith</u>		Instructor's Signature: <u>Jane Smith</u>
<u>TRAINING VERIFICATION STATEMENT</u>		
I verify that the above named trainee has successfully completed the minimum number of training hours and all required performance checklists for program indicated above. Furthermore, this training was provided through a program approved by the Oklahoma State Department of Health within the last 24 months. (NOTE for Long-Term Care Aide and Home Care Aide Training Programs: This form must be signed by the R.N. who is listed on the NATCEP application as the R.N. Training Supervisor. LPNs cannot be Training Supervisors for LTC and HHC training programs and may not sign this form.)		
Training Supervisor's Name (Please print clearly): <u>Joan Someone</u>		Training Supervisor's Signature: <u>Joan Someone</u>
Area Code (405) <u>555-2233</u>		Date: <u>9-3-16</u>
Training Supervisor's Telephone Number		
<u>CLINICAL EXAMINATION RECORD</u>		
The assigned RN/CSO must sign and date this form after scoring each skill in the clinical skills exam. Trainees that do not pass the clinical examinations after three attempts must retrain and repeat the testing process.		
Exam 1: RN/CSO	Printed Name	RN/CSO Signature
		Date
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Exam 1: RN/CSO	Printed Name	RN/CSO Signature
		Date
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Exam 1: RN/CSO	Printed Name	RN/CSO Signature
		Date
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<u>WRITTEN COMPETENCY EXAMINATION RECORD</u>		
The assigned Testing Proctor must sign and date this form at each written competency test administration. Trainees that do not pass the written competency examination after three attempts must retrain and repeat the testing process.		
Written Exam 1	Assigned Testing Proctor	Date
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Written Exam 1	Assigned Testing Proctor	Date
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Written Exam 1	Assigned Testing Proctor	Date
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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Candidates with Long Term Care Training Only Verification Form:

 <small>Nurse Aide Registry Oklahoma State Department of Health</small>	TRAINING VERIFICATION FORM	Oklahoma State Department of Health Protective Health Services Nurse Aide Registry 1000 NE 10th Oklahoma City, OK 73117-1207 Telephone: (405) 271-4085
TRAINEE INFORMATION		
Trainee Name: <u>John Doe</u>		Social Security #: <u>444-55-6666</u>
TRAINING INFORMATION		
Please check (✓) the training program the trainee completed and indicate the number of training hours completed.		
<input checked="" type="checkbox"/> <u>75</u> Long Term Care Hours (75 Hr. Minimum)	<input type="checkbox"/> Deeming _____ to _____ Hours (16 Hr. Minimum)	<input type="checkbox"/> Adult Day Care Hours (45 Hr. Minimum)
<input type="checkbox"/> Home Health Aide Hours (75 Hr. Minimum)	<input type="checkbox"/> Developmentally Disabled Direct Care Hours (75 Hr. Minimum)	<input type="checkbox"/> Residential Care Hours (45 Hr. Minimum)
Date Examinee completed the training program: <u>9/2/16</u>		Training Facility Code: <u>30000000</u>
Training Program/Facility Name: <u>Headmaster Training</u>		
Training Program/Facility Address: <u>3310 McHugh Ln, Edmond OK</u>		
Instructor's Name (Please print clearly): <u>Jane Smith</u>		Instructor's Signature: <u>Jane Smith</u>
TRAINING VERIFICATION STATEMENT		
I verify that the above named trainee has successfully completed the minimum number of training hours and all required performance checklists for program indicated above. Furthermore, this training was provided through a program approved by the Oklahoma State Department of Health within the last 24 months. (NOTE for Long-Term Care Aide and Home Care Aide Training Programs: This form must be signed by the R.N. who is listed on the NATCEP application as the R.N. Training Supervisor. LPNs cannot be Training Supervisors for LTC and HHC training programs and may not sign this form.)		
Training Supervisor's Name (Please print clearly): <u>Jean Someone</u>		Training Supervisor's Signature: <u>Jane Someone</u>
Area Code (405) <u>666-1111</u>		Date: <u>9-3-16</u>
Training Supervisor's Telephone Number		
CLINICAL EXAMINATION RECORD		
The assigned RN/CSO must sign and date this form after scoring each skill in the clinical skills exam. Trainees that do not pass the clinical examinations after three attempts must retrain and repeat the testing process.		
Exam 1: RN/CSO _____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Printed Name	RN/CSO Signature	Date
Exam 1: RN/CSO _____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Printed Name	RN/CSO Signature	Date
Exam 1: RN/CSO _____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Printed Name	RN/CSO Signature	Date
WRITTEN COMPETENCY EXAMINATION RECORD		
The assigned Testing Proctor must sign and date this form at each written competency test administration. Trainees that do not pass the written competency examination after three attempts must retrain and repeat the testing process.		
Written Exam 1 _____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Assigned Testing Proctor	Date	
Written Exam 1 _____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Assigned Testing Proctor	Date	
Written Exam 1 _____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Assigned Testing Proctor	Date	
ODH Form No. 733 (9/16)		

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Instructions for the Knowledge and Skills Test

Test instructions for the knowledge and skill test components will be provided in written format in the waiting area when you sign-in for your test.

These instructions detail the process and what you can expect during your exam. Please read the instructions **before** entering the knowledge or skills test rooms. 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 and skills test rooms.

These instructions are also available on the Oklahoma LTC/HHA webpage under the “Observer Forms” column (Knowledge Test Instructions and Skill Test Instructions), for you to review in advance of your test date.

Testing Policies

The following policies are observed at each test site—

- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20 to 30 minutes before your scheduled start time – if your test start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not bring a valid and appropriate non-expired, signed, photo ID, a second valid signature-bearing ID and Training Verification Form, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- **If the FIRST and LAST printed names on your two forms of ID and your Training Verification Form do not match your current name of record, you will not be admitted to the exam** and any exam fees paid *will NOT be refunded*.
- If you NO SHOW for your exam day, any test fees paid *will NOT be refunded*. You must re-pay your testing fees to schedule another exam date.
- 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 the 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.
- Anyone caught using any type of electronic recording device during testing will be removed from the testing room(s), forfeit all testing fees, their test scored as a failed attempt and will not be permitted to test for 6 months. You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.
- If needed, you may bring a non-electronic language word-for-word translation dictionary that you must show to the knowledge test proctor before you start the knowledge exam. Definitions or any other notations (writing) are not allowed in the translation dictionary, a word-for-word translation only dictionary is allowed.

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- 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 once the exam has begun **for any reason**. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam, your test will be scored as a failed attempt and you will be reported to your training program and the Oklahoma State Department of Health.
- Test sites, RN Test Observers, Actors and Knowledge Test Proctors are not responsible for candidate personal belongings at the test site.
- No visitors, guests, pets (including companion animals) or children are allowed.
- ***Please review this Oklahoma LTC/Deemed HHA Candidate Handbook before your test day for any updates to testing and/or policies.***

Inclement Weather and Unforeseen Circumstances Policy

If an exam date is cancelled due to weather or other unforeseen circumstances, your training program/trainer or in some instances, D&SDT-Headmaster staff, will make every effort to contact you using the contact information 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.

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, your test will be scored as a failed attempt, you will forfeit any testing fees paid and a report of your behavior will be given to your training program and the Oklahoma State 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 their training program and the Oklahoma State Department of Health and is subject to prosecution to the full extent of the law. Your test will be scored as a failed attempt and you will forfeit any testing fees paid. You will not be allowed to retest for a minimum period of six (6) months. You may obtain permission from the Oklahoma State Department of Health in order to be eligible to test again.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, or navigating to other browsers/sites during an electronic exam, etc.), your test will be stopped, you will be dismissed from the testing room and your test will be scored as a failed attempt. You will forfeit any testing fees paid. You will be reported to your training program and the Oklahoma State Department of Health and you may need to obtain permission from the OSDH in order to be eligible to test again.

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Reschedules

If you must reschedule your exam date, you will need to contact your training program or the test site where you are scheduled to test.

Refund of Testing Fees Paid

Headmaster does not process refunds to candidates as payment is made to the training programs/test sites. You will need to contact your training program/test site regarding their refund of testing fees policy.

No Shows

If you are scheduled for your exam and you are late to your exam or do not show up at all, or if you are turned away for lack of proper identification or you do not bring your Training Verification Form, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will need to contact your training program/test site regarding their testing fees and scheduling a new test date policy.

If you are scheduled for your exam and do not show up without notifying D&SDT-Headmaster at least one (1) full business day prior to your scheduled testing event, *excluding* Saturdays, Sunday, 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 will need to contact your training program/test site regarding their testing fees to schedule a new test date.

These fees partially offset D&SDT-Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule is not received before the one (1) full business day preceding a scheduled test event, *excluding* Saturdays, Sundays, and Holidays, a NO SHOW status will exist and you will forfeit your testing fees.

No Show Exceptions

Exceptions to the No Show status exist; if you are a No Show for any test component for any of the following reasons, a free reschedule may be authorized to the remitter of record providing **the required documentation is received within the appropriate time frames outlined below:**

- **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.

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- **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.

- **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 parent, grand and great-grand parent, sibling, children, spouse or significant other.)

Test Results

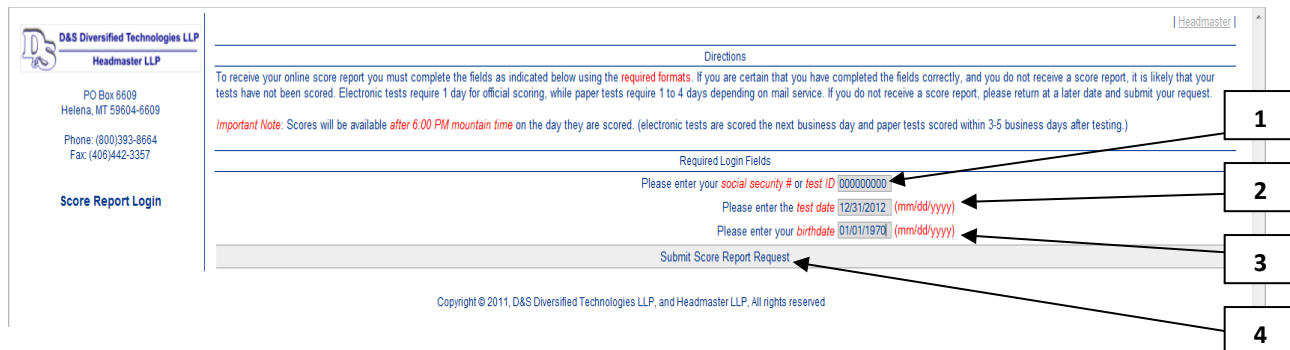
After you have completed the Knowledge Exam and Skill Exam components, your test results will be officially scored and double checked. Official test results are available to you, and can be printed, after 7:00PM Central Standard time the day tests are scored. See instructions to access your test results online.

You will be emailed your test results to the email in your record after your test has been officially scored. Your device must have an RTF reader to open emailed test results.

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

To check your test results online, go to [Online Test Results](#) under the “Candidate Forms” column on the Oklahoma LTC/Deemed HHA webpage.

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



| Headmaster |

Directions

To receive your online score report you must complete the fields as indicated below using the **required formats**. If you are certain that you have completed the fields correctly, and you do not receive a score report, it is likely that your tests have not been scored. Electronic tests require 1 day for official scoring, while paper tests require 1 to 4 days depending on mail service. If you do not receive a score report, please return at a later date and submit your request.

Important Note: Scores will be available **after 6:00 PM mountain time** on the day they are scored. (electronic tests are scored the next business day and paper tests scored within 3-5 business days after testing.)

Required Login Fields

Please enter your **social security # or test ID** 000000000

Please enter the **test date** 12/31/2012 (mm/dd/yyyy)

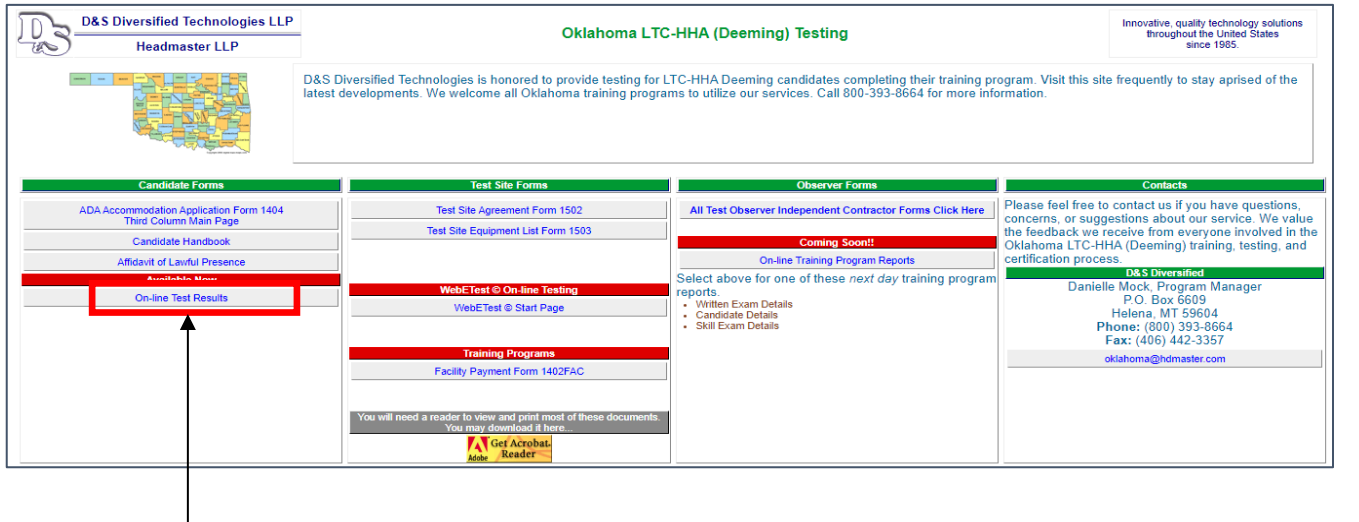
Please enter your **birthdate** 01/01/1970 (mm/dd/yyyy)

Submit Score Report Request

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Oklahoma LTC/HHA (Deemed) Candidate Handbook

Click on On-Line Test Results, which will link you to the same page as shown above.



Oklahoma LTC-HHA (Deeming) Testing

D&S Diversified Technologies is honored to provide testing for LTC-HHA Deeming candidates completing their training program. Visit this site frequently to stay apprised of the latest developments. We welcome all Oklahoma training programs to utilize our services. Call 800-393-8664 for more information.

Candidate Forms	Test Site Forms	Observer Forms	Contacts
ADA Accommodation Application Form 1404 Third Column Main Page Candidate Handbook Affidavit of Lawful Presence On-line Test Results	Test Site Agreement Form 1502 Test Site Equipment List Form 1503 WebETest © On-line Testing WebETest © Start Page Training Programs Facility Payment Form 1402FAC	All Test Observer Independent Contractor Forms Click Here Coming Soon!! On-line Training Program Reports Select above for one of these <i>next day</i> training program reports: <ul style="list-style-type: none"> • Written Exam Details • Candidate Details • Skill Exam Details 	Please feel free to contact us if you have questions, concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Oklahoma LTC-HHA (Deeming) training, testing, and certification process. <div style="border: 1px solid #008000; padding: 5px; text-align: center;"> D&S Diversified Danielle Mock, Program Manager P.O. Box 6609 Helena, MT 59604 Phone: (800) 393-8664 Fax: (406) 442-3357 oklahoma@hdmaster.com </div>

Test Attempts

You have **three attempts** to pass the knowledge and skill test portions of the exam within three (3) years from your date of long term care aide program completion. If you do not complete testing within three years from completion of training, you must complete a new OSDH approved training program in order to become eligible to further attempt Oklahoma long term care aide examinations.

Placement on the OSDH Nurse Aide Registry

After you have successfully passed both the Knowledge Test and Skill Test components of the nurse aide exam, your test results will be sent electronically to the Oklahoma State Department of Health (OSDH) by D&SDT-Headmaster. You will be certified by the OSDH only after you meet all OSDH requirements including passing both the knowledge and skill exam components (if you have completed the additional HHA required 16 hours, verified by your training program, for Home Health Aide, you will also be deemed an HHA).

Retaking the Long-Term Care Aide/Deemed Home Health Aide Test

In the event that you fail the knowledge and/or skill portion of the examination, when you want to apply for a retest, please contact your training program/test site.

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 Oklahoma LTC/HHA 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 will be returned and will not be considered.

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PLEASE READ BEFORE SUBMITTING TEST REVIEW: Please call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 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 fee. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

Since one qualification for certification as a Long-term Care Aide in Oklahoma is demonstration by examination of minimum nurse aide 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 your re-test 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 and/or Actor for any additional recollection of your test(s). D&SDT-Headmaster cannot discuss test results or test disputes with the candidate's training program/instructor. After a candidate reaches the age of 18, D&SDT-Headmaster will only discuss test results or test disputes with the candidate. 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 and to the Oklahoma State Department of Health.

The Knowledge Test

You will be required to present your ID again 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 72 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?"). **You must have a score of 70% or better to pass the knowledge portion of the exam.**

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

Per the Oklahoma State Department of Health, non-electronic, word-for-word language translation dictionaries are permitted during testing. You must show the RN Test Observer/Knowledge Test Proctor the translation dictionary when you sign in for your test. The language translation dictionary must be word-for-word only with no definitions and no notations or writing.

All test materials must be left in the testing room. Anyone who removes or tries to remove materials, notes or information from the testing room is subject to prosecution and will be reported to their training program and the Oklahoma State Department of Health.

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Knowledge Test Content

The Knowledge Test consists of 72 multiple-choice questions. Questions are selected from subject areas based on the OSDH approved Oklahoma test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

SUBJECT AREA	NUMBER OF QUESTIONS
Basic Nursing Skills	10
Care Impaired	4
Communication	7
Data Collection	8
Disease Process	4
Infection Control	8
Mental Health	4
Older Adult Growth & Development	4
Personal Care	11
Resident Rights	4
Role and Responsibility	4
Safety	4

Knowledge Practice Test

D&SDT-Headmaster offers a free knowledge test question of the day and a ten question online static practice test available on our 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.

See next page.

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The following are a sample of the kinds of questions that you will find on the Knowledge 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 Oklahoma approved LTC/HHA practical skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to present your ID again that you showed the RN Test Observer at sign-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Each of your randomly selected five (5) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed a maximum of **forty-five (45) minutes** to complete your five (5) assigned tasks. After 30 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. Steps marked with an * are weighted more than steps without an * when your percentage score is calculated.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted forty-five (45) minutes or until you tell the RN Test Observer you are finished with the Skill Test.

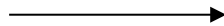
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- If you believe you made a mistake while performing a task, say so. You will need to demonstrate or re-demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step.
- At any time during any task, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident.
- The skill task steps are generally not order dependent, unless the words BEFORE or AFTER are used in a step.
- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated “relaxation area.” When the RN Test Observer and actor have set up and are ready for your next skill task demonstration, the RN Test Observer will read the scenario for your next task.
- **All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.**

Skill Test Recording Form

The RN Test Observer will provide a recording form similar to the one displayed below if your skill test includes a skill task which requires recording a count or measurement.

Recording Form



Candidate's Name: _____	
PLEASE PRINT	
TEMPERATURE: _____	PULSE: _____ RESPIRATIONS: _____
PULSE OX %: _____	BLOODPRESSURE: _____ / _____
URINARY OUTPUT: _____ ml	
GLASS 1: _____	
GLASS 2: _____	
TOTAL FLUID INTAKE: _____ ml	FOOD INTAKE: _____%
Candidate's Signature: _____	

Skill Test Tasks

You will be assigned the following two multi-element tasks as your first two tasks:

- **Hand Washing with Blood Pressure**
- **Transferring from Bed to Wheelchair or Wheelchair to Bed with Temperature (oral or axillary) including Pulse and Respirations (TPR)**

You will also receive three (3) additional randomly selected tasks from the Skill Task listing below. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the WebETest© skill test assignment algorithm will be comparable in overall difficulty.

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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 task are the steps required for a long-term care aide/home health aide-deemed, if the hours are completed, 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 all of the tasks except for the perineal care task, which will be done on a manikin. You will be scored only on the steps listed.

You must have a score of 80% on each task without missing any key steps (the Bolded steps) to pass the skill component of your competency evaluation. Steps marked with an * are weighted more than steps without an * when your percentage score is calculated.

If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be the two multi-element tasks to start each Skill Test. The other tasks included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete.

The RN Test Observer will observe your demonstrations of your skill tasks and record what she/he sees you do. D&SDT-Headmaster scoring teams will officially score and double check your test.

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

Skill 1 - Hand Washing with Blood Pressure

(The first mandatory multi-element task.)

- 1) Properly greet resident by name.
- 2) Introduce self to the resident.
- 3) Turn on water.
- 4) Wet hands.
- 5) Apply soap to hands.
- 6) Rub hands together using friction.
- 7) Interlace fingers pointing downward.
- 8) Wash all surfaces of hands and wrists with soap.
- 9) Wash around each nail bed.
- 10) Rub nails against palms of opposite hands.
- 11) Rinse hands thoroughly under running water with fingers pointed downward.
- 12) Dry hands on clean paper towel(s).
- 13) Turn off faucet with a SECOND (last) clean dry paper towel, or with dry section of a previously used paper towel.
- 14) Discard paper towels into trash container as used.
- 15) **Do not re-contaminate hands at any point during the procedure.**

PROCEED WITH BLOOD PRESSURE AS A COMPLETELY SEPARATE ELEMENT

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- 16) Explain procedure to resident.
- 17) Provide for resident's privacy.
- 18) 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.
- 19) Roll resident's sleeves up about 5 inches above the elbow.
- 20) Apply the cuff around the upper arm just above the elbow.
- 21) Clean earpieces of stethoscope appropriately and places in ears.
- 22) Clean diaphragm of the stethoscope.
- 23) Locate brachial artery by feeling brachial pulse just above the bend of the elbow.
- 24) Place stethoscope over brachial artery.
- 25) Hold stethoscope snugly in place.
- 26) Inflate cuff until Candidate no longer hears the resident's brachial pulse and inflate an additional 30mmHG.
- 27) Slowly release air from cuff to disappearance of pulsations.
- 28) Remove cuff.
- 29) Candidate records blood pressure reading on the previously signed recording form.
- 30) Candidate's recorded systolic and diastolic blood pressure reading are within 4mmHG of the RN Test Observer's recorded blood pressure reading.**
- 31) Utilize the appropriate equipment: correct size cuff, teaching stethoscope, 2 alcohol pads, recording form and pencil/pen.
- 32) Identify that hands should be washed.
- 33) Maintain respectful, courteous interpersonal interactions at all times.
- 34) Leave call light or signal calling device within easy reach of the resident.
- 35) Leave water within easy reach of the resident.

Skill 2 - Transfer from Bed to Wheelchair using a Gait Belt with Vital Signs: Temperature (Oral with/Digital Oral Thermometer), Pulse and Respirations (TPR)

(One of the possible second mandatory multi-element tasks.)

1. Identify that hands should be washed.
2. Explain the procedure to be performed to the resident and obtain a gait belt.
3. Position wheelchair at the foot or head of the bed.
- 4. Lock wheelchair brakes to ensure resident's safety.**
- 5. Lock bed brakes to ensure resident's safety.**
6. Bring resident to a sitting position using proper body mechanics.
7. Assist resident in putting on non-skid slippers.
8. Place gait belt around the resident, below the rib cage and above the waist to stabilize trunk.
9. Tighten gait belt so that fingers of candidate's hand can be slipped between gait belt and resident.
10. Grasp gait belt with both hands to stabilize the resident.
11. Bring resident to a standing position using proper body mechanics.
12. Assist resident to pivot and sit in a controlled manner than ensures safety.
13. Maintain respectful, courteous interpersonal interactions at all times.

PROCEED WITH TPR SKILL AS A COMPLETELY SEPARATE ELEMENT

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14. Explain procedure to resident.
15. Provide for resident's privacy.
16. Identify that hands should be washed.
17. Put on one glove.
18. Correctly place sheath on thermometer.
19. Correctly turn on digital oral thermometer.
20. Gently insert bulb end of thermometer in mouth under tongue.
21. Hold thermometer in place for the appropriate length of time.
22. Remove thermometer.
23. Candidate reads and records the temperature reading on the previously signed recording form.
- 24. Candidate's recorded temperature varies no more than 0.1 degrees from the RN Test Observer's recorded temperature.**
25. Discard sheath appropriately.
26. Dispose of glove in appropriate container.
27. Identify that hands should be washed
28. Locate the radial pulse by placing tips of fingers on the thumb side of the resident's wrist.
29. Count pulse for 60 seconds.
 - a. Tell the RN Test Observer when you begin counting and when you stop counting. RN Test Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the RN Test Observer they have started and stopped counting.
 - b. RN Test Observer counts at the same time using the resident's other side, taking all cues from the candidate.
30. Record pulse on the previously signed recording form.
- 31. Candidate's recorded pulse rate is within 4 beats of the RN Test Observer's recorded rate.**
32. Count respirations for 60 seconds.
 - a. Tell the RN Test Observer when you begin counting and when you stop counting. RN Test Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the RN Test Observer they have started and stopped counting.
 - b. RN Test Observer counts at the same time, taking all cues from the candidate.
33. Record respiratory rate on the previously signed recording form.
- 34. The candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.**
35. Identify that hands should be washed.
36. Maintain respectful, courteous interpersonal interactions at all times.
37. Leave call light or signal calling device within easy reach of the resident.
38. Leave water within easy reach of the resident.

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Skill 3 - Transfer from Wheelchair to Bed using a Gait Belt with Vital Signs: Temperature (Axillary with/Digital Thermometer), Pulse and Respirations (TPR)

(One of the possible second mandatory multi-element tasks.)

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Position wheelchair at foot or head of bed.
- 4. Lock wheelchair brakes to ensure resident's safety.**
- 5. Lock bed brakes to ensure resident's safety.**
6. Place gait belt around the resident, below the rib cage and above their waist, to stabilize trunk.
7. Tighten gait belt so that fingers of Candidate's hand can be comfortably slipped between gait belt and resident.
8. Grasp the gait belt with both hands to stabilize the resident.
9. Bring resident to standing position using proper body mechanics.
10. Assist resident to pivot and sit on bed in a controlled manner that ensures safety.
11. Remove gait belt.
12. Assist resident in removing non-skid slippers.
13. Assist resident to move to center of bed, supporting extremities as necessary.
14. Make sure resident is comfortable and in good body alignment.
15. Maintain respectful, courteous interpersonal interactions at all times.

PROCEED WITH TPR SKILL AS A COMPLETELY SEPARATE ELEMENT

16. Explain procedure to resident.
17. Provide for resident's privacy.
18. Dry inner armpit of resident.
19. Correctly turn on digital thermometer.
20. Place thermometer in the center of the axilla.
21. Hold thermometer in place for the appropriate length of time.
22. Remove thermometer.
24. Candidate reads and records the temperature on the previously signed recording form.
- 25. Candidate's recorded temperature varies no more than 0.1 degrees from the RN Test Observer's recorded temperature.**
26. If sheath is used, discard sheath appropriately.
27. Locate the radial pulse by placing tips of fingers on the thumb side of the resident's wrist.
28. Count pulse for 60 seconds.
 - a. Tell the RN Test Observer when you begin counting and when you stop counting. RN Test Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the RN Test Observer they have started and stopped counting.
 - b. RN Test Observer counts at the same time using the resident's other side, taking all cues from the candidate.
29. Record pulse on the previously signed recording form.
- 30. Candidate's recorded pulse rate is within 4 beats of the RN Test Observer's recorded rate.**

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31. Count respirations for 60 seconds.
 - a. Tell the RN Test Observer when you begin counting and when you stop counting. RN Test Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the RN Test Observer they have started and stopped counting.
 - b. RN Test Observer counts at the same time, taking all cues from the candidate.
32. Record respiratory rate on the previously signed recording form.
- 33. The candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.**
34. Identify that hands should be washed.
35. Maintain respectful, courteous interpersonal interactions at all times.
36. Leave call light or signal calling device within easy reach of the resident.
37. Leave water within easy reach of the resident.

Skill 4 - Ambulation with a Cane

1. Identify that hands should be washed.
2. Explain procedure to resident.
- 3. Lock bed brakes to ensure resident's safety.**
- 4. Lock wheel chair brakes to ensure resident's safety.**
5. Bring resident to sitting position.
6. Assist resident in putting on non-skid slippers.
7. Position cane.
8. Assist resident to stand and stabilize cane.
- 9. Ensure resident has stabilized cane in unaffected hand.**
10. Position self behind and slightly to side of resident.
11. Safely ambulate resident at least 10 steps to wheelchair.
- 12. Assist resident to pivot on unaffected side.**
13. Assist resident to sit using correct body mechanics.
14. Identify that hands should be washed.
15. Maintain respectful, courteous interpersonal interactions at all times.
16. Leave call light or signal calling device within easy reach of the resident.

Skill 5 - Ambulation with a Gait Belt

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Obtain gait belt.
4. Lower bed to lowest position.
- 5. Lock bed brakes to ensure resident's safety.**
- 6. Lock wheelchair brakes to ensure resident's safety.**
7. Bring resident to sitting position.
8. Place gait belt around resident, below the rib cage and above their waist, to stabilize trunk.
9. Tighten gait belt so that fingers of Candidate's hand can be comfortably slipped between gait belt and resident.
10. Assist resident to put on non-skid slippers.
11. Bring resident to standing position, using proper body mechanics.

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12. 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 wheelchair.
13. Assist resident to pivot and sit in a controlled manner that ensures safety.
14. Remove gait belt.
15. Identify that hands should be washed.
16. Maintain respectful, courteous interpersonal interactions at all times.
17. Leave call light or signaling device within easy reach of the resident.

Skill 6 - Ambulation with a Walker

1. Identify that hands should be washed.
2. Explain procedure to resident.
- 3. Lock bed wheels to ensure resident's safety.**
- 4. Lock wheelchair brakes to ensure resident's safety.**
5. Bring resident to sitting position.
6. Assist resident to put on non-skid slippers.
7. Position walker.
8. Assist resident to stand, stabilize walker and ensure resident has stabilized walker.
9. Position self behind and slightly to side of resident.
10. Safely ambulate resident at least 10 steps to wheelchair.
11. Assist resident to pivot and sit, using correct body mechanics.
12. Identify that hands should be washed.
13. Maintain respectful, courteous interpersonal interactions at all times.
14. Leave call light or signaling device within easy reach of the resident.

Skill 7 - Bed Bath – Eyes, Face, Arm, Hand and Underarm

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Raise bed to appropriate working level.
4. Cover resident with a bath blanket.
5. Remove top bed linens. Fanfold to resident's waist.
6. Remove resident's gown without exposing resident.
7. Fill basin with comfortably warm water.
8. Use clean wet washcloth and wipe each eye gently from the inner to the outer using a clean section of the washcloth with each stroke.
9. Wash face WITHOUT SOAP and dry face.
10. Place towel under arm, exposing one arm.
11. Wash arm, hand and underarm using soap and water.
12. Rinse arm, hand and underarm.
13. Dry arm, hand and underarm.
14. Assist resident to put on a clean gown.
15. Properly clean and store all equipment used.
16. Dispose of soiled linen in appropriate container.
17. Lower bed, if it was raised.
18. Identify that hands should be washed.

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19. Maintain respectful, courteous interpersonal interactions at all times.
20. Leave call light or signaling device within easy reach of the resident.
21. Leave water within easy reach of the resident.

Skill 8 - Bedpan and Output

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Provide for resident's privacy.
4. Put on gloves.
5. Position resident on bedpan correctly.
6. Position resident on bedpan using correct body mechanics.
7. Raise head of bed to comfortable level.
8. Leave tissue within reach of the resident.
9. Leave call light within reach of the resident.
10. Step away to a private area of the room.
11. When signaled by the RN Test Observer, the Candidate returns.
12. Gently remove bedpan and hold while the RN Test Observer adds a known quantity of fluid.
13. Measure output.
14. Empty and clean bedpan and graduate.
15. Remove and dispose of gloves.
16. Wash/assist resident to wash and dry hands.
17. Record output on previously signed recording form. (*)
- 18. Candidate's recorded output is within 30 ml's of RN Test Observer's reading.**
19. Lower bed, if it was raised.
20. Identify that hands should be washed.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Leave call light or signaling device within reach of the resident.
23. Leave water within easy reach of the resident.

Skill 9 - Denture Care

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Line sink with a protective lining (towel or washcloth – *NO PAPER TOWELS*) that would help prevent damage to the dentures.
4. Put on gloves and remove dentures from cup.
5. Handle dentures carefully to avoid damage.
6. Apply toothpaste.
7. Thoroughly brush dentures including the inner, outer, and chewing surfaces of upper and/or lower dentures. (Toothettes may be utilized instead of a toothbrush as long as all of the surfaces listed are cleaned.)
8. Rinse dentures using clean cool water.
9. Place dentures in rinsed cup.
10. Add cool clean water to denture cup.
11. Clean equipment and return to storage.
12. Remove protective lining and place in an appropriate container.

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13. Remove gloves and dispose of gloves in an appropriate container.
14. Identify that hands should be washed.
15. Maintain respectful, courteous interpersonal interactions at all times.
16. Leave call light or signaling device within easy reach of the resident.
17. Leave water within easy reach of the resident.

Skill 10 - Dressing Resident

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Provide for resident's privacy.
4. Keep resident covered while removing gown.
5. Remove gown from unaffected side first.
6. Place soiled gown in laundry hamper.
7. When dressing the resident in a shirt or blouse, the Candidate inserts their hand through the sleeve of the shirt or blouse and grasps the hand of the resident, dressing from the affected side first. (*)
8. When dressing the resident in pants, the Candidate assists the resident to raise their buttocks or rocks resident from side to side and draws the pants over the buttocks and up to the resident's waist, always dressing from the affected side first. (*)
9. When putting on the resident's socks, the Candidate draws the socks up the resident's foot until they are smooth.
10. Leave the resident comfortably and properly dressed.
11. Identify that hands should be washed.
12. Maintain respectful, courteous interpersonal interactions at all times.
13. Leave call light or signaling device within easy reach of the resident.
14. Leave water within easy reach of the resident.

Skill 11 - Feeding the Dependent Resident

1. Identify that hands should be washed.
2. Explains procedure to the resident.
3. Look at diet card and indicate that resident has received the correct tray.
- 4. Position the resident in an upright position. At least 45 degrees.**
5. Protect clothing from soiling by using napkin, bib, or towel.
6. Wash and dry resident's hands *before* feeding.
7. Discard soiled linen appropriately.
8. Sit down facing the resident while feeding resident.
9. Describe the foods being offered to the resident.
10. Offer fluid frequently.
11. Offer food in small amounts at a reasonable rate, allowing resident to chew and swallow.
12. Wipe resident's hands and face during meal as needed.
13. Leave resident clean and in a position of comfort.
14. Record intake in percentage of total solid food eaten on previously signed recording form. (*)
15. Record intake of fluid in cc's on previously signed recording form. (*)
- 16. Candidate's consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake consumed.**

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17. **Candidate's recorded total consumed fluid intake is within 60 ml's of the RN Test Observer's recorded fluid intake consumed.**
18. Identify that hands should be washed.
19. Maintain respectful, courteous interpersonal interactions at all times.
20. Leave call light or signaling device within easy reach of the resident.
21. Leave water within easy reach of the resident.

Skill 12 - Fluid Intake

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Candidate observes dinner tray.
4. Use pad, pencil, and/or RN Test Observer provided calculator to arrive at the number of cc's or ml's consumed.
5. Candidate decides on ml's of fluid consumed from each container.
6. Candidate obtains total fluid consumed in ml's.
7. Candidate records total fluid consumed on previously signed recording form. (*)
8. **Candidate's total documented fluid consumed must be within 30ml's of required range.**
9. Leave call light or signaling device within easy reach of the resident.
10. Maintain respectful, courteous interpersonal interactions at all times.
11. Identify that hands should be washed.

Skill 13 - Hair Care

1. Identifies that hands should be washed.
2. Explains procedure to the resident.
3. Asks resident how they would like their hair combed/brushed.
4. Combs/brushes hair gently and completely.
5. Leaves hair neatly brushed/combed/styled.
6. Identifies that hands should be washed.
7. Maintains respectful, courteous interpersonal interactions at all times.
8. Leaves call light or signal calling device within easy reach of the resident.
9. Leaves water within easy reach of the resident.

Skill 14 - Making an Occupied Bed

1. Identify that hands should be washed.
2. Gather linen.
3. Transport linen correctly.
4. Place clean linen over back of chair.
5. Explain procedure to the resident.
6. Provide for resident's privacy.
7. **Raise side rail opposite working side of bed.**
8. Raise bed to working height.
9. Resident is to remain covered at all times.
10. Assist resident to roll onto side toward raised side rail. Side rail remains up on side opposite candidate.

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11. Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
12. Place clean bottom sheet along the center of the bed and roll or fan fold linen against resident's back and unfold remaining half.
13. Secure two fitted corners.
- 14. Raise second side rail.**
15. Assist the resident to roll over the bottom linen, preventing trauma and avoiding pain to resident.
16. Remove soiled linen without shaking.
17. Avoid placing dirty linen on the over bed table, chair, or floor.
18. Avoid touching linen to uniform.
19. Dispose of soiled linen in laundry hamper.
20. Pull through and smooth out the clean bottom linen.
21. Secure the other two fitted corners.
22. Place clean top linen and blanket or bed spread over covered resident.
23. Remove used linen keeping resident unexposed at all times.
24. Tuck in top linen and blanket or bedspread at the foot of bed.
25. Make mitered corners at the foot of the bed.
26. Apply clean pillow case, with zippers and/or tags to inside.
27. Gently lift resident's head while replacing the pillow.
28. Lower bed, if it was raised.
29. Return side rails to original position. (*)
30. Identify that hands should be washed.
31. Maintain respectful, courteous interpersonal interactions at all times.
32. Leave call light or signaling device within easy reach of the resident.
33. Leave water within easy reach of the resident.

Skill 15 - Making an Unoccupied Bed

1. Identify that hands should be washed.
2. Gather linen.
3. Transport linen correctly.
4. Place clean linen over back of chair.
5. Elevate bed to appropriate working height.
6. Remove soiled linen from bed without contaminating uniform.
7. Place removed linen in laundry hamper.
- 8. Do not put clean or dirty linen on the overbed table or 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 the bed.
13. Make mitered corners at the foot of the bed.
14. Apply clean pillowcase with zippers and/or tags to inside of pillowcase.
15. Leave bed completely and neatly made.
16. Return bed to lowest position, if it was raised.
17. Identify that hands should be washed.

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Skill 16 - Mouth Care: Brushing Teeth

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Provide for resident's privacy.
4. Drape the chest with towel to prevent soiling.
5. Put on gloves.
6. Apply toothpaste to toothbrush.
7. **Brush resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth. Toothettes may be utilized instead of the toothbrush as long as all of the surfaces listed above are cleaned.**
8. Clean tongue.
9. Assist resident in rinsing mouth.
10. Wipe resident's mouth.
11. Remove soiled linen.
12. Place soiled linen in laundry hamper.
13. Empty emesis basin.
14. Clean emesis basin.
15. Rinse toothbrush.
16. Return emesis basin and toothbrush to storage.
17. Dispose of gloves properly.
18. Leave resident in position of comfort.
19. Identify that hands should be washed.
20. Maintain respectful, courteous interpersonal interactions at all times.
21. Leave call light or signaling device within easy reach of the resident.
22. Leave water within easy reach of the resident.

Skill 17 - Mouth Care of a Comatose Resident

1. Identify that hands should be washed.
2. Explain procedure to comatose resident.
3. Provide for resident's privacy.
4. **Position resident upright, as appropriate to avoid choking or aspiration –OR– position resident on side with head turned well to one side, to avoid choking or aspiration.**
5. Drape chest/bed as needed to protect from soiling.
6. Put on gloves.
7. Use swab and/or toothbrush and cleaning solution.
8. Gently *and* thoroughly clean the inner, outer, and chewing surfaces of ALL upper and lower teeth.
9. Gently *and* thoroughly clean the gums and tongue.
10. Clean, dry face.
11. Return resident to position of comfort and safety.
12. Clean and replace equipment.
13. Discard disposable items in waste can.
14. Discard towel and washcloth in linen hamper.

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15. Remove gloves and dispose properly.
16. Identify that hands should be washed.
17. Maintain respectful, courteous interpersonal interactions at all times.

Skill 18 - Nail Care

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Immerse nails in comfortably warm soapy water and soak for at least five (5) minutes.
 - a. The five minutes may be verbalized by the candidate and acknowledged by the RN Test Observer.
4. Gently clean under nails with the orange stick.
5. Dry hand thoroughly, being careful to dry between fingers.
6. Gently push cuticle back with the washcloth.
7. File each fingernail.
8. Clean equipment.
9. Return equipment to storage.
10. Discard soiled linen in linen hamper.
11. Identify that hands should be washed.
12. Maintain respectful, courteous interpersonal interactions at all times.
13. Leave call light or signaling device within easy reach of the resident.

Skill 19 - Perineal Care for a Female

1. Identify that hands should be washed.
2. Explain procedure to the resident. (manikin)
3. Raise the bed to proper working height.
4. Fill basin with comfortably warm water.
5. Raise side rail opposite working side of bed. (*)
6. Turn resident toward raised side rail or raise hips and place waterproof pad under buttocks.
7. Put on gloves.
8. Expose perineum only.
9. Separate labia.
10. Use water and soapy washcloth.
11. Clean one side of labia from top to bottom. (*)
12. Use a clean portion of a washcloth with each stroke.
13. Rinse the area.
14. Dry the area.
15. In like manner, clean other side of labia from top to bottom using a clean portion of a washcloth with each stroke. (*)
16. Cover the exposed area with the bath blanket.
17. Assist resident to turn onto side away from the candidate.
18. With a clean washcloth, clean the rectal area.
19. Use water, washcloth and soap.
20. Clean area from vagina to rectal area with single strokes. (*)
21. Rinse area.
22. Dry area.

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23. Position resident (manikin) on their back.
24. Turn resident toward raised side rail or raise hips and remove waterproof pad from under buttocks.
25. Dispose of soiled linen in linen hamper.
26. Clean equipment.
27. Replace equipment.
28. Dispose of gloves in appropriate container.
29. Lower bed, if it was raised.
30. Lower side rail. (*)
31. Identify that hands should be washed.
32. Maintain respectful, courteous interpersonal interactions at all times.
33. Leave call light or signaling device within easy reach of the manikin/resident.
34. Leave water within easy reach of the manikin/resident.

Skill 20 - Position Resident in Bed on Side

1. Identify that hands should be washed.
2. Explain procedure to resident and how the resident may help.
3. Position bed flat.
4. Raise bed to appropriate working height.
- 5. Ensure that the resident's face never becomes obstructed by the pillow.**
- 6. Raise side rail opposite working side of the bed.**
7. From the working side—move upper body toward self.
8. Move hips toward self.
9. Move legs toward self.
10. Assist/turn resident on to their side.
11. Check to be sure resident is not lying on their downside arm.
12. Maintain correct body alignment.
13. Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences under head, under upside arm, behind back and between knees. (*)
14. Lower bed, if it was raised.
15. Lower side rail. (*)
16. Identify that hands should be washed.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Leave call light or signaling device within easy reach of the resident.
19. Leave water within easy reach of the resident.

Skill 21 - Range of Motion Hip and Knee

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Provide for resident's privacy.
4. Position resident supine and in good body alignment.
5. Correctly support joints at all times by placing one hand under the knee and the other hand under the heel.
6. Move the entire leg away from the body. (abduction)

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7. Move the entire leg back toward the body. (adduction)
8. Complete abduction and adduction of the hip three times.
9. Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's heel.
10. Bend the resident's knee and hip toward the resident's trunk (flexion of hip and knee at the same time).
11. Straighten the knee and hip (extension of knee and hip at the same time).
12. Complete flexion and extension of knee and hip three times.
- 13. Ask if causing any discomfort or pain sometime during the ROM procedure.**
14. Do not force any joint beyond the point of free movement.
15. Leave resident in a comfortable position.
16. Identify that hands should be washed.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Leave call light or signaling device within easy reach of the resident.
19. Leave water within easy reach of the resident.

Skill 22 - Range of Motion One Shoulder

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Position resident on their back in good body alignment.
4. Correctly support the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.
5. Raise resident's arm up and over the resident's head. (flexion)
6. Bring the resident's arm back down to the resident's side. (extension)
7. Complete full range of motion for shoulder through flexion and extension three times.
8. Continue to correctly support the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.
9. Move the resident's entire arm out away from the body. (abduction)
10. Return the resident's arm to the side of the resident's body. (adduction)
11. Complete full range of motion for shoulder through abduction and adduction three times.
- 12. Ask if causing any discomfort or pain sometime during the ROM procedure.**
13. Do not force any joint beyond the point of free movement.
14. Leave resident in a comfortable position.
15. Identify that hands should be washed.
16. Maintain respectful, courteous interpersonal interactions at all times.
17. Leave call light or signaling device within easy reach of the resident.
18. Leave water within easy reach of the resident.

Skill 23 - Weighing an Ambulatory Resident

1. Identify that hands should be washed.
2. Explain procedure to the resident.
- 3. Check balance of scale before weighing resident and balance or zero as necessary.**
 - a. A digital scale is not allowed. Scale must be analog or balance scale.
- 4. Lock wheelchair brakes to ensure resident's safety.**
5. Assist resident to stand and walk them to the scale.

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6. Assist resident to step on scale.
 7. Check that resident is balanced and centered on scale with arms at side and not holding on to anything that would alter reading of the weight.
 8. Appropriately adjust weights until scale is in balance or read analog scale.
 9. Safely return resident to wheelchair and assists to sitting position.
 10. Record weight on previously signed recording form. (*)
 11. **Candidate's recorded weight varies no more than 2 lb. from RN Test Observer's reading.**
 12. Maintain respectful, courteous interpersonal interactions at all times.
 13. Leaves call light or signaling device within easy reach of the resident.
 14. Leaves water within easy reach of the resident.
-

Knowledge Test Vocabulary List

abdominal thrust
abduction
abduction pillow
abductor wedge
abnormal vital signs
absorption
abuse
accidents
activities
acute
adaptive devices
addiction
adduction
ADL
admitting client
advance directives
affected side
aging
aging process
agitation
AIDS
Alzheimer's
ambulation
anger

anorexia
anterior
antibacterial
antibiotics
antiembolic
anxiety
aphasia
apical
appropriate response
arteries
arthritis
aseptic
aspiration
assault
assistive device
atrophy
attitudes
autism
axillary temperature
back strain
bacteria
bargaining
basic needs

bath water temperature
bathing
bed height
bed making
bed position
bedrest
behavioral care plan
BID
biohazard
bipolar disorder
bladder training
bleeding
blindness
blood pressure
body alignment
body language
body mechanics
body systems
body temperature
bowel program
breathing
burnout
cancer

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cardiac arrest
cardiopulmonary resuscitation
cardiovascular system
care impaired
care plan
care planning
cast
cataracts
catheter
catheter care
cc's in an ounce
central nervous system
cerebral vascular accident
chemotherapy
chest pain
CHF
choking
chronic
circulation
clarification
clear liquid diet
client abuse
client identification
client independence
client pain
client rights
client treatment
client trust
client's chart
client's environment

client's families
cognitively impaired
cold application
colostomy
combative client
comfort care
communicable
communication
compensation
competency evaluation program
confidentiality
confused client
congestive heart failure
constipation
constrict
contracture
converting measures
COPD
cueing
cultural
CVA
cyanosis
cyanotic
death and dying
decubitus ulcer
deeper tissue
defense mechanism
dehydration
delegation
delusions
dementia

denial
denture care
dentures
depression
diabetes
dialysis
diarrhea
diastolic
diet
digestion
dirty linen
disease
disinfection
disoriented
disposing of contaminated materials
disrespectful treatment
dizziness
DNR
documentation
dressing
drug tolerance
dying
dysphagia
dyspnea
dysuria
edema
elastic stockings
elderly
elevate head
elimination

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emesis basin
emotional lability
emotional needs
emotional stress
emotional support
empathy
emphysema
endocrine system
enteral nutrition
ethics
exercise
extension
extremity
eye glasses
falls
false imprisonment
fecal impaction
feces
feeding
financial abuse
fire
flatus
flexed
flexion
Foley catheter
foot board
foot care
Fowler's position
fractures
fraud
frequent urination
gait belt

gastric feedings
gastrostomy tube
gerontology
glass thermometer
gloves
grand mal seizure
grieving process
guardian
hair care
hallucination
hand tremors
hand washing
health-care team
hearing aid
hearing impaired
hearing loss
heart attack
heart muscle
heat application
Heimlich maneuver
hereditary
hip prosthesis
HIPAA
HIV
holistic care
home health aide's role
hormones
hospice
hospice care
Huntington's
hyperglycemia
hypertension

hyperventilation
hypoglycemia
I&O
ice bag
immobility
immune
impaired
impairment
incident report
incontinence
indwelling catheter
infection
infection control
initial observations
input and output
in-service programs
insomnia
insulin
intake
intake and output
integumentary system
interpersonal skills
isolation
IV care
jaundice
job application
job description
lift/draw sheet
linen
liquid diet
liquid food
listening

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living will
log roll
low sodium diet
macular degeneration
making occupied bed
male perineal care
manipulative behavior
mask
Maslow
masturbation
mechanical lift
mechanical soft diet
medications
memory loss
mental health
mentally impaired
metastasis
microorganisms
military time
minerals
misappropriation of property
mistreatment
mouth care
moving
mucous membrane
multiple sclerosis
muscle spasms
musculoskeletal
myocardial infarction
nail care

nasal cannula
nausea
needles
neglect
nonverbal communication
nosocomial
NPO
nurse
nutrition
objective
objective data
OBRA
observation
obsessive compulsive
occupied bed
ombudsman
open-ended questions
oral care
oral hygiene
oral temperature
orientation
oriented
osteoarthritis
osteoporosis
overbed table
oxygen
oxygen use
pain
palliative care
paralysis
paranoia

paraphrasing
Parkinson's
partial assistance
partial bath
passive
patience
perineal care
peripheral vascular disease
peristalsis
personal care
personal items
personal stress
petit mal seizure
phantom pain
physical needs
physician's authority
plaque
plate rim
pleura
positioning
post-surgical care
postural hypotension
PPE
pressure ulcers
preventing falls
prioritizing
privacy
PRN
progressive
projection
prone
prosthesis

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protective equipment
 psychological needs
 psychosis
 PTSD
 pulmonary disease
 pulse
 quadriplegia
 RACE (acronym)
 radial
 ramps
 range of motion
 rationalization
 reality orientation
 rectal
 rehabilitation
 reminiscing
 reporting
 reporting abuse
 reposition
 respectful treatment
 respirations
 respiratory symptoms
 responding to client behavior
 responsibilities
 restorative care
 restraint
 restraints
 resuscitation
 rights
 rigor mortis
 risk factor
 safety

secretions
 seizure
 self-esteem
 semi-prone position
 sensory system
 sexual abuse
 sexual needs
 sexuality
 shampoo tray
 sharps container
 shaving
 shearing of skin
 shock
 simple fracture
 skin integrity
 slander
 sleep
 smoking
 social needs
 social worker
 soiled linen
 spiritual needs
 sputum
 standard precautions
 stethoscope
 stress
 stroke
 strong side
 subjective
 subjective data
 sundowning
 supine

supplemental feedings
 swelling
 systolic
 tachycardia
 TED hose
 telephone etiquette
 tendons
 terminal illness
 thick fluids
 thickened liquids
 TIA
 tips
 trachea
 tracheostomy
 transfer belt
 transfers
 treating clients with respect
 tub bath
 tube feeding
 tuberculosis
 twice daily
 tympanic
 unaffected
 unconscious
 unsteady
 urethral
 urinary catheter bag
 urinary problems
 urinary system
 urination
 urine

