

# Skills Demonstration Checklist (CNA/CMT)

NAME \_\_\_\_\_

TITLE \_\_\_\_\_ NEIGHBORHOOD \_\_\_\_\_

To be completed by mentor. Please submit completed forms to Nursing Supervisor.

CLINICAL SKILLS		MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Hand-washing		<input type="checkbox"/>	<input type="checkbox"/>	
Infection control		<input type="checkbox"/>	<input type="checkbox"/>	
Personal protective equipment:	Donning	<input type="checkbox"/>	<input type="checkbox"/>	
	Removing	<input type="checkbox"/>	<input type="checkbox"/>	
Pericare female		<input type="checkbox"/>	<input type="checkbox"/>	
Pericare male		<input type="checkbox"/>	<input type="checkbox"/>	
Catheter care:	Foley bag	<input type="checkbox"/>	<input type="checkbox"/>	
	Leg bag	<input type="checkbox"/>	<input type="checkbox"/>	
Correct use of diet cards		<input type="checkbox"/>	<input type="checkbox"/>	
Follows fall protocol and procedure		<input type="checkbox"/>	<input type="checkbox"/>	
Obtains and documents vital signs properly		<input type="checkbox"/>	<input type="checkbox"/>	
Obtains and documents weights properly		<input type="checkbox"/>	<input type="checkbox"/>	
Obtains and documents heights properly		<input type="checkbox"/>	<input type="checkbox"/>	
Ostomy care		<input type="checkbox"/>	<input type="checkbox"/>	
Baths, showers, whirlpool		<input type="checkbox"/>	<input type="checkbox"/>	
Skin care		<input type="checkbox"/>	<input type="checkbox"/>	
Resident transfers		<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of gait belt		<input type="checkbox"/>	<input type="checkbox"/>	
Lifts:	Stander	<input type="checkbox"/>	<input type="checkbox"/>	
	Full mechanical	<input type="checkbox"/>	<input type="checkbox"/>	

INSULIN ADMINISTRATION (CMT ONLY)		MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Blood glucose monitoring		<input type="checkbox"/>	<input type="checkbox"/>	
Glucometer quality control procedures		<input type="checkbox"/>	<input type="checkbox"/>	
Medication preparation		<input type="checkbox"/>	<input type="checkbox"/>	
Medication administration		<input type="checkbox"/>	<input type="checkbox"/>	
Medication documentation		<input type="checkbox"/>	<input type="checkbox"/>	
Correct identification of resident		<input type="checkbox"/>	<input type="checkbox"/>	
Medication destruction		<input type="checkbox"/>	<input type="checkbox"/>	
Medication order/refill		<input type="checkbox"/>	<input type="checkbox"/>	

*continued*

# Skills Demonstration Checklist (CNA/CMT) *cont.*

---

COMMUNICATION/DOCUMENTATION SKILLS	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Communicates important information to nurse and/or supervisors	<input type="checkbox"/>	<input type="checkbox"/>	
Addresses residents appropriately	<input type="checkbox"/>	<input type="checkbox"/>	
Shows respect for residents and honors their dignity	<input type="checkbox"/>	<input type="checkbox"/>	
Documents resident data accurately	<input type="checkbox"/>	<input type="checkbox"/>	
Performs walking rounds at the start and end of each shift	<input type="checkbox"/>	<input type="checkbox"/>	
Manages time efficiently to complete all duties and documentation in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks assistance when needed to perform skills efficiently and correctly	<input type="checkbox"/>	<input type="checkbox"/>	
Proficient with EMR documentation	<input type="checkbox"/>	<input type="checkbox"/>	

NEIGHBORHOOD ORIENTATION	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	DATE
Understands emergency codes	<input type="checkbox"/>	<input type="checkbox"/>	
Fire safety (equipment location and use)	<input type="checkbox"/>	<input type="checkbox"/>	
Utility rooms (clean and dirty)	<input type="checkbox"/>	<input type="checkbox"/>	
Biohazard trash/room	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen supply room	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency procedures/ambu-bag location	<input type="checkbox"/>	<input type="checkbox"/>	
Call light system	<input type="checkbox"/>	<input type="checkbox"/>	
Nourishment area/kitchen	<input type="checkbox"/>	<input type="checkbox"/>	
Uses proper telephone etiquette	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry room	<input type="checkbox"/>	<input type="checkbox"/>	
Resident charges	<input type="checkbox"/>	<input type="checkbox"/>	
Time clocks	<input type="checkbox"/>	<input type="checkbox"/>	
Lunch room	<input type="checkbox"/>	<input type="checkbox"/>	
Neighborhood staff schedule	<input type="checkbox"/>	<input type="checkbox"/>	

\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Orientee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date