INITIAL ON-SITE COMPETENCY CHECKLIST

HHA / CNA

NAME: _____ TITLE: _____

SKILLS	COMPETENT YES	COMPETENT NO	COMMENTS	DATE & INITIAL
T, P, R, BP: reading and recording				
Bed Bath				
Sponge, tub and Shower bath				
Shampoo; sink, tub and bed				
Oral hygiene				
Toileting and elimination				
Normal range of motion and positioning				
Safe transfer techniques and ambulation				
Communication skills: ability to read, write and verbally report clinical info to pts, representatives, caregivers and staff				
Fluid intake and adequate nutrition				
Reporting change in patient condition				
Recognizing and reporting changes in skin conditions				
Maintaining open communication process with patient/caregiver				
Complying with infection prevention and control policies and procedure				
Following patient's plan of care for completion of assigned tasks				
Documenting patient status and care furnished				
Maintenance of clean, safe and healthy environment				
Elements of body function and changes to report to supervisor				
Recognition of emergencies and knowledge of Emergency procedures				
Physical, emotional and developmental needs and Ways to work with patients				
Honoring patient rights				
Respect for patient privacy and property				
Nail and skin care				

DATE OF COMPLETION: _____ Observed in home with patient: ☐ YES ☐ NO

Home Health Aide Demonstrated Competency to Provide Care: ☐ YES ☐ NO

_____ _____

Employee Signature/Title *Observer signature/Title*