

D&S Diversified Technologies LLP

Headmaster LLP

Tennessee Nurse Aide Candidate Handbook

Updated: October 22, 2024

Version 24

EFFECTIVE FOR TESTING NOVEMBER 1ST, 2024

THE IDENTIFICATION AND TESTING ATTIRE SECTIONS HAVE BEEN UPDATED (PAGES 14 AND 15).

THE SKILL SCENARIOS HAVE BEEN UPDATED (PAGES 35-49).

Effective October 21st, 2024:

The Knowledge Exam is going from 75 questions to **100 questions** effective for testing October 21st, 2024.

The Vocabulary Words have been updated.

Contact Information

Questions regarding: testing process • test scheduling • eligibility to test: (877) 201-0758					
Questions regarding: training program info	(615) 837-5229				
Questions regarding: the Abuse Registry:	(615) 741-7582				
Main switchboard • Renewals • Challenges • Demographic changes • Out of State Reciprocity: (615) 532-5171					
D&S Diversified Technologies, LLP – Headmaster, LLP PO Box 418 Findlay, OH 45839 Email: tennessee@hdmaster.com Web Site: www.hdmaster.com TMU©: tn.tmutest.com	Monday through Friday 8:00AM – 8:00PM (ET) 7:00AM – 7:00PM (CT)	Phone #: (877) 201-0758 Fax #: (406) 442-3357			
Tennessee Nurse Aide Registry 665 Mainstream Drive – 2 nd Floor Nashville, TN 37243 Tennessee Health Facilities Commission Website: https://www.tn.gov/hsda/health-care-facilities/hcf-main.html Training Programs: https://www.tn.gov/hsda/health-care-facilities/hcf-main/nai#programs Abuse Registry: https://apps.health.tn.gov/AbuseRegistry	Monday through Friday 8:00AM – 4:30PM (CT)	Phone #: (615) 532-5171 Fax #: (615) 248-3601 Renew Online at: https://lars.tn.gov Verification of Licensure: https://apps.health.tn.gov/licensure			

Table of Contents

INTRODUCTION	1
AMERICANS WITH DISABILITIES ACT (ADA)	1
ADA COMPLIANCE	
THE REGISTRY	
CNA RENEWALS	
THE TENNESSEE NURSE AIDE COMPETENCY EXAM	
PAYMENT INFORMATION	
COMPLETE YOUR ACCOUNT IN TMU©	2
Nursing Assistant Training Program Candidates	2
Forgot your Password and Recover your Account	5

Schedule a Tennessee Nurse Aide Exam	
Self-Pay of Testing Fees in TMU©	
Schedule/Reschedule a Test Event	10
Test Confirmation Letter	
CHECK/VIEW YOUR NOTIFICATIONS IN TMU©	13
TIME FRAME FOR TESTING FROM TRAINING PROGRAM COMPLETION	14
Exam Check-In	14
Testing Attire	14
IDENTIFICATION	15
INSTRUCTIONS FOR THE KNOWLEDGE EXAM, REMOTELY PROCTORED KNOWLEDGE EXAM, AND SKILL TESTS	16
Testing Policies	16
Access the Candidate Handbook and Testing Instructions	
Security	
RESCHEDULE A TEST EVENT	
REFUND OF TESTING FEES PAID	19
Scheduled in a Test Event	
Not Scheduled in a Test Event	
Unforeseen Circumstances Policy	
No-Show Status	
No-Show Exceptions	
CANDIDATE FEEDBACK — EXIT SURVEY	
Test Results	
Access your test results in your TMU© account:	
TEST ATTEMPTS	
Tennessee Nurse Aide Registry Certification	
RETAKING THE NURSE AIDE EXAM	
Test Review Request	
THE KNOWLEDGE/AUDIO EXAM	25
SELECT AN AUDIO VERSION OF THE KNOWLEDGE EXAM	
Knowledge Exam Spanish Version	27
Knowledge Exam Content	
Knowledge Exam Subject Areas:	
REMOTELY PROCTORED KNOWLEDGE EXAM OPTION	
Remotely Proctored Knowledge Exam Candidate Requirements	
Schedule a Remotely Proctored Knowledge Exam	
Schedule a Remotely Proctored Knowledge ExamRemotely Proctored Knowledge Exam Check-In	30
Schedule a Remotely Proctored Knowledge Exam	30
Schedule a Remotely Proctored Knowledge ExamRemotely Proctored Knowledge Exam Check-In	30 31
Schedule a Remotely Proctored Knowledge Exam	30 31
Schedule a Remotely Proctored Knowledge Exam Remotely Proctored Knowledge Exam Check-In Remotely Knowledge Exam Policies. KNOWLEDGE PRACTICE TEST. THE MANUAL SKILL TEST	
Schedule a Remotely Proctored Knowledge Exam. Remotely Proctored Knowledge Exam Check-In. Remotely Knowledge Exam Policies. KNOWLEDGE PRACTICE TEST. THE MANUAL SKILL TEST. SKILL TEST RECORDING FORM.	30 31 31 32
Schedule a Remotely Proctored Knowledge Exam. Remotely Proctored Knowledge Exam Check-In Remotely Knowledge Exam Policies KNOWLEDGE PRACTICE TEST THE MANUAL SKILL TEST SKILL TEST RECORDING FORM SKILL TEST SCENARIOS	
Schedule a Remotely Proctored Knowledge Exam. Remotely Proctored Knowledge Exam Check-In Remotely Knowledge Exam Policies KNOWLEDGE PRACTICE TEST THE MANUAL SKILL TEST SKILL TEST RECORDING FORM SKILL TEST SCENARIOS SKILL TASKS LISTING	
Schedule a Remotely Proctored Knowledge Exam Remotely Proctored Knowledge Exam Check-In Remotely Knowledge Exam Policies. KNOWLEDGE PRACTICE TEST. THE MANUAL SKILL TEST SKILL TEST RECORDING FORM SKILL TEST SCENARIOS. SKILL TASKS LISTING. Ambulate a Resident with a Gait Belt.	
Schedule a Remotely Proctored Knowledge Exam Remotely Proctored Knowledge Exam Check-In Remotely Knowledge Exam Policies. KNOWLEDGE PRACTICE TEST. THE MANUAL SKILL TEST SKILL TEST RECORDING FORM. SKILL TEST SCENARIOS. SKILL TASKS LISTING. Ambulate a Resident with a Gait Belt. Ambulate a Resident with a Walker.	
Schedule a Remotely Proctored Knowledge Exam. Remotely Proctored Knowledge Exam Check-In Remotely Knowledge Exam Policies KNOWLEDGE PRACTICE TEST THE MANUAL SKILL TEST SKILL TEST RECORDING FORM SKILL TEST SCENARIOS SKILL TASKS LISTING Ambulate a Resident with a Gait Belt Ambulate a Resident with a Walker Assist a Resident with a Bedpan, Measure and Record Output with Hand Washing	
Schedule a Remotely Proctored Knowledge Exam Remotely Proctored Knowledge Exam Check-In Remotely Knowledge Exam Policies. KNOWLEDGE PRACTICE TEST. THE MANUAL SKILL TEST SKILL TEST RECORDING FORM. SKILL TEST SCENARIOS. SKILL TASKS LISTING. Ambulate a Resident with a Gait Belt. Ambulate a Resident with a Walker.	30 31 31 32 33 34 34 35 35 36
Schedule a Remotely Proctored Knowledge Exam. Remotely Proctored Knowledge Exam Check-In Remotely Knowledge Exam Policies. KNOWLEDGE PRACTICE TEST. THE MANUAL SKILL TEST. SKILL TEST RECORDING FORM SKILL TEST SCENARIOS SKILL TASKS LISTING Ambulate a Resident with a Gait Belt Ambulate a Resident with a Walker Assist a Resident with a Bedpan, Measure and Record Output with Hand Washing. Bed Bath (PARTIAL) for a Resident- Whole Face and One Arm, Hand and Underarm Catheter Care for a Male Resident with Hand Washing Denture Care (Clean an Upper or Lower Denture)	32 32 33 34 34 35 35 36 37 38
Schedule a Remotely Proctored Knowledge Exam. Remotely Proctored Knowledge Exam Check-In	36 36 36 36 36 36 36 36 36 36 36 36 36 3
Schedule a Remotely Proctored Knowledge Exam. Remotely Proctored Knowledge Exam Check-In Remotely Knowledge Exam Policies. KNOWLEDGE PRACTICE TEST. THE MANUAL SKILL TEST SKILL TEST RECORDING FORM. SKILL TEST SCENARIOS. SKILL TASKS LISTING. Ambulate a Resident with a Gait Belt. Ambulate a Resident with a Walker. Assist a Resident with a Bedpan, Measure and Record Output with Hand Washing. Bed Bath (PARTIAL) for a Resident- Whole Face and One Arm, Hand and Underarm. Catheter Care for a Male Resident with Hand Washing. Denture Care (Clean an Upper or Lower Denture). Dress a Dependent Resident in their Bed. Feed a Dependent Resident in Bed.	36 36 36 36 36 36 36 36 36 36 36 36 36 3
Schedule a Remotely Proctored Knowledge Exam Check-In Remotely Knowledge Exam Policies. KNOWLEDGE PRACTICE TEST. THE MANUAL SKILL TEST SKILL TEST RECORDING FORM. SKILL TEST SCENARIOS. SKILL TASKS LISTING. Ambulate a Resident with a Gait Belt. Ambulate a Resident with a Walker. Assist a Resident with a Bedpan, Measure and Record Output with Hand Washing. Bed Bath (PARTIAL) for a Resident- Whole Face and One Arm, Hand and Underarm. Catheter Care for a Male Resident with Hand Washing. Denture Care (Clean an Upper or Lower Denture). Dress a Dependent Resident in their Bed. Feed a Dependent Resident in Bed. Make an Occupied Bed.	36 37 38 39 39 40 41
Schedule a Remotely Proctored Knowledge Exam. Remotely Proctored Knowledge Exam Check-In Remotely Knowledge Exam Policies. KNOWLEDGE PRACTICE TEST. THE MANUAL SKILL TEST SKILL TEST RECORDING FORM. SKILL TEST SCENARIOS. SKILL TASKS LISTING. Ambulate a Resident with a Gait Belt. Ambulate a Resident with a Walker. Assist a Resident with a Bedpan, Measure and Record Output with Hand Washing. Bed Bath (PARTIAL) for a Resident- Whole Face and One Arm, Hand and Underarm. Catheter Care for a Male Resident with Hand Washing. Denture Care (Clean an Upper or Lower Denture). Dress a Dependent Resident in their Bed. Feed a Dependent Resident in Bed.	36 37 38 39 39 40 41

	Nail Care for a Resident's Hand	43
	Perineal Care for a Female Resident with Hand Washing	
	Pivot Transfer a Weight-Bearing, Non-Ambulatory Resident from their Bed to a Wheelchair using a Gait Belt	
	Position a Resident on their Side in Bed	45
	Put on an Isolation Gown and Gloves, Empty a Urinary Drainage Bag, Measure and Record the Output, Remove the Gown a	and Gloves with
	Hand Washing	46
	Range of Motion for a Resident's Hip and Knee	4
	Range of Motion for a Resident's Shoulder	48
	Vital Signs: Count and Record a Resident's Pulse and Respirations	48
	Vital Signs: Take and Record a Resident's Blood Pressure	49
KNC	OWLEDGE EXAM VOCABULARY LIST	50

Introduction

Congress adopted the Nursing Home Reform Act in 1987 as part of the Omnibus Budget Reconciliation Act (OBRA '87). This federal law was designed to improve the quality of care in long-term healthcare facilities and define training and evaluation standards for nursing 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. A nurse aide competency evaluation program aims to ensure that candidates 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 nurse aide competency examination process and is designed to help prepare candidates for testing. There are two parts to the nurse aide competency examination—a multiple-choice, knowledge/audio 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 Health Facilities Commission (HFC) to be identified as a state-tested nurse aide and listed on the Tennessee Nurse Aide Registry.

The Tennessee Health Facilities Commission has approved D&S Diversified Technologies-Headmaster LLP to provide tests and scoring services for Tennessee nurse aide testing. For questions 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 can be found on the HFC website at: https://www.tn.gov/hsda.html.

Americans with Disabilities Act (ADA)

ADA Compliance

The Tennessee Health Facility Commission 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. D&SDT-HEADMASTER must approve accommodations in advance of the examination. The request for accommodations can be found on the D&SDT-HEADMASTER webpage and by clicking on the PDF Fillable ADA Accommodation Form 1404. Fill out the ADA Request and attach the required documentation found on the second page of the request form to an email to tennessee@hdmaster.com to be reviewed for 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 questions regarding the ADA review process or specific required documentation, please call D&SDT-HEADMASTER at (877)201-0758.

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.

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 Exam or Retake (English or Spanish)	\$40
Audio Version of the Knowledge Exam or Retake (English or Spanish)	\$40
Skill Exam or Retake	\$90

Complete your Account in TMU©

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 Tennessee TestMaster Universe (TMU©) software. You should receive a verification form during your training to sign after you review the data entered.

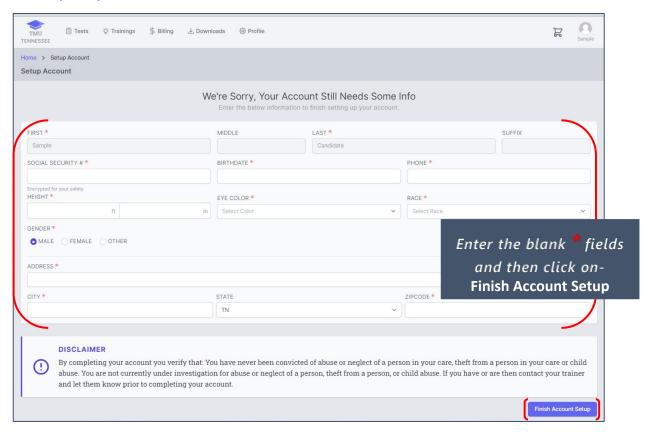
- → Make sure your LEGAL FIRST AND LAST NAMES <u>exactly</u> <u>match</u> the FIRST and LAST names on your government-issued ID and social security card.
- → Verify your phone number and email are correct.

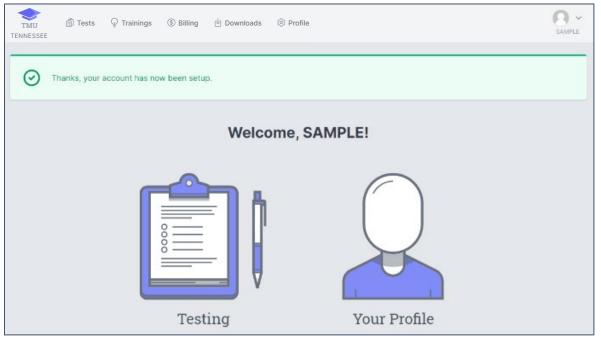
IMPORTANT: Before you can test, you must sign in to TMU© (tn.tmutest.com) using your secure Email or Username and Password and verify that your demographic information is correct.

- It is highly recommended that when you receive your confirmation email from TMU© (check your junk/spam mail) that your account has been created, you sign in to your account, update your password, and verify your demographic information, including making sure your LEGAL FIRST AND LAST NAMES <u>exactly</u> <u>match</u> the FIRST and LAST names on your government-issued ID and social security card.
- By completing your account, you verify that you have never been convicted of abuse or neglect of a person in your care, theft from a person in your care, or child abuse. You are not currently under investigation for abuse or neglect of a person, theft from a person, or child abuse. If you have or are, then you need to contact your trainer and let them know before completing your account.

If you do not know your Email or Username and Password, enter your email address and click "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 cannot sign in for any reason, contact D&SDT-Headmaster at (877)201-0758.

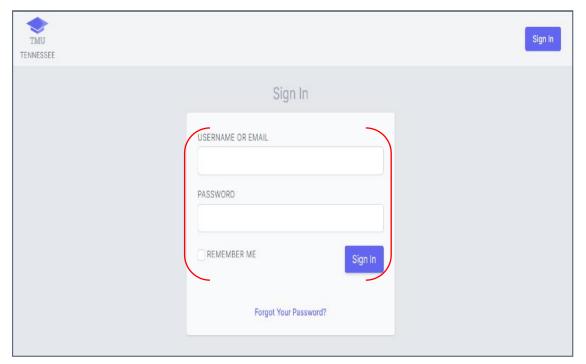
Screen you will see the first time you sign in to your TMU© account with the demographic information you need to enter to complete your account:





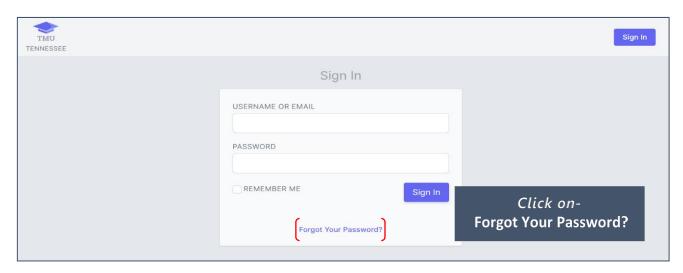
This is the Tennessee CNA TMU© main page <u>tn.tmutest.com</u>:

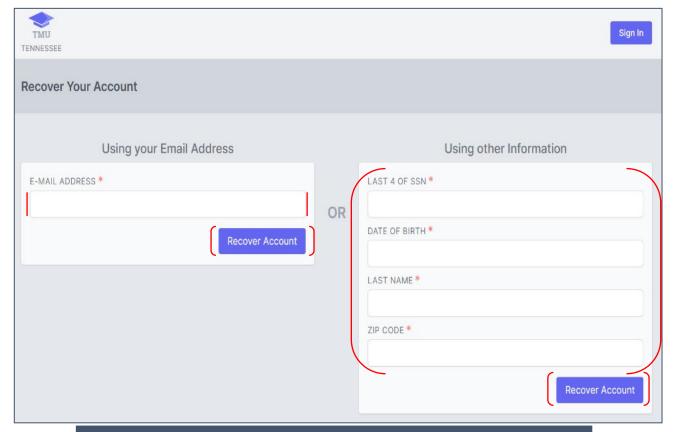




If you have forgotten or do not know your Password, follow the instructions in the next section 'Forgot Your Password and Recover your Account' to Reset your Password and Recover your Account.

FORGOT YOUR PASSWORD AND RECOVER YOUR ACCOUNT





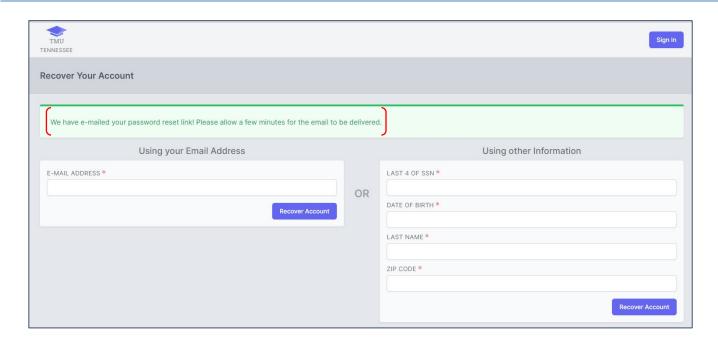
Type in your Email Address

Click on - Recover Account

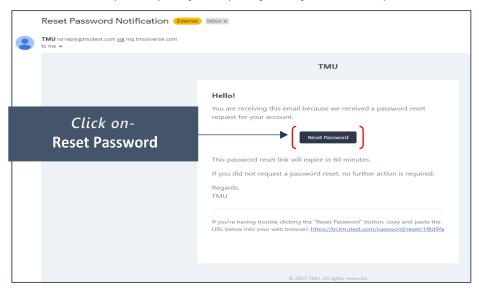
An email with the reset link will be emailed to you. Click on the reset link in your email to reset your password.

-OR- If you have already entered your demographic information, you can type in the requested data under Using other Information

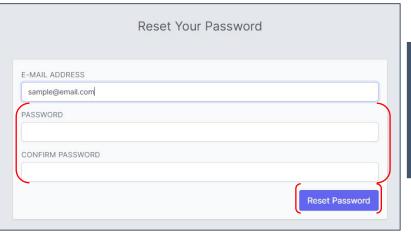
Click on - Recover Account



This is what the email will look like (check your junk/spam folder for the email):



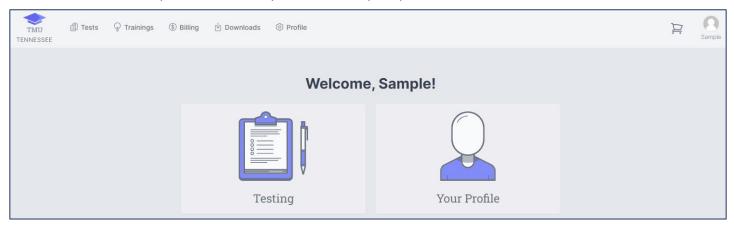
Note: If you do not reset your password right away, the link expires in 60 minutes and after that, you will need to request a new link.



Type in your
Password and
Confirm Password,

then click on – Reset Password

This is the home screen you will see once you have reset your password:



Schedule a Tennessee Nurse Aide Exam

Once your completed account is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Tennessee TMU© webpage at tn.tmutest.com using your Email or Username and Password (instructions with screenshots below). If you cannot sign in with your Email, please call D&SDT-Headmaster for assistance at (877)201-0758.

To schedule or reschedule your test date, sign in to the Tennessee TMU© webpage at th.tmutest.com with your Email or Username and Password. If you cannot schedule/reschedule online, please call D&SDT-Headmaster at (877)201-0758 for assistance.

SELF-PAY OF TESTING FEES IN TMU©

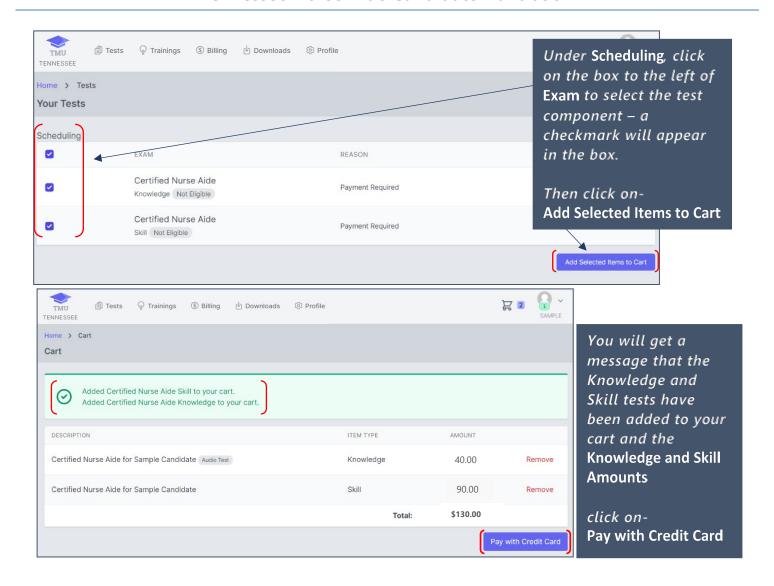
Testing fees must be paid before you can schedule a test date. Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date. Some training programs pre-pay testing fees for their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

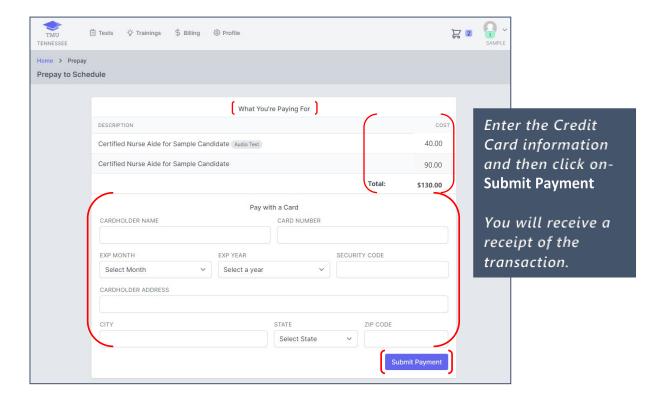
<u>Special circumstances only</u>: You may also pay your testing fees by emailing <u>tennessee@hdmaster.com</u> and requesting a Tennessee Payment Form.

NOTE: Forms with missing information, payment, or signatures will not be processed and will be shredded. If a money order or cashier check was sent with the form, the money order/cashier check will be mailed back to the candidate.

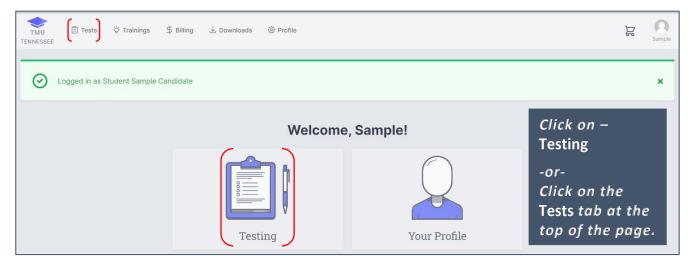
Once we receive your payment form and process your payment, you will be notified via email and text message that you are eligible to schedule a test event. If you do not receive an email or text message within 5 days of submitting your payment form, please call D&SDT-Headmaster at (877)201-0758 to check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



-continued on the next page-



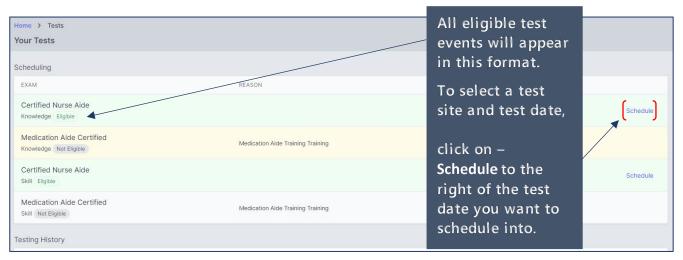
Once your testing fees are paid, you can choose a test site and date. Follow the instructions in the next section to schedule or reschedule a test event.

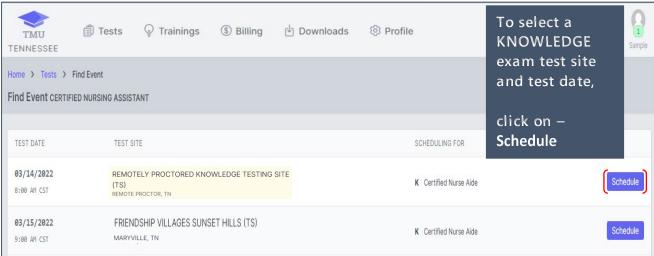


-continued on the next page-

SCHEDULE/RESCHEDULE A TEST EVENT

To select a Knowledge Exam test site and date:



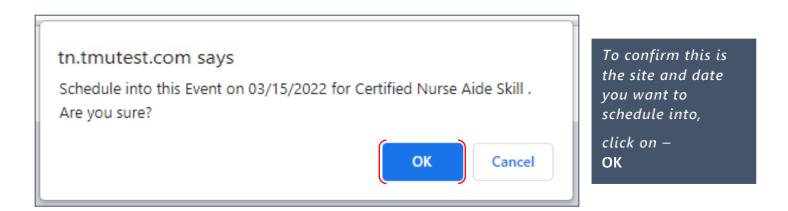




To confirm this is the site and date you want to schedule into, click on – OK

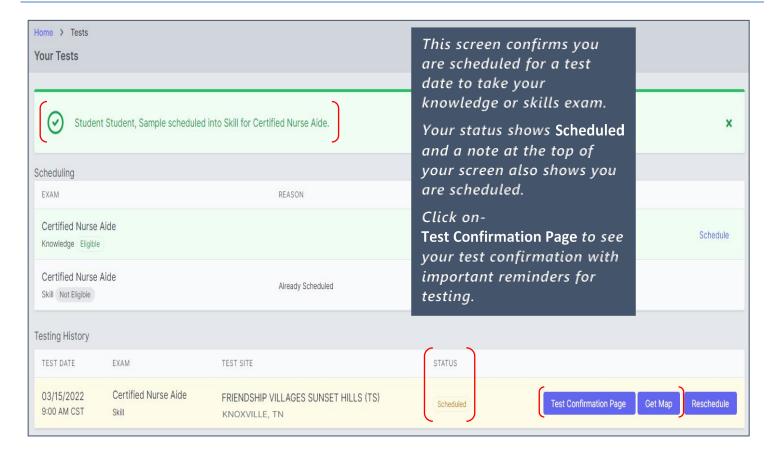
To select a Skills Exam test site and date:





Once you have selected a knowledge exam or skills exam test site and test date, you will get this screen confirming you are scheduled (the example on the next page is for the skills exam; the knowledge exam will be the same with the knowledge test site and date you have selected).

-continued on the next page-

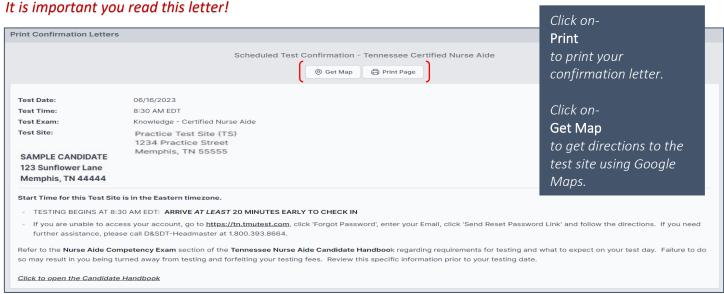


TEST CONFIRMATION LETTER

Your test confirmation letter will provide 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 refer you to the Tennessee CNA Candidate Handbook, where you will find state-specific instructions on when to arrive, ID requirements, dress code, etc.

Note: Failure to read the candidate handbook could result in a no-show status for your test event if you do not adhere to the testing policies, etc.



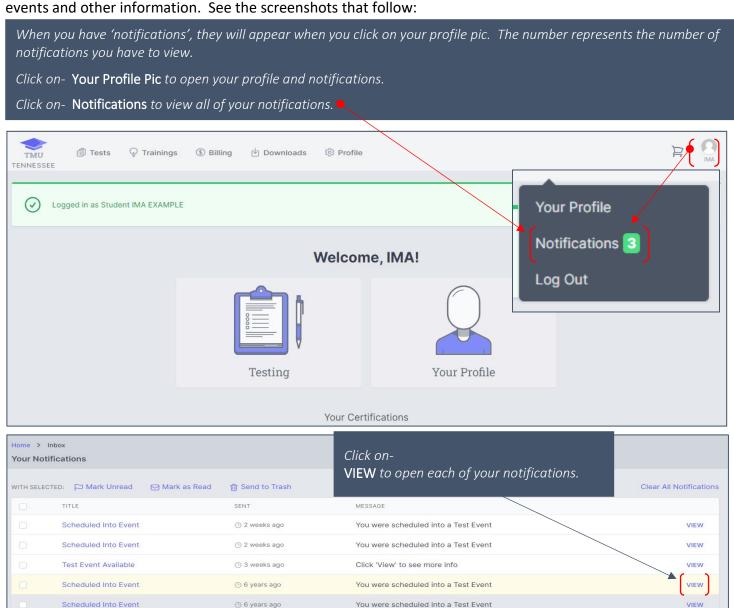
Please see the 'Remotely Proctored Knowledge Exam Option' under the Knowledge/Audio Exam section if you want to take your knowledge exam with a remote proctor from your home, etc. If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (877)201-0758, Monday through Friday, excluding Saturdays, Sundays, and holidays, 8:00AM to 8:00PM ET, or 7:00AM to 7:00PM CT.

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.

Check/View your Notifications in TMU©

Remember to check your 'notifications' in your TMU© account for important notices regarding your selected test events and other information. See the screenshots that follow:



Notification example:



Time Frame for Testing from Training Program Completion

You must schedule a test date within two years of your training program completion date. 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 inform you if this is the case. Before 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 8:00PM ET, or 7:00AM to 7:00PM CT, Monday through Friday, excluding Saturdays, Sundays and holidays.

Exam Check-In

You must arrive at your confirmed test site between 20 and 30 minutes before your exam starts.

- Testing **begins** promptly at the start time noted.
- You need to ensure you are at the event <u>at least 20 minutes before</u> the start time to allow time to get checked in with the RN Test Observer.
 - For example: if your test start time is 8:00AM, you must be at the test site for check-in **no later than** 7:40AM.

Note: If you arrive late, you will not be allowed to test.

If you are scheduled for a remotely proctored knowledge exam, please see procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.

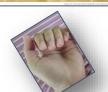
Testing Attire

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

- You must be in full clinical attire, including clinical shoes.
 - No open-toed shoes (flip-flops or sandals) are allowed.
 - Scrubs and shoes can be any color/design.
- Smartwatches, fitness monitors, or any Bluetooth-connected devices are not allowed.
- Long hair must be pulled back.
- Fingernails must be short (no longer than ¼ inch in length), well-kept (filed, no jagged edges, and clean).







Note: You will not be admitted for testing if you are not wearing scrubs attire, the appropriate shoes, with long hair pulled back, and short, clean fingernails. You will be considered a NO-SHOW. You will forfeit your testing fees and must 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 or a laminated social security card will not be accepted.

Only original IDs and social security cards are accepted. Photocopies, images, faxes, emails, screenshots, and electronic or digitally stored forms (for example – Apple or Google Wallet, etc.) of identification **will not be accepted**.

Examples of the forms of non-expired, US government-issued, *signed, acceptable photo IDs are:

- State-issued Driver's License
- State-issued Identification Card
- Signed U.S. Passport (Foreign Passports and Passport Cards *are not* acceptable)
 - * Exception: A signed foreign passport with a US VISA within the passport is acceptable (the VISA does not have a signature)
- Permanent Resident Card (Green Card or Alien Registration Card) / Employment-Work Authorization Card issued by the U.S. Citizenship and Immigration Services (USCIS)
 - * Accepted without a signature or fingerprint IF ISSUED from January 30, 2023, to the present day. If issued before January 1, 2023, it may contain a fingerprint instead of a signature.
- U.S. Military Identification Card
 - * Accepted without a signature or fingerprint but will have a bar code or may contain a fingerprint in place of a signature
- Concealed Hand Gun Carry Permit (that meets all identification requirements)

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

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

→ If you have laminated your social security card, it is <u>NOT VALID</u> and will not be accepted as an acceptable form of ID.

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 TMU© account to check on or change your demographic information.

Name changes (marriage/divorce, etc.), date of birth changes, social security number corrections, etc., must be verified with appropriate documentation. Please complete the **DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM** and upload your demographic change/correction documentation. The form is under 'Applications' on the Tennessee TMU© main web page (before you log in to your account), or click on this link: https://tn.tmutest.com/apply/7.

Note:

- You will not be admitted for testing if you do not bring proper/valid identification and your original social security card.
 - Be sure your US government-issued identification has not expired and that your ID and original social security card (that you have not laminated) are signed.
 - Check to be positive that your **FIRST** and **LAST** printed names on your photo ID and original social security card **match your current name of record in TMU©.**
 - A driver's license or state-issued ID card with a hole punched in it is <u>NOT VALID</u> 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 photo ID when entering the knowledge test room and the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

Instructions for the Knowledge Exam, Remotely Proctored Knowledge Exam, and Skill Tests

Test instructions for the knowledge and skill exams will be provided in written format in the waiting area when you check in for your test. If you are taking a remotely proctored knowledge exam, the instructions are in your TMU© account under the 'Downloads' tab.

These instructions detail the process and what you can expect during your exams. Please read the instructions **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 Observer or Knowledge Test Proctor will ask questions about the instructions you read when entering the knowledge test room and skill test lab.

The **Knowledge**, **Remotely Proctored Knowledge**, **and Skill Exam Instructions** are available under the **'DOWNLOADS'** tab in your TMU© account. For instructions, refer to the **'Access the Candidate Handbook and Testing Instructions'** section of this handbook.

Testing Policies

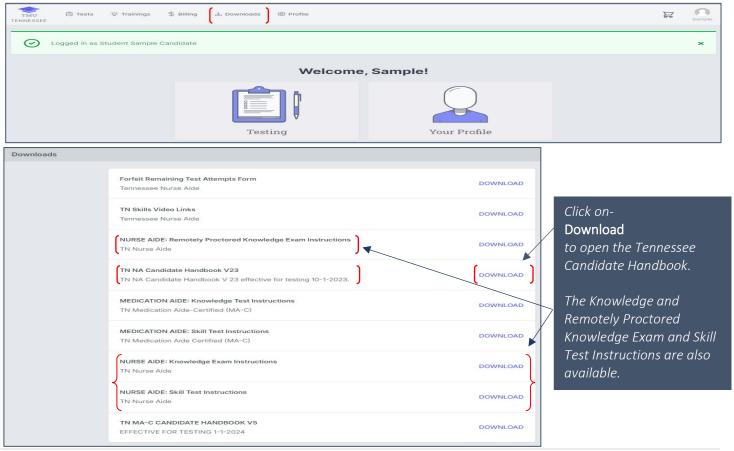
The following policies are observed at each test site—

- Make sure you have signed in to your TMU© account at tn.tmutest.com well before your test date to update your password and verify your demographic information; make sure your LEGAL FIRST AND LAST NAMES exactly match the FIRST and LAST names on your government-issued ID and original social security card. Refer to this handbook's 'Complete Your Account in TMU©' section for instructions and information.
 - If you have not signed in, updated your password, and verified your demographics (including your first and last names) in your TMU© account when you arrive for your test, you may not be admitted to the exam, and any exam fees paid will NOT be refunded.
- Plan to be at the test site for up to four (4) to six (6) hours (if taking both components on-site) in the worst-case scenario.
- Testing begins promptly at the start time noted on your confirmation. 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. Any exam fees paid will NOT be refunded.

- If you are scheduled for a remotely proctored knowledge exam, please see procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.
- 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 LEGAL FIRST and LAST printed names on your ID and original social security card do not exactly match your FIRST and LAST names in your TMU© account, 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, you will not be admitted to the exam, considered a No-Show, and any exam fees paid will NOT be refunded.
- If you have a NO-SHOW status for your exam day, any test fees paid will NOT be refunded.
 - You must re-pay your testing fees online in your TMU© account.
- 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, which is considered a no-show status, and any exam fees paid will NOT be refunded.
- You may bring a basic standard watch with a second hand. Smartwatches are not allowed.
- <u>ELECTRONIC DEVICES AND PERSONAL ITEMS</u>: Cell phones, smartwatches, fitness monitors, electronic recording devices, Bluetooth-connected devices, and personal items (such as water bottles, purses, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. The testing team will inform you 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 smartwatches, fitness monitors, or Bluetooth-connected devices must be removed from your wrist/body and turned off.
 - You are not allowed to have coats or hooded apparel covering your head during testing in the testing rooms.
 - The testing team will ask candidates with long hair to pull their hair back to ensure no Bluetoothconnected devices are being used.
- Anyone caught using any 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 Health Facilities Commission (HFC).
- You may use personal devices in the waiting area during your free time.
- You are encouraged to bring a jacket, snack, drink, or study material during your free time in the waiting area.
- TRANSLATION DICTIONARIES: Foreign word-for-word translation dictionaries are allowed. Dictionaries with definitions or handwriting/notes will not be allowed. You must show your published word-for-word translation dictionary to the test observer/proctor during check-in (on-site or remotely proctored) at your test event. Using language translators that are not pre-approved and electronic dictionaries are not allowed.
- 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, on-site or remotely proctored, 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 misconduct, visibly impaired, or trying 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, you will forfeit all testing fees, and you will be reported to your training program and the Tennessee Health Facilities Commission (HFC).
- No visitors, guests, pets (including companion animals), or children are allowed.
 - Service animals with an approved ADA accommodation in place are allowed.
- You may not test if you have any physical limitation (excluding pre-arranged ADAs) that would prevent you from performing your duties as a nurse aide. (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 tennessee@hdmaster.com or fax (406)442-3357 a doctor's order within three (3) business days of your scheduled exam to qualify for a free reschedule.
- Test sites, RN Test Observers, Knowledge Test Proctors, and Actors are not responsible for the candidate's personal belongings at the test site.
- Please refer to this Tennessee Candidate Handbook for testing and/or policy updates before your test day.
- The Candidate Handbook and Testing Instructions can also be accessed within your TMU© account under your 'Downloads' tab.

ACCESS THE CANDIDATE HANDBOOK AND TESTING INSTRUCTIONS



Security

If you refuse to follow directions, use abusive language, are visibly impaired, or disrupt the examination environment, your test will be stopped and scored as a failed attempt. 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 Health Facilities Commission (HFC). 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 the Tennessee Health Facilities Commission (HFC) 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 be reported to your training program. 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, smartwatches, etc., or browsing to other browsers/sites during your TMU© electronic exam), your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be reported to the Tennessee Health Facilities Commission (HFC) and your training program and will not be permitted to retest for at least six (6) months.

Reschedule a Test Event

All candidates may reschedule for free online at <u>tn.tmutest.com</u> any time up until one (1) full business day before a scheduled test day, excluding Saturdays, Sundays, and holidays.

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 TMU© account at <a href="mailto:theta:th

• 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 Time, 7:00PM Central Time, Monday-Friday, excluding Saturdays, Sundays and holidays) the Thursday before your scheduled exam.

A 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)	

Note: Reschedules will not be granted less than one (1) full business day before 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 nurse aide 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 <u>Refund Request Form</u> on D&SDT- Headmaster's main webpage at <u>www.hdmaster.com</u> at least **one** (1) full business day before 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 by close of business (D&SDT-Headmaster is open until 8:00PM Eastern Time Monday-Friday, excluding Saturdays, Sundays and holidays) the Thursday before your scheduled exam.
 - Facilities funded by HFC will be billed a \$35 refund fee for all candidates who request a refund at least one (1) full business day before 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 processing fee.
- 3) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT 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. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT will not be issued.
- 2) A refund request for testing fees paid must be made by filling out and submitting the <u>Refund Request Form</u> on D&SDT-Headmaster's main webpage at <u>www.hdmaster.com</u>. 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 processing fee.

Unforeseen Circumstances Policy

If an exam date is canceled due to an unforeseen circumstance, D&SDT-Headmaster staff will try to contact you using the contact information (phone number/email) 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 (*see examples below for reasons we may not be able to contact you that you are responsible for.)

If D&SDT-Headmaster is unable to reach you via phone call or email with the information in your TMU© account (*see examples below) in the event of an unforeseen circumstance for a test event you are scheduled into, you will be taken out of the test event, and D&SDT-Headmaster will not reschedule you until we hear back from you.

NOTE: The *examples listed below are your responsibility to check and/or keep updated.

- If D&SDT-Headmaster leaves you a message or emails you at the phone number or email in your TMU© account and:
 - you do not call us back in a timely manner
 - your phone number is disconnected/your voice mailbox is full
 - you do not check your messages in a timely manner
 - you do not check your email or reply to our email in a timely manner
 - your email is invalid, or you are unable to access your email for any reason

See more information under 'No-Show Exceptions'.

No-Show Status

If you are either a non-HFC-funded candidate <u>or an HFC-funded candidate</u> scheduled for an exam and you do not show up without notifying D&SDT-Headmaster at least one (1) full business day before 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 a new test event.

■ HFC-funded facilities are no longer billed a no-show fee per candidate. If your HFC-funded facility would like to pay your new testing fee so you can schedule an HFC-funded new test event, they may do so. They may contact D&SDT-Headmaster at (877)201-0758 or tennessee@hdmaster.com if they have any questions.

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 before a scheduled test event, excluding Saturdays, Sundays, and holidays (see examples under Reschedule a Test Event and Refund of Testing Fees Paid), a NO-SHOW status will exist. You will forfeit your testing fees and must repay the full test 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.

- <u>Car breakdown or accident</u>: 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 showing your name and the provider of service name must be submitted within **three (3) business days** of the exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.
- <u>Weather or road condition-related issue</u>: 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 three business days, you will have to pay as though you were a no-show.
- <u>Medical emergency or illness</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a doctor's note showing your name and the provider name (or on the provider's letterhead) must be submitted within **three (3) business days** of the missed exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.
- <u>Death in the family</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and an obituary showing your name and the provider's name or a letter on your behalf from the funeral home for immediate family only be submitted within seven (7) business days from a missed exam date. If we do not receive proof within seven business days, you will have to pay as though you were a noshow. (Immediate family includes parent, grand and great-grandparent, sibling, children, spouse, or significant other.)

- Remotely proctored testing issues: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and appropriate documentation showing your name and the provider of service name must be submitted within three (3) business days of the exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.
 - **Internet outage or issue:** Documentation showing your name and the provider of service name from the Internet provider showing outage date and times.
 - **Computer or cell phone issue:** If the computer or cell phone fails to work for any reason, documentation showing your name and the provider of service name from a computer repair technician/shop or other appropriate documentation.

Candidate Feedback – Exit Survey

Candidates can complete an exit survey via a link when checking their test results in their TMU© account. 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.

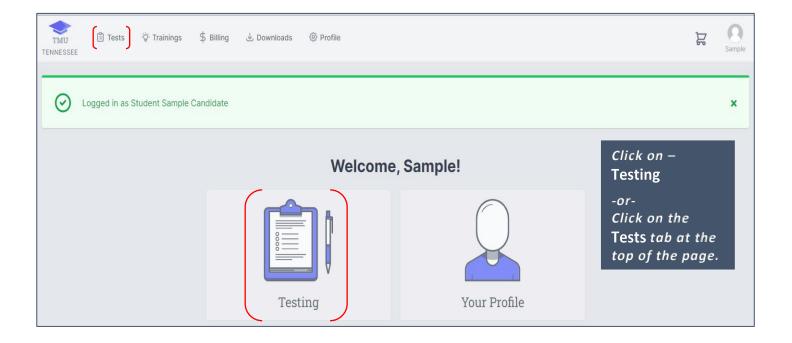
Test Results

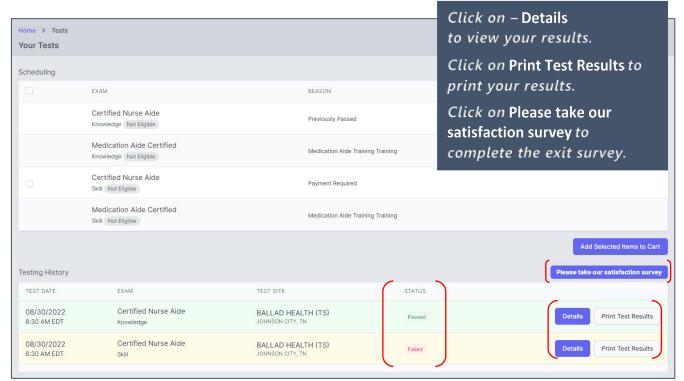
After you have completed both the Knowledge Exam and Skill Test components of the competency exam, your test results will be officially scored and double-checked. Official test results will be available by signing in to your TMU© account after 8:00PM (ET)/7:00 (CT) the business day after your test event.

Note: D&SDT-HEADMASTER does not send postal mail test results letters.

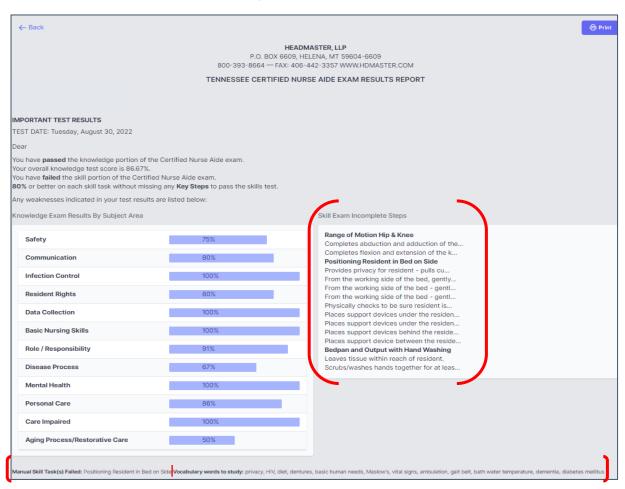
Sign in to your TMU© account at tn.tmutest.com to view your test results.

Access your test results in your TMU© account:





Sample Tennessee Nurse Aide exam results report:



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 HFC-approved training program in order to become eligible to further attempt Tennessee nurse aide examinations.

Tennessee Nurse Aide Registry Certification

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

Retaking the Nurse Aide Exam

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© account at <a href="mailto:theta:

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 8:00PM Monday through Friday ET, or 7:00AM to 7:00PM CT, excluding Saturdays, Sundays, and 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 Request

You may request a review of your test results or dispute any other testing condition.

*PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST: Please call D&SDT-Headmaster at (877)201-0758 during regular business hours, Monday through Friday, 8:00AM to 8:00PM ET/7:00AM to 7:00PM CT, excluding Saturdays, Sundays, and Holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit fee. Once you have further details about the scoring of your test, you will often 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.

There is a \$25 non-refundable test review deposit fee. To request a review, complete the <u>Test Review Request</u> and <u>Payment Application</u>, available on the Tennessee TMU© main page (before you log in to your account) at <u>tn.tmutest.com</u>. Test Review Requests must be received within three (3) business days from the official scoring of your test (excluding Saturdays, Sundays, and holidays). Late requests will be denied and will not be considered.

Since one qualification for certification as a nurse aide in Tennessee is demonstrated by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for any re-tests granted. The purpose of this review process is to ensure fairness and accuracy in the evaluation of your test. If, after investigation, the review finding is in your favor, you will be refunded the \$25 test review deposit, and D&SDT-Headmaster may pay your re-test fee. If the finding of the review is *not in your favor*, the \$25 test review deposit will stand, and the fee is non-refundable. 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. We will interview the RN Test Observer, Actor, or Knowledge Test Proctor about the facts detailed in your dispute documentation. D&SDT-Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer, Actor and/or Knowledge Test Proctor, and other candidates who were on-site at your test event for any additional information about the test event.

D&SDT-Headmaster cannot review test results or reviews with the candidate's instructor/training program. After a candidate reaches the age of 18, D&SDT-Headmaster will only discuss test results or test reviews with the candidate. D&SDT-Headmaster will not review test results or reviews with family members or anyone else on behalf of the candidate once the candidate is 18. D&SDT-Headmaster will complete your review request within ten business days of receiving your timely review request and will email the review results to your email address and HFC.

The Knowledge/Audio Exam

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 Exam. You will have a maximum of ninety (90) minutes to complete the **100-question (effective 10-21-2024)** Knowledge Exam. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Exam (such as "What does this question mean?") The Knowledge Test Proctor will have scratch paper and a basic calculator available for use during your knowledge exam.

You must have a 75% or better score to pass the knowledge portion of the exam.

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

Electronic testing using TMU© internet-connected computers is utilized at all 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 on your answers.

<u>Reminder</u>: You must know your Email or Username and Password to take the TMU© Knowledge Exam. Please see the information under 'Complete Your Account in TMU©' to sign in to your TMU© account.

Foreign word-for-word translation dictionaries are allowed.

• Electronic dictionaries or non-approved language translators **are not allowed**. Dictionaries that have definitions or handwriting/notes in them **are not allowed**. You must show your published word-for-word translation dictionary to the test observer/proctor during sign-in at your on-site or remotely proctored test event.

If needed, calculations may be done on scratch paper or with a basic calculator provided by the KTP.

An audio (oral) version of the knowledge exam is available. However, you must request an Audio version of the knowledge exam before you submit your testing fee payment. There is no additional charge for an Audio version of the knowledge exam. To select the Audio version of the knowledge exam, follow the instructions with screenshots in 'Select an Audio version of the Knowledge Exam'.

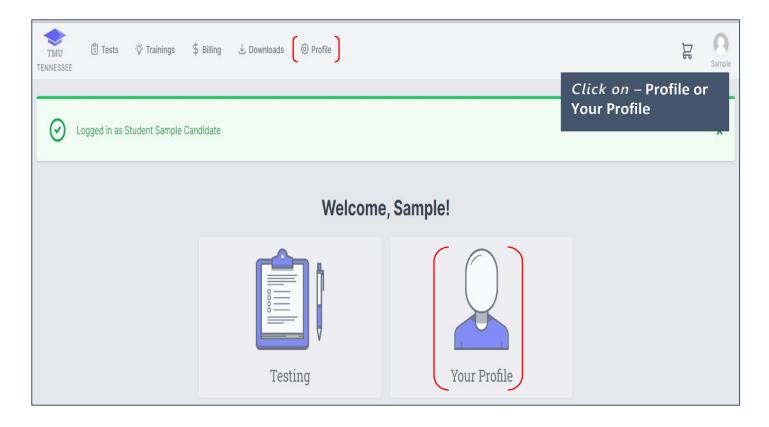
Select an Audio Version of the Knowledge Exam

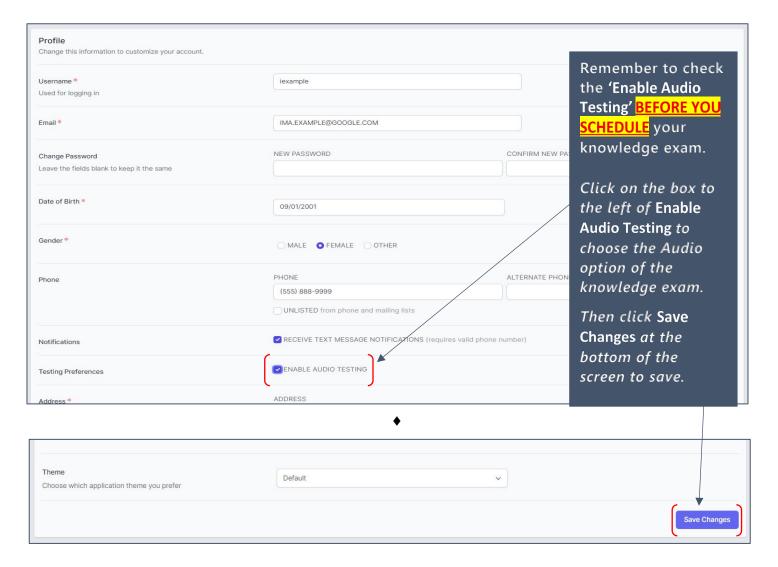
To select the Audio version of the knowledge exam, follow the instructions with screenshots below.

With the Audio version of the knowledge exam, the questions are neutrally read to you and can be heard through wired headphones/earbuds plugged into the computer (Bluetooth-connected devices are not allowed). When taking an Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

<u>NOTE</u>: On the Audio version of the English and Spanish versions of the Knowledge Exam, only the first 87 questions will be read orally. To assess English reading comprehension, the remaining questions must be answered without audio assistance.

Checking the 'Enable Audio Testing' to receive an Audio version of the Knowledge Exam:





All test materials, including scratch paper and calculator, 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 their training program and the Tennessee Health Facilities Commission (HFC).

Knowledge Exam Spanish Version

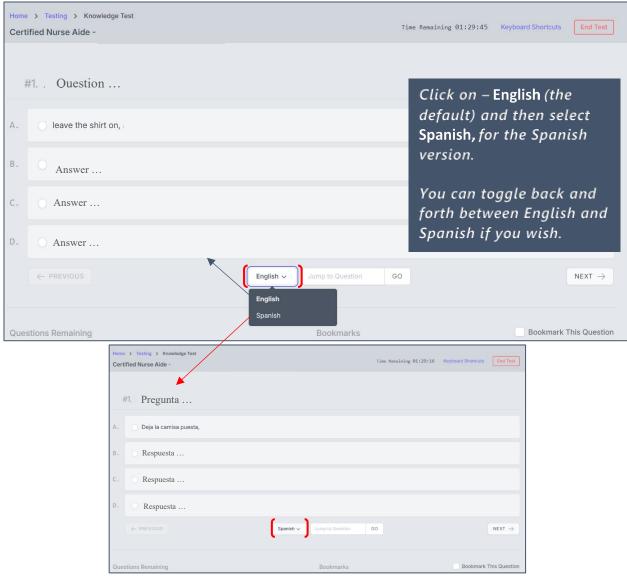
The Knowledge/Audio Exam is available in Spanish. When you are signed in to your Knowledge Exam at a test event or your remotely proctored Knowledge Exam, you can toggle your exam from English to Spanish.

Note: Only the first **87** questions will be printed in Spanish on the <u>Spanish Knowledge Exam</u>. To assess English reading comprehension, the remaining questions will be printed in English.

In the <u>audio version of the Spanish Knowledge Exam</u>, only the first **87** questions will be read orally. To assess English reading comprehension, the remaining questions must be answered without audio assistance.

Please see the instructions below to toggle between English and Spanish.





Knowledge Exam Content

The Knowledge Test consists of **100** multiple-choice questions. Questions are selected from subject areas based on the HFC-approved Tennessee test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

KNOWLEDGE EXAM SUBJECT AREAS:

Subject Area	Number of Questions	Subject Area	Number of Questions
Aging Process / Restorative Care	6	Infection Control	8
Basic Nursing Skills	10	Mental Health	10
Care Impaired	6	Personal Care	9
Communication	8	Resident Rights	10
Data Collection	6	Role and Responsibility	10
Disease Process	7	Safety	10

Remotely Proctored Knowledge Exam Option

You will have the option to take the knowledge exam with a remote proctor from home, etc.

REMOTELY PROCTORED KNOWLEDGE EXAM CANDIDATE REQUIREMENTS

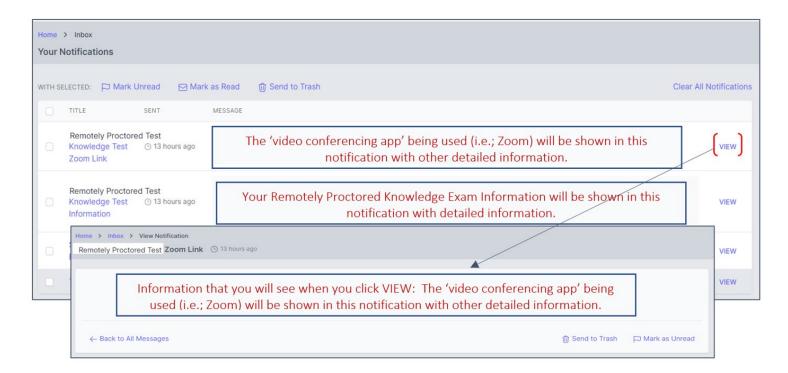
- An updated version of Google Chrome as your Internet browser.
 - TMU© does not support Internet Explorer.
- A reliable Internet (Wi-Fi) connection.
- A personal computer/tablet/laptop to log into TMU© to access the knowledge exam.
- Your Email or Username and Password to take the remotely proctored TMU© Knowledge exam.
- A smartphone to access the 'video conferencing app' (e.g., Zoom) that you must download.
 - You will receive email information about the 'video conferencing app' (for example, Zoom, etc.) you will need before test day.
 - The night before your scheduled remotely proctored knowledge exam, you will receive an email reminder with the password-protected link to join the test event.
- A distraction and interruption-free area of your home, etc., where you will be testing.
- If you have selected the Audio version of the knowledge exam, you will provide your own wired earbuds or headphones, which you must show to the remote proctor at check-in. Earbuds or headphones cannot be Bluetoothconnected devices.
 - The questions are neutrally read to you and will be heard through wired headphones or earbuds plugged into the computer.
 - When taking an Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.
 - **Note:** Only the first **87** questions will be read orally on the audio version and Spanish audio version of the Knowledge Exam. To assess English reading comprehension, the remaining questions must be answered without audio assistance.

SCHEDULE A REMOTELY PROCTORED KNOWLEDGE EXAM

You must sign in to your TMU© account using your Username or Email and Password and follow the instructions to 'Schedule/Reschedule a Test Event'. Please ensure you have met the 'Remotely Proctored Knowledge Exam Candidate Requirements' above before scheduling a remotely proctored knowledge exam.

- The test site location for a remotely proctored knowledge exam will be "Remotely Proctored Knowledge Test Site".
- Once scheduled, a test confirmation will be sent via email and/or text. A notification will be generated in your TMU© account to view (see the 'Schedule/Reschedule a Test Event', 'Check/View your TMU© Notifications', and the 'Test Confirmation Letter' sections for information to access your test confirmation.)
- Instructions and the link to download the 'video conferencing app' (for example, Zoom, etc.), including the meeting ID and Password for the remotely proctored knowledge event you are scheduled for, will be emailed to you and in your notifications.
 - Remember that for this information, check your 'NOTIFICATIONS' under your profile pic in your TMU© account. Please refer to the 'Check/View your Notifications' section.

See the screenshots showing an example of what a notification regarding your remotely proctored knowledge exam will entail below:



REMOTELY PROCTORED KNOWLEDGE EXAM CHECK-IN

You must be signed in to the remotely proctored link (for example, Zoom waiting room) for the check-in process with the remote proctor prior (10-20 minutes) to the start time listed on your test confirmation. If you are not signed into the remotely proctored waiting room link prior (at least 10 minutes) to the time listed on your test confirmation, you will not be allowed to test, you will be considered a No-Show, and you will forfeit your testing fees paid and have to pay for another test date.

- You must show the remote proctor your mandatory form of identification and original social security card at check-in before starting your remotely proctored knowledge exam. Please see the **'Identification'** section for specifics.
- You must show your surroundings to the remote proctor during check-in before starting your remotely proctored knowledge exam.

REMOTELY KNOWLEDGE EXAM POLICIES

All 'Testing Policies' and 'Security' measures are followed during the remotely proctored knowledge exam. Please refer to those sections for information.

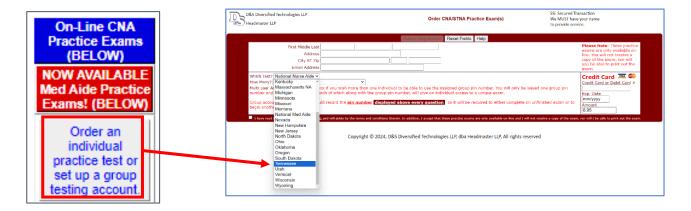
- The 'video conferencing app' link (for example, Zoom, etc.) must be maintained during the entire knowledge exam.
- If the 'video conferencing app' (for example, Zoom, etc.) connection is lost, you must immediately reconnect or be subject to being exited from the test by the remote Proctor, and your test will be scored as a failed attempt.
- Your device must <u>not be muted</u> during testing so that the remote Proctor can hear if there are any distractions or other interruptions during your test. **REMEMBER:** You need to test in a distraction and interruption-free area just like you would if you were sitting in the knowledge test room at a test site.
- If the remote Proctor has any inclination that you are cheating or not following instructions, your test will be ended and scored as a failed attempt.
- Please see the information on remotely proctored knowledge testing issues under the 'No Show Exceptions' section.
- If needed, you may do math calculations on scratch paper or with a basic calculator. Before starting your exam, you will be asked to show both sides of the scratch paper and the basic calculator to the remote Proctor.
 - At the end of your test, you will be asked to show both sides of the scratch paper and the basic calculator to the remote Proctor **again**. Once checked, you will be directed to tear up the scratch paper in view of the remote Proctor. You will be informed to mute yourself while tearing up the scratch paper.
- Published foreign word-for-word translation dictionaries are allowed. Dictionaries with definitions or handwriting/notes will not be allowed. You must show your published word-for-word translation dictionary to the remote Proctor during check-in at your test event. Using language translators that are not preapproved and electronic dictionaries are not allowed.

Please call D&SDT-Headmaster at (877)201-0758 if you have any questions or concerns or need assistance scheduling a remotely proctored knowledge exam.

Knowledge Practice Test

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

NOTE: Make sure you select **TENNESSEE** from the drop-down list.



The following is a sample of the kinds of questions that you will find on the Knowledge/Audio exam:

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's 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. When you are communicating with residents, you need to remember to:

- (A) Face the resident and make eye contact
- (B) Speak rapidly and loudly
- (C) Look away when they make direct eye contact
- (D) Finish all their sentences for them

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 Skill Test aims to evaluate your performance when demonstrating Tennessee-approved nurse aide skill scenarios (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 check-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. The computer randomly selects scenarios. The scenarios will direct you to demonstrate one or
 more of the tasks listed in this handbook. 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 **key** steps (in bold font) and 80% of all non-key steps on each task assigned 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 be demonstrated. Steps that are only verbalized WILL NOT COUNT.
 - Exception: Some steps in certain scenarios require you to verbalize while demonstrating.

Skill Test Recording Form

If your skill test includes a skill scenario that requires recording a count or measurement, the RN test observer will provide a recording form similar to the one displayed on the next page. You are required to sign the recording form during the equipment/supplies demonstration.

Recording Form:

Candidate's Name:	
PULSE: beats RESPIRATIONS:	breaths
URINARY OUTPUT: ml	
BLOOD PRESSURE://	mmHg
GLASS 1:	
GLASS 2:	
TOTAL FLUID INTAKE: 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:

- Assist a Resident with a Bedpan, Measure and Record Output with required Hand Washing
- Catheter Care for a Male Resident with required Hand Washing [DEMONSTRATED ON A MANIKIN]
- Perineal Care for a Female Resident with required Hand Washing [DEMONSTRATED ON A MANIKIN]
- Put on an Isolation Gown and Gloves, Empty a Urinary Drainage Bag, Measure and Record Output, Remove the Gown and Gloves 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. Each set of scenarios that make up your skill test will have the same overall difficulty, making each unique skill test equivalent. The TMU© skill test assignment algorithm randomly assigns scenarios. These selected scenarios will make up your personalized skill test.

Skill Tasks Listing

To receive credit, you must perform every step and demonstrate it during your skill test demonstration.

The steps listed for each scenario are required for a nurse aide candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer. The steps will be performed on a live resident actor for all but two tasks; the 'catheter care for a male resident' and 'perineal care for a female resident' scenarios will be demonstrated on a manikin.

You will be scored only on the steps listed. You must score 80% on each scenario without missing 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 the average length of time to complete.

The RN Test Observer will observe your demonstrations of your skill scenarios and record what they see you do. D&SDT-Headmaster scoring teams will officially score and double-check your test.

Note: The skill scenario steps included in this handbook are offered as guidelines to help prepare candidates for the Tennessee 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.

Ambulate a Resident with a Gait Belt

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

Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident the edge of the bed. **MOVED STEP**

5) Lock bed brakes **BEFORE transferring** to ensure resident's safety. ADDED

- 6) Lock wheelchair brakes to ensure resident's safety.
- 7) Bring the resident to a sitting position and place a gait belt around the waist to stabilize the trunk. Tighten the gait belt. Check the gait belt by slipping fingers between the gait belt and the resident.
- Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 9) Assist the resident in putting on non-skid footwear.
- 10) Bring the resident to a standing position.
- 11) With one hand grasping the gait belt and the other stabilizing the resident by holding the forearm, shoulder, or using another appropriate method to stabilize, ambulate the resident at least ten steps to the wheelchair.
- 12) Assist the resident to pivot/turn 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 the 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 your hands together until they are completely dry.

Ambulate a Resident with a Walker

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

Adjust the bed height to ensure that the resident's feet are flat on the floor when the edge of the bed. **MOVED STEP BELOW**

4) Lock bed brakes BEFORE transferring to ensure resident's safety. ADDED

5) Lock wheelchair brakes to ensure resident's safety.

- 6) Bring the resident to a sitting position.
- 7) Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.

 MOVED STEP FROM ABOVE ON THE PREVIOUS PAGE
- 8) Assist the resident in putting on non-skid footwear.
- 9) Position the walker correctly.
- 10) Assist resident to stand. Ensure the resident has stabilized the walker.
- 11) Position yourself behind and slightly to the side of the resident.
- 12) Safely ambulate the resident at least ten steps to the wheelchair.
- 13) Assist resident to pivot/turn and sit in the wheelchair in a controlled manner that ensures safety using proper body mechanics. ◀
- 14) Uses proper body mechanics at all times. MOVED FROM STEP ABOVE
- 15) Maintain respectful, courteous interpersonal interactions at all times.
- 16) Place the 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 your hands together until they are completely dry.

Assist a Resident with a Bedpan, Measure and Record 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 your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Put on gloves.
- 6) Position resident on bedpan correctly (not upside down and is centered) and safely using correct body mechanics.
- 7) Raise the head of the bed to a comfortable level.
- 8) Leave the call light or signaling device and tissue within reach of the resident. The candidate indicates they are providing privacy by stepping behind the privacy curtain. When signaled by the RN Test Observer, the candidate returns.
- 9) Gently remove the bedpan and hold while the RN Test Observer adds an unknown quantity of fluid.
- 10) Do not place the bedpan on the floor, on the over-bed table, or on the bedside table at any time during the demonstration.
- 11) Place the graduate on the designated level, flat surface.
- 12) Empty urine from the bedpan into the graduate.
- 13) With the graduate at eye level on the previously designated flat surface, measure output.
- 14) Empty equipment used in the designated toilet/commode. Rinse and dry equipment. Return equipment to storage.
- 15) Remove gloves by turning inside out as they are removed and dispose of gloves in the appropriate container.
- 16) Wash/assist the resident in washing hands with soap and water.
- 17) Rinse/assist the resident to rinse hands with water or a wet washcloth. NEW STEP ADDED
- 18) Dry/assist resident to dry hands.
- 19) Record output on the previously signed recording form.

20) The candidate's measured output reading is within 30ml of the RN Test Observer's pre-measured output reading.

- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Place the call light or signaling device within easy reach of the resident.
- 23) Wash hands: Turn on water.
- 24) Wet hands.
- 25) Apply soap to hands.
- 26) Rub hands together using friction with soap.
- 27) Scrub/wash hands together with soap for at least twenty (20) seconds.
- 28) Scrub/wash with interlaced fingers pointing downward with soap.
- 29) Wash all surfaces of hands and wrists with soap.
- 30) Rinse hands thoroughly under running water with fingers pointing downward.
- 31) Dry hands with a clean paper towel(s).

 Discard paper towel(s) used to dry hands to trash container as used.

 STEP REMOVED
- 32) Turn off the faucet with a paper towel as a barrier.
- 33) Discard paper towel(s) to trash container as used. ADDED
- 34) Do not re-contaminate by touching the sink with bare hands at any time during the hand-washing procedure or the faucet after washing hands. (Turning off the faucet with a paper towel(s) then drying your hands with the same paper towel(s) is considered recontamination.)

Bed Bath (PARTIAL) for a Resident- 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 your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Raise the bed between mid-thigh and waist level.
- 6) Cover the resident with a bath blanket or clean sheet.
- 7) Remove the remaining top bed covers. Fanfold to the bottom of the bed or place aside. REWORDED TO: Fold top linens to bottom of the bed or place aside.
- 8) Remove resident's gown without exposing resident and place soiled gown in designated laundry hamper.
- 9) Fill a basin with comfortably warm water and place it on an over-bed table or bedside stand.
- 10) Wash and dry the resident's face WITHOUT SOAP.
- 11) Place a towel under the resident's arm. Only expose one arm.
- 12) Wash the resident's arm, hand and underarm using soap and water.
- 13) Rinse the resident's arm, hand, and underarm.
- 14) Dry the resident's arm, hand, and underarm.
- 15) Assist the resident in putting on a clean gown.
- 16) Dispose of soiled linen in a 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 the 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 your hands together until they are completely dry.

Catheter Care for a Male Resident with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS) | DEMONSTRATED ON A MANIKIN

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Fill a basin with comfortably warm water and place the basin on an over-bed table or bedside stand.
- 6) Cover the resident with a bath blanket or clean sheet to maintain privacy.
- 7) Gather supplies and prepare the area.
- 8) Put on gloves.
- 9) Verbalize and physically check that urine can flow unrestricted into the drainage bag without signs of leakage.
- 10) Use soap and water to carefully wash around the catheter where it exits the urethra.
- 11) Hold the catheter at the urethra to prevent tugging on the catheter, and clean 3-4 inches away from the urethra down the drainage tube.
- 12) Clean with strokes only away from the urethra, using a clean portion of the washcloth with each stroke.
- 13) Using a clean washcloth, rinse using strokes away from the urethra. Use a clean portion of the washcloth with each stroke.
- 14) Pat dry with a clean towel or washcloth.
- 15) Do not allow the tube to be pulled at any time during the procedure.
- 16) Replace the top cover over the resident and remove the bath blanket or sheet.
- 17) Place soiled linen in the designated laundry hamper.
- 18) Leave the resident in a position of safety and comfort.
- 19) Empty, rinse, and dry the equipment and return the equipment to storage.
- 20) Remove gloves, turning them inside out as they are removed, and dispose in the appropriate container.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Place the call light or signaling device within easy reach of the resident.
- 23) Wash hands: Turn on water.
- 24) Wet hands.
- 25) Apply soap to hands.
- 26) Rub hands together using friction with soap.
- 27) Scrub/wash hands together with soap for at least twenty (20) seconds.
- 28) Scrub/wash with interlaced fingers pointing downward with soap.
- 29) Wash all surfaces of hands and wrists with soap.
- 30) Rinse hands thoroughly under running water with fingers pointing downward.
- 31) Dry hands with a clean paper towel(s).
 - Discard paper towel(s) used to dry hands to trash container as used.

STEP REMOVED

32) Turn off the faucet with a paper towel as a barrier.

- 33) Discard paper towel(s) to trash container as used. ADDED
- 34) Do not re-contaminate by touching the sink with bare hands at any time during the hand-washing procedure or the faucet after washing hands. (Turning off the faucet with a paper towel(s) then drying your hands with the same paper towel(s) is considered recontamination.)

Denture Care (Clean an Upper or Lower Denture)

(only one plate is used for testing)

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Place a protective lining (cloth towel or washcloth) in the sink.
- 5) Put on gloves, gather supplies, and prepare the area.
- 6) Remove the denture from the cup.
- 7) Handle the denture carefully to avoid damage.
- 8) Rinse the denture cup.
- 9) Apply cleaning solution and thoroughly brush the denture, including the inner, outer, and chewing surfaces of the denture. (Toothettes may be utilized instead of a toothbrush if all the surfaces listed are cleaned.)
- 10) Rinse the denture using clean, cool water.
- 11) Place the denture in the rinsed cup.
- 12) Add cool, clean water to the denture cup.
- 13) Rinse and dry equipment and return to storage.
- 14) Discard the protective lining in an appropriate container.
- 15) Remove gloves by turning them 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 the 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 your hands together until they are completely dry.

<u>Dress a Dependent Resident in their Bed</u>

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Raise the bed between the mid-thigh and waist level.
- 6) Keep the resident covered while removing the gown.
- 7) Remove the gown.
- 8) Dress the resident in a button-up shirt. Insert your hand through the shirt sleeve and grasp the resident's hand.
- 9) When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.

- 10) Assist the resident to raise their buttocks or turn the resident from side to side and draw the pants over the buttocks and up to the resident's waist.
- 11) When dressing the resident in pants, always dress from the affected (weak) side leg first.
- 12) When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.
- 13) Leave the resident comfortably and properly dressed (pants pulled up to waist front and back and shirt completely buttoned.)
- 14) Place the used gown in a designated laundry hamper.
- 15) Lower bed.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place the 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 your hands together until they are completely dry.

Feed a Dependent Resident in Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- Look at the diet card and verbally indicate that the resident has received the correct tray.
- 5) Position the resident in an upright position. At least 45 degrees.
- 6) Protect clothing from soiling using a napkin, clothing protector, or towel.
- **7) Provide hand hygiene for the resident** *BEFORE* **feeding.** (You may use a disposable wipe and dispose of it in a trash can, wash the resident's hands with soap and a wet washcloth, or rub hand sanitizer over all surfaces of the resident's hands until dry.)
- 8) Ensure the 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, ensure the resident's hands are dry.)
- 9) Sit down in a chair facing the resident while feeding the resident.
- 10) Describe the foods being offered to the resident.
- 11) Offer fluid frequently from each glass.
- 12) Offer food in small amounts at a reasonable rate, allowing the resident time to chew and swallow.
- 13) Wipe the resident's hands at least once during the meal.
- 14) Wipe the resident's face at least once during the meal.
- 15) Place soiled linen in a designated laundry hamper or dispose of it in an appropriate container.
- 16) Leave the resident clean and in a position of comfort.
- 17) Record intake in the percentage of total solid food eaten on the previously signed recording form.
- 18) The candidate's recorded consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake.
- 19) Record estimated intake as the sum total fluid consumed from the two glasses in ml on the previously signed recording form.
- 20) The candidate's recorded sum total consumed fluid intake is within 30ml of the RN Test Observer's recorded fluid intake.

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

Make an Occupied Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Gather linen and transport linen correctly without touching your uniform.
- 4) Place clean linen over the back of the chair, drape over the foot of the bed, or on the over-bed table.
- 5) Explain the procedure to be performed to the resident.
- 6) Provide privacy for the resident pull curtain.
- 7) Raise the bed to between mid-thigh and waist level.
- 8) The resident is to remain covered at all times.
- 9) Assist the resident to turn onto their 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 the clean bottom sheet along the center of the bed, roll or fan-fold linen against the resident's back, and unfold the remaining half of the clean bottom sheet.
- 12) Secure two fitted corners.
- 13) Assist the resident in rolling over the clean bottom linen onto their other side.
- 14) Remove soiled linen without shaking and place it in a 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 it tight and wrinkle-free.
- 18) Secure the other two fitted corners.
- 19) Place resident on their back.
- 20) Ensure that the resident never touches the bare mattress at any time during the procedure.
- 21) Place clean top linen and blanket or bedspread over the covered resident.
- 22) Smooth out the clean top linen, leaving it centered and wrinkle-free.
- 23) Remove used linen, ensuring the resident is always unexposed.
- 24) Place soiled linen in a designated laundry hamper.

Tuck in the top linen and blanket or bedspread at the foot of the bed only (except for the mitered corners; do not tuck in linens on the sides). STEP REMOVED

- 25) Ensure the sheet and top linen do not constrict the resident's feet.
- 26) Apply a clean pillow case with zippers and/or tags to the inside.
- 27) Gently assist the resident in raising their head while replacing the pillow.
- 28) Physically check to ensure that resident is in correct body alignment.
- 29) Lower bed.
- 30) Maintain respectful, courteous interpersonal interactions at all times.
- 31) Place the 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 your hands together until they are completely dry.

Mouth Care—Brush a Resident's Teeth

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Drape the resident's chest with a towel to prevent soiling.
- 6) Put on gloves AFTER gathering supplies and preparing the area.
- 7) Wet the toothbrush and apply a small amount of oral cleaning solution.
- 8) Brush the 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 the surfaces listed are cleaned.)
- 9) Brush the resident's tongue.
- 10) Assist the resident in rinsing their mouth.
- 11) Wipe the resident's mouth, remove soiled linen, and place in a designated laundry hamper.
- 12) Empty container. (The container may be an emesis basin or a disposable cup.)
- 13) Rinse and dry the emesis basin or discard disposable items in the appropriate container.
- 14) Rinse the toothbrush or dispose of the toothette in the appropriate container.
- 15) Return equipment to storage.
- 16) Remove gloves by turning them inside out as they are removed and dispose of gloves in the appropriate container.
- 17) Leave the resident in a position of comfort.
- 18) Maintain respectful, courteous interpersonal interactions at all times.
- 19) Place the 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 your hands together until they are completely dry.

Mouth Care for a Comatose Resident

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Position the resident in a semi-Fowler's position with the head turned well to one side or position the resident on their side as appropriate to avoid choking or aspiration.
- 6) Drape the resident's chest/bed as needed to protect it from soiling.
- 7) Put on gloves AFTER gathering supplies and preparing the area.
- 8) Apply a small amount of oral cleaning solution to a swab(s).
- 9) Gently and thoroughly clean all upper and lower teeth inner, outer, and chewing surfaces.
- 10) Gently and thoroughly clean the gums.
- 11) Gently and thoroughly clean the resident's tongue.
- 12) Clean/wipe the resident's mouth area.

- 13) Leave the resident in a position of safety and good body alignment.
- 14) Rinse, dry, and return equipment to storage. Discard disposable items in a designated container. Place soiled linen in a designated laundry hamper.
- 15) Remove gloves by turning them 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 the 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 your hands together until they are completely dry.

Nail Care for a Resident's Hand

- 1) Knocks on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Immerse the resident's nails in comfortably warm water and soak for at least five (5) minutes. (Verbalize to soak nails for at least five minutes.)
- 5) Dry the resident's hand thoroughly, specifically dry between fingers.
- 6) Gently clean under the nails with an orange stick.
- 7) Gently push the cuticle back with an orange stick.
- 8) File each fingernail.
- 9) Rinse and dry equipment and return to storage. Place soiled linen in a designated laundry hamper.
- 10) Maintain respectful, courteous interpersonal interactions at all times.
- 11) Place the 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 your hands together until they are completely dry.

Perineal Care for a Female Resident with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS) | DEMONSTRATED ON A MANIKIN

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident/manikin.
- 4) Provide privacy for the resident pull curtain.
- 5) Raise the bed to between mid-thigh and waist level.
- 6) Fill a basin with comfortably warm water. Place the basin on the over-bed table or bedside stand.
- 7) Prepare the area and gather supplies.
- 8) Place bath blanket or clean sheet over resident.
- 9) Put on gloves.
- 10) Expose perineum only.
- 11) Verbalize separating labia while physically separating the labia.

- 12) Use water and a soapy washcloth (no peri-wash).
- 13) Clean both sides of the labia from front to back using a clean portion of a washcloth with each single stroke.
- 14) Clean the middle of the labia from front to back using a clean portion of a washcloth for each single stroke.
- 15) Rinse both sides of the labia from front to back.
- 16) Rinse the middle of the labia from front to back.
- 17) Use a clean portion of a washcloth with each single stroke.
- 18) Pat dry.
- 19) Cover the exposed area with the bath blanket or clean sheet.
- 20) Assist the resident (manikin) in turning onto their side away from the candidate toward the center of the bed.
 - a. RN Test Observer may help hold the manikin on their side ONLY after the candidate has turned the manikin.
- 21) Use a clean washcloth with water and soap (no peri-wash).
- 22) Clean the rectal area from the vagina to the rectum with single strokes using a clean portion of a washcloth with each single stroke.
- 23) Use a clean washcloth with water.
- 24) Rinse the rectal area from front to back using a clean portion of the washcloth with each single stroke.
- 25) Pat dry.
- 26) Position resident (manikin) on her back.
- 27) Place soiled linen in a designated laundry hamper.
- 28) Empty, rinse, dry, and return equipment to storage.
- 29) Remove gloves by turning them inside out as they are removed, and dispose of gloves in an appropriate container.
- 30) Lower bed.
- 31) Maintain respectful, courteous interpersonal interactions at all times.
- 32) Place the call light or signaling device within easy reach of the resident.
- 33) Wash hands: Turn on water.
- 34) Wet hands.
- 35) Apply soap to hands.
- 36) Rub hands together using friction with soap.
- 37) Scrub/wash hands together with soap for at least twenty (20) seconds.
- 38) Scrub/wash with interlaced fingers pointing downward with soap.
- 39) Wash all surfaces of hands and wrists with soap.
- 40) Rinse hands thoroughly under running water with fingers pointing downward.
- 41) Dry hands with a clean paper towel(s).
- 42) Discard paper towel(s) used to wash hands to trash container as used. STEP REMOVE
- 43) Turn off the faucet with a paper towel as a barrier.
- 44) Discard paper towel(s) to trash container as used. ADDED
- 45) Do not re-contaminate by touching the sink with bare hands at any time during the hand-washing procedure or the faucet after washing hands. (Turning off the faucet with a paper towel(s) then drying your hands with the same paper towel(s) is considered recontamination.)

Pivot Transfer a Weight-Bearing, Non-Ambulatory Resident from their Bed to a Wheelchair using a Gait Belt

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Obtain a gait belt.
- 5) Lock bed brakes BEFORE transferring to ensure resident's safety. ADDED
- 6) Assist in putting on non-skid footwear.
- 7) Assist the resident to a sitting position.
- 8) Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
 - ●Assist the resident to a sitting position. MOVED STEP
- 9) Position the wheelchair arm/wheel touching the side of the bed.
- 10) Lock wheelchair brakes to ensure resident's safety.
- 11) Place a gait belt around the resident's waist to stabilize the trunk.
- 12) Tighten gait belt.
- 13) Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
- 14) Face the resident.
- 15) Grasp the gait belt with both hands.
- 16) Bring the resident to a standing position using proper body mechanics.
- 17) Assist the resident to pivot/turn in a controlled manner that ensures safety.
- 18) Sit the resident in the wheelchair in a controlled manner that ensures safety.
- 19) Remove the gait belt.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place the 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 your hands together until they are completely dry.

Position a Resident on their Side in Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident and how the resident may help.
- 4) Provide privacy for the resident pull curtain.
- 5) Position the bed flat.
- 6) Raise the bed to between mid-thigh and waist level.
- 7) From the working side of the bed, gently move the resident's upper body toward yourself.
- 8) From the working side of the bed, gently move the resident's hips toward yourself.
- 9) From the working side of the bed, gently move the resident's legs toward yourself.
- 10) Gently assist/turn resident on their side. (The correct side read to you by the RN Test Observer).
- 11) Physically check to Ensures the resident's face is never obstructed by the pillow. STEP REWORDED



- 12) Check to be sure Ensures the resident is not lying on their downside arm. STEP REWORDED
- 13) Place support devices under the resident's head.
- 14) Place support devices under the resident's upside arm.
- 15) Place support devices behind the resident's back.
- 16) Place support devices between the resident's knees.
- 17) Do not cause any discomfort or pain at any time during the procedure.
- 18) Lower bed.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place the 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 your hands together until they are completely dry.

Put on an Isolation Gown and Gloves, Empty a Urinary Drainage Bag, Measure and Record the Output, Remove the Gown and Gloves 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 your hands together until they are completely dry.
- 2) Applies gown with the opening in the back.
- 3) Place arms through each sleeve.
- 4) Fasten the neck opening behind the neck.
- 5) Secure the waist, ensuring the back flaps cover clothing as completely as possible.
- 6) Put on gloves overlapping the gown sleeves at the wrist.
- 7) Knock on door.
- 8) Explain the procedure to be performed to the resident.
- 9) Provide privacy for the resident pull curtain.
- 10) Place a clean barrier on the floor under the drainage bag (paper towel or linen).
- 11) 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.
- 12) Avoid touching the graduate or urine in the graduate with the tip of the tubing. Close the drain.
- 13) Wipe the drain with an uncontaminated antiseptic wipe.
- 14) Place the graduate on the designated level, flat surface, and at eye level, and measure output.
- 15) Empty the graduate into the designated toilet/commode. Rinse and dry equipment. Return equipment to storage.
- 16) Place the barrier in an appropriate container.
- 17) Leave the resident in a position of comfort and safety.
- 18) Record the output on the previously signed recording form.
- 19) The candidate's measured output reading is within 25ml of the RN Test Observer's output reading.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place the call light or signaling device within easy reach of the resident.
- 22) Remove gloves BEFORE removing the gown, turning them inside out as they are removed.
- 23) Dispose of the gloves in the designated container.
- 24) Unfasten the gown at the neck AFTER the gloves have been removed.
- 25) Unfasten the gown at the waist AFTER the gloves have been removed.

- 26) Remove the gown by folding the soiled area to the soiled area.
- 27) Place the gown in a designated container.
- 28) Wash hands: Turn on water.
- 29) Wet hands.
- 30) Apply soap to hands.
- 31) Rub hands together using friction with soap.
- 32) Scrub/wash hands together with soap for at least twenty (20) seconds.
- 33) Scrub/wash with interlaced fingers pointing downward with soap.
- 34) Wash all surfaces of hands and wrists with soap.
- 35) Rinse hands thoroughly under running water with fingers pointing downward.
- 36) Dry hands with a clean paper towel(s).

Discard paper towel(s) used to dry hands to trash container as used. STEP REMOVED

- 37) Turn off the faucet with a paper towel as a barrier.
- 38) Discard the paper towel(s) to the trash container as used. ADDED
- 39) Do not re-contaminate by touching the sink with bare hands at any time during the hand-washing **procedure or the faucet after washing hands.** (Turning off the faucet with a paper towel(s) then drying your hands with the same paper towel(s) is considered recontamination.)

Range of Motion for a Resident's Hip and Knee

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the 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.
- 9) Move the entire leg back toward the body.
- 10) Complete abduction and adduction of the hip at least three times.
- 11) Continue to support the joint correctly 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.
- 13) Straighten the knee and hip.
- 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) The candidate must ask the resident at least once during the ROM exercise if there is/was any discomfort/pain. Do not cause discomfort or pain at any time during ROM.
- 17) Leave the resident in good body alignment.
- 18) Lower bed.

- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place the 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 your hands together until they are completely dry.

Range of Motion for a Resident's Shoulder

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the 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 the resident's arm up and over the resident's head.
- 9) Bring the resident's arm back down to the resident's side.
- 10) Complete flexion and extension of the shoulder at least three times.
- 11) Continue to support the joint correctly 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.
- 13) Return the resident's arm to the middle of the resident's body.
- 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) The candidate must ask at least once during the ROM exercise if there is any discomfort/pain. Do not cause any discomfort or pain at any time during the ROM.
- 17) Leave the resident in good body alignment.
- 18) Lower bed.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place the 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 your hands together until they are completely dry.

Vital Signs: Count and Record a Resident's Pulse and Respirations

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Locate the radial pulse by placing your fingertips on the thumb side of the resident's wrist.

- 5) <u>Verbalize Start and</u> count the resident's <u>pulse</u> for a full 60 seconds <u>AND VERBALIZE STOP</u>, and <u>record the pulse</u> rate on the previously signed recording form <u>ADDED REQUIRED VERBALIZATION WHEN STARTING & STOPPING COUNTING</u>
 - a. You must tell the RN Test Observer when you start counting and tell them when you stop counting.
- 6) The candidate's recorded pulse rate is within four (4) beats of the RN Test Observer's recorded pulse rate.
- 7) <u>Verbalize Start and</u> count the resident's <u>respirations</u> for a full 60 seconds <u>AND VERBALIZE STOP</u>, and <u>record the respirations</u> on the previously signed recording form. <u>ADDED REQUIRED VERBALIZATION WHEN STARTING & STOPPING COUNTING</u>
 - a. You must tell the RN Test Observer when you start counting and tell them when you stop counting.
- 8) The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded respiratory rate.
- 9) Maintain respectful, courteous interpersonal interactions at all times.
- 10) Place the 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 your hands together until they are completely dry.

Vital Signs: Take and Record a Resident's Blood Pressure

- 1) Knock on door.
- 2) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Position 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. STEP REWORDED
- 6) Roll the resident's sleeve about five (5) inches above the elbow.
- 7) Apply the appropriate size cuff around the upper arm just above the elbow.
- 8) Clean the stethoscope's earpieces appropriately and place them in the ears.
- 9) Place the stethoscope over the brachial artery.
- 10) Hold the stethoscope snugly in place.
- 11) Inflate the cuff until 30mmHG above the average systolic rate provided by the RN Test Observer.
- 12) Slowly release air from the cuff to the disappearance of pulsations. Remove cuff.
- 13) Record reading on previously signed recording form.
- 14) The candidate's recorded systolic blood pressure is within 8mmHG of the RN Test Observer's recorded systolic blood pressure.
- 15) The candidate's recorded diastolic blood pressure is within 8mmHG of the RN Test Observer's recorded diastolic blood pressure.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place the 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 your hands together until they are completely dry.

Knowledge Exam Vocabulary List

abandonment
abdominal thrust
abductor wedge
abduction
abnormal vital signs
absorption
abuse
accidents
activity
acute
adaptive
adaptive devices
adaptive equipment
adduction
ADLs
admission
admitting residents
advance directives
afebrile
affected side
aging process
agitation
AIDS
alarms
alternating pressure mattress
Alzheimer's
Alzheimer's care
ambulate with assistance
ambulation
ambulatory resident
amputees
anatomy
anger
angina

angina pectoris
antibiotics
anti-embolic stocking
antisepsis
anxiety
aphasia
apical pulse
apnea
appropriate response
arteries
arthritis
aseptic
aspiration
assault
assistive device
atrophy
attitudes
authorized duty
avoiding falls
axillary temperature
back strain
bacteria
bargaining
basic needs
basic nursing skills
basic skin care
bath water temperature
bathing
bed bath
bed cradle
bed height
bed making
bed position
bed rails

bed rest
bed sore
behavior
behavioral care plan
beliefs
biohazard <mark>bag</mark>
bladder training
blindness
blood pressure
bodily fluids
body alignment
body mechanics
body system
body temperature
bowel and bladder programs
bowel movements
ВР
bradycardia
brain stem
break time
breathing
burnout
burns
call light
cancer
cardiac arrest
cardiopulmonary resuscitation
cardiovascular system
care impaired
care plan
care planning
cast
cataracts
catheter

catheter care	confidentiality	diabetes
ccs in an ounce	conflict	diabetic
central nervous system	conflict resolution	dialysis
cerebral vascular accident	confused resident	diarrhea
chain of command	congestive heart failure	diastolic
chain of infection	constipation	diet
charge nurse	constrict	dietitian
chemical restraint	contact isolation	digestion
chemical safety	contamination	digestive syst
chemotherapy	continuity	dilate
CHF	contracture	discharging re
choking	converting measures	disease
chronic	COPD	disease proce
circulation	coping mechanisms	disinfectants
circulatory system	coughing excessively	disinfection
clarification	CPR	disoriented
cleaning	cueing	disoriented re
cleaning spills	CVA	disposing of co
clear liquid diet	cyanotic	materials
clergy	data collection	disrespect disrespectful
cognitively impaired	death and dying	
cold application	decubitus ulcer	dizziness
cold compress	deeper tissue	DNR
colostomy	defamation	documentation
colostomy bag	dehydration	domestic abu
colostomy care	delegation	draw/lift
coma	delirium	dressing resid
comatose resident	dementia	droplet preca
combative resident	denial	drowsy
comfort care	denture care	drug toleranc
communicable	dentures	dry skin
communication	depression	dying
compensation	dermatitis	dysphagia
compression	development	dyspnea
conduct	developmental disability	dysuria

dialysis diarrhea diastolic diet dietitian digestion digestive system dilate discharging resident discase disinfectants disinfection disoriented disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident dryskin dysphagia dyspnea ddysuria	diabetes
diarrhea diastolic diet dietitian digestion digestive system dilate discharging resident disease disinfectants disinfection disoriented disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dysphagia dysphagia dyspnea	diabetic
diastolic diet dietitian digestion digestive system dilate discharging resident disease disease process disinfectants disinfection disoriented disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	dialysis
diet dietitian digestion digestive system dilate discharging resident disease disease process disinfectants disinfection disoriented disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dysphagia dysphagia dyspnea	diarrhea
dietitian digestion digestive system dilate discharging resident discase disease process disinfectants disinfection disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	diastolic
digestive system dilate discharging resident disease disease process disinfectants disinfection disoriented disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drug tolerance dry skin dying dysphagia dyspnea	diet
digestive system dilate discharging resident disease disease process disinfectants disinfection disoriented disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drug tolerance dry skin dying dysphagia dyspnea	dietitian
dilate discharging resident disease disease process disinfectants disinfection disoriented disoriented resident disposing of contaminated materials disrespect disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	digestion
discharging resident disease disease process disinfectants disinfection disoriented disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	digestive system
disease disease process disinfectants disinfection disoriented disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dysphagia dysphagia dyspnea	dilate
disease process disinfectants disinfection disoriented disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	discharging resident
disinfectants disinfection disoriented disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	disease
disinfection disoriented disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	disease process
disoriented disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	disinfectants
disoriented resident disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	disinfection
disposing of contaminated materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	disoriented
materials disrespect disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	disoriented resident
disrespectful treatment dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	
dizziness DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	disrespect
DNR documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	disrespectful treatment
documentation domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	dizziness
domestic abuse draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	DNR
draw/lift dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dyspnea	documentation
dressing resident droplet precautions drowsy drug tolerance dry skin dying dysphagia dysphagia dyspnea	domestic abuse
droplet precautions drowsy drug tolerance dry skin dying dysphagia dysphagia dyspnea	draw/lift
drowsy drug tolerance dry skin dying dysphagia dysphagia dyspnea	dressing resident
drug tolerance dry skin dying dysphagia dyspnea	droplet precautions
dry skin dying dysphagia dyspnea	drowsy
dying dysphagia dyspnea	drug tolerance
dysphagia dyspnea	dry skin
dyspnea	dying
	dysphagia
dysuria	dyspnea
	dysuria

edema	feeding tube	hallucination
elastic	financial abuse	hand tremors
elastic stockings	fingernail care	hand washing
elderly	fire	hazardous substance
electrical equipment	fire safety	health-care team
elevate head	fire safety procedures	hearing
elimination	first aid	hearing aid
emergency situation	flatus	hearing impaired
emesis	flexed	hearing loss
emesis basin	flexion	heart muscle
emotional abuse	fluid intake	heat application
emotional needs	fob interview	height
emotional stress	Foley catheter	hemiplegia
emotional support	foot care	hepatitis B
empathetic	Fowler's position	НІРАА
empathy	fractures	HIV
emphysema	fraud	hormones
end of life care	frayed cord	hospice
enema	free from disease	hospice care
epilepsy	frequent urination	hydration
ethical code	gait belt	hyperglycemia
ethical issues	gastric feedings	hypertension
ethics	gastrostomy tube	hyperventilation
evacuation	geriatrics	hypoglycemia
expressive aphasia	germ transmission	I&O (input and output)
eyeglasses	gerontology	immobility
facility policy	gestures	immune
falls	gifts	impaired
false imprisonment	glass thermometer	impairment
fasting	gloves	in-house transfer
faulty equipment	grand mal seizure	in-service programs
fecal impaction	grieving process	incontinence
feces	group settings	indwelling catheter
feeding	HAI	infection
feeding resident	hair care	infection control

infection prevention	mechanical lift	nursing assistant behavior
infectious disease	mechanical soft diet	nursing assistant's role
initial observations	medical asepsis	nutrition
input and output	medical record	nutritional status
insomnia	medications	objective
insulin	memory loss	objective data
intake	mental health	OBRA
intake and output	mentally impaired	observation
integumentary system	metastasis	official records
intermediate care facility	microorganisms	ombudsman
interpersonal skills	milliliters	open-ended questions
invasion of privacy	minerals	oral care
isolation	misappropriation	oral hygiene
isolation precautions	mistakes	oral temperature
jaundice	mobility	orientation
job description	mouth care	oriented
kidney failure	moving	osteoporosis
laxatives	moving a resident	ostomy bag
life support	MSDS	output
lift/draw sheets	mucous membrane	over-bed table
linen	Multiple Sclerosis	oxygen
listening	musculoskeletal	oxygen therapy
log rolling	musculoskeletal system	pain
loose teeth	myocardial infarction	palliative care
low sodium diet	nail care	paralysis
making occupied bed	nasal cannula	paranoia
manipulative behavior	neglect	Parkinson's
mask	negligence	partial assistance
Maslow's	new resident	passive
masturbation	non-contagious disease	passive range of motion
material safety data sheets	nonverbal communication	pathogens
MDS	nosocomial	patience
mealtime	nosocomial infection	pediculosis
measuring height	NPO	perineal care
measuring temperature	nurse's station	peripheral vascular disease

nursing assistant behavior
nursing assistant's role
nutrition
nutritional status
objective
objective data
OBRA
observation
official records
ombudsman
open-ended questions
oral care
oral hygiene
oral temperature
orientation
oriented
osteoporosis
ostomy bag
output
over-bed table
oxygen
oxygen therapy
pain
palliative care
paralysis
paranoia
Parkinson's
partial assistance
passive
passive range of motion
pathogens
patience
pediculosis
perineal care
peripheral vascular disease

peristalsis
personal belongings
personal care
personal items
personal possessions
personal protective equipment
personal stress
personal values
pet therapy
phantom pain
phone etiquette
physical needs
physical therapist
physician's authority
plaque
podiatrist
policy book
positioning
positioning resident
positive attitude
postmortem care
post-operative pneumonia
postural supports
PPE (personal protective equipment)
pressure sore
pressure ulcers
preventing falls
preventing injury
privacy
professional boundaries
progressive
projection
pronation
prone
prostate gland

prosthetic protective equipment psychological needs psychosocial pulse QID quadriplegia quality of life radial ramps range of motion rationalization receptive aphasia rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing renewal reporting abnormal changes reporting abservations reposition residents resident abuse resident dentification	
protective equipment psychological needs psychosis psychosocial pulse QID quadriplegia quality of life radial ramps range of motion rationalization reality orientation receptive aphasia rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing reporting reporting abnormal changes reporting abservations reposition reposition residents resident abuse resident centered care	prosthesis
psychological needs psychosis psychosocial pulse QID quadriplegia quality of life radial ramps range of motion rationalization recaptive aphasia rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing renewal reporting abnormal changes reporting abservations reposition residents resident abuse resident belongings resident centered care	prosthetic
psychosocial pulse QID quadriplegia quality of life radial ramps range of motion rationalization receptive aphasia rectal rectal temperature refusal regulation religious service reminiscence therapy reminiscing reporting abnormal changes reporting abservations reposition reposition residents resident belongings resident centered care	protective equipment
psychosocial pulse QID quadriplegia quality of life radial ramps range of motion rationalization receptive aphasia rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing reporting reporting abnormal changes reporting abuse reposition reposition residents resident belongings resident centered care	psychological needs
pulse QID quadriplegia quality of life radial ramps range of motion rationalization reality orientation receptive aphasia rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing renewal reporting reporting abnormal changes reporting observations reposition reposition residents resident abuse resident centered care	psychosis
quadriplegia quality of life radial ramps range of motion rationalization receptive aphasia rectal rectal temperature refusal regulation religious service reminiscence therapy reminiscing renewal reporting reporting abnormal changes reposition reposition residents resident abuse resident centered care	psychosocial
quadriplegia quality of life radial ramps range of motion rationalization receptive aphasia rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing reporting reporting abnormal changes reporting abuse reposition reposition residents resident abuse resident centered care	pulse
quality of life radial ramps range of motion rationalization reality orientation receptive aphasia rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing reporting reporting reporting abnormal changes reporting observations reposition resident abuse resident belongings resident centered care	QID
radial ramps range of motion rationalization reality orientation receptive aphasia rectal rectal temperature refusal regulation religious service reminiscence therapy reminiscing reporting reporting abnormal changes reporting abservations reposition reposition residents resident abuse resident centered care	quadriplegia
ramps range of motion rationalization reality orientation receptive aphasia rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing renewal reporting reporting abnormal changes reporting abservations reposition reposition residents resident abuse resident centered care	quality of life
range of motion rationalization reality orientation receptive aphasia rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing renewal reporting reporting abnormal changes reporting abuse reporting observations reposition reposition residents resident abuse resident centered care	radial
rationalization reality orientation receptive aphasia rectal rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing reporting reporting abnormal changes reporting abuse reporting observations reposition reposition residents resident abuse resident centered care	ramps
reality orientation receptive aphasia rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing reporting reporting reporting abnormal changes reporting observations reposition reposition residents resident abuse resident centered care	range of motion
receptive aphasia rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing reporting reporting reporting abnormal changes reporting observations reposition reposition residents resident abuse resident centered care	rationalization
rectal rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing renewal reporting reporting abnormal changes reporting abservations reposition reposition resident abuse resident belongings resident centered care	reality orientation
rectal temperature refusal regulation rehabilitation religious service reminiscence therapy reminiscing renewal reporting reporting abnormal changes reporting abuse reporting observations reposition reposition residents resident abuse resident centered care	receptive aphasia
refusal regulation rehabilitation religious service reminiscence therapy reminiscing renewal reporting reporting abnormal changes reporting abuse reporting observations reposition reposition residents resident abuse resident centered care	rectal
regulation rehabilitation religious service reminiscence therapy reminiscing renewal reporting reporting abnormal changes reporting abuse reporting observations reposition reposition residents resident abuse resident belongings resident centered care	rectal temperature
rehabilitation religious service reminiscence therapy reminiscing renewal reporting reporting abnormal changes reporting observations reposition reposition residents resident abuse resident belongings resident centered care	refusal
religious service reminiscence therapy reminiscing renewal reporting reporting abnormal changes reporting abuse reporting observations reposition reposition residents resident abuse resident belongings resident centered care	regulation
reminiscence therapy reminiscing renewal reporting reporting abnormal changes reporting abuse reporting observations reposition reposition residents resident abuse resident belongings resident centered care	rehabilitation
reminiscing renewal reporting reporting abnormal changes reporting abuse reporting observations reposition reposition residents resident abuse resident belongings resident centered care	religious service
renewal reporting reporting abnormal changes reporting abuse reporting observations reposition reposition residents resident abuse resident belongings resident centered care	reminiscence therapy
reporting reporting abnormal changes reporting abuse reporting observations reposition reposition residents resident abuse resident belongings resident centered care	reminiscing
reporting abnormal changes reporting abuse reporting observations reposition reposition residents resident abuse resident belongings resident centered care	renewal
reporting abuse reporting observations reposition reposition residents resident abuse resident belongings resident centered care	reporting
reporting observations reposition reposition residents resident abuse resident belongings resident centered care	reporting abnormal changes
reposition reposition residents resident abuse resident belongings resident centered care	reporting abuse
reposition residents resident abuse resident belongings resident centered care	reporting observations
resident abuse resident belongings resident centered care	reposition
resident belongings resident centered care	reposition residents
resident centered care	
	resident abuse
resident identification	
	resident belongings

resident independence
resident pain
resident pictures
resident rights
resident treatment
resident unit
Resident's Bill of Rights
resident's chart
resident's environment
resident's families
respectful treatment
respirations
respiratory condition
respiratory symptoms
respiratory system
responding to resident
behavior
responsibility
responsibility
restorative
restorative
restorative restorative care
restorative restorative care restrained resident
restorative restorative care restrained resident restraints
restorative restorative care restrained resident restraints resuscitation
restorative restorative care restrained resident restraints resuscitation right to equal care
restorative restorative care restrained resident restraints resuscitation right to equal care right to refuse care
restorative restorative care restrained resident restraints resuscitation right to equal care right to refuse care rights
restorative restorative care restrained resident restraints resuscitation right to equal care right to refuse care rights rigidity
restorative restorative care restrained resident restraints resuscitation right to equal care right to refuse care rights rigidity risk factor
restorative restorative care restrained resident restraints resuscitation right to equal care right to refuse care rights rigidity risk factor roles and responsibilities
restorative restorative care restrained resident restraints resuscitation right to equal care right to refuse care rights rigidity risk factor roles and responsibilities rotation
restorative restorative care restrained resident restraints resuscitation right to equal care right to refuse care rights rigidity risk factor roles and responsibilities rotation safety
restorative restorative care restrained resident restraints resuscitation right to equal care right to refuse care rights rigidity risk factor roles and responsibilities rotation safety saliva
restorative restorative care restrained resident restraints resuscitation right to equal care right to refuse care rights rigidity risk factor roles and responsibilities rotation safety saliva scabies

security	stethoscope	transporting food
seizure	stomach	treating residents with respe
self-actualization	stool specimen	tub bath
self-esteem	stress	tube feeding
semi-Fowlers	stroke	tubing
sensory system	strong side	twice daily
sexual expression	subjective	tympanic
sexual harassment	subjective data	tympanic temperature
sexual needs	substance abuse	unaffected
sexuality	suicide	unaffected side
Sharp's container	sundowning	unconscious
shaving	supine	unconscious resident
shaving resident	supplemental feedings	undressing
shearing of skin	suprapubic	uniform
side rails	survey	universal precautions
Sim's position	suspected abuse	unsteady
skilled care facility	swallowing	urethral
skin breakdown	swelling	urinary catheter bag
skin integrity	systolic	urinary drainage bag
slander	tachycardia	urinary elimination
smoking	TED hose	urinary problems
social needs	telephone etiquette	urinary system
social well being	temperature	urinary tract
social worker	tendons	urination
soiled linen	terminal illness	urine
specimen	terminology	urine filter
spills	thermometers	urine specimen
spiritual needs	thickened liquids	vaginal drainage
sputum test	threatening resident	validation
standard/universal precautions	tips	validation therapy
STAT	toenails	violent behavior
state survey	toileting schedule	vision change
stealing	trachea	visually impaired
sterile	transfers	vital signs
sterilization	transporting	vitamins

vocabulary
vomitus
walker
wandering resident
water faucets
water intake
water temperature

weak side		
weakness		
weighing		
weighing resident		
weight		
well-balanced meal		
well-being		

wheelchair safety
white blood cells
withdrawal
withdrawn resident
workplace violence

Notes:	