

TOWNHOUSE CENTER FOR REHABILITATION AND NURSING

NURSING DEPARTMENT

CORE COMPETENCY

Name: S. Linn
 DOH: 7-20-10
 Job Classification: RN
 Shift: 3pm-11pm

10/10 10/11 10/12

Nurse	3 Months Date	1 Year Date	2 Years Date	3 Years Date	4 Years Date
Communication					
• Phone/Paging	✓	✓	✓		
• 24-hours Report	✓	✓	✓		
• Alert Charting	✓	✓	✓		
• Daily Census	✓	✓	✓		
Admission Procedure					
• Nursing History, Assess, and Body Scan	✓	✓	✓		
• Fall Risk Assess	✓	✓	✓		
• Pressure Sore Assess	✓	✓	✓		
• Side Rail Assess	✓	✓	✓		
• Physician's Orders	✓	✓	✓		
• MARS/TARS	✓	✓	✓		
• Behavior Monitoring Sheets	✓	✓	✓		
• Pressure Sore Record/Picture	✓	✓	✓		
• Faxing to Pharmacy	✓	✓	✓		
• Dietary Communication	✓	✓	✓		
• Therapy Communication	✓	✓	✓		
• Lab Work	✓	✓	✓		
• Consultation (Podiatry, Dental, etc.)	✓	✓	✓		
• Admission Note	✓	✓	✓		
• 5-day Charting	✓	✓	✓		
• Vital Signs	✓	✓	✓		
• Advance Directives	✓	✓	✓		
Unit Transfer					
• Checklist					
Medicare Documentation	✓	✓	✓		
Policy/Procedure Review	✓	✓	✓		
Nursing/Interdisciplinary Care Planning					
Patient Transfer Form	✓	✓	✓		
Discharge Procedure	✓	✓	✓		
• Post Mortem Care	✓	✓	✓		

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Nurse	3 Months Date	1 Year Date	2 Years Date	3 Years Date	4 Years Date
• Signing in/out of Residents	✓	✓	✓		
Managerial/Supervising Duties					
• Employee Disciplinary Action	/	✓	✓		
• Chain of Command	/	✓	✓		
• Meeting Participation	✓	✓	✓		
Telephone Orders					
MAR/TAR Completion					
• Updating Pharmacy	✓	✓	✓		
• Ordering/Recording	✓	✓	✓		
• Returning Meds for credit	✓	✓	✓		
• Narcotic Disposal	✓	✓	✓		
• Signing Bingo Cards	MA	✓	✓		
• Requesting OOP Meds	✓	✓	✓		
• Ordering IV Supplies	✓	✓	✓		
Dietary					
• Communication/Change	✓	✓	✓		
• I&O	✓	✓	✓		
• Meal Request	✓	✓	✓		
• Thick It	✓	✓	✓		
• GT/NT Orders	✓	✓	✓		
Weights & Lifts					
• Weekly/Monthly	✓	✓	✓		
• Scale	✓	✓	✓		
• Hoyer Lift	✓	✓	✓		
Problematic Behavior					
• Alzheimers/Dementia	✓	✓	✓		
• Monitoring Psychoactive	✓	✓	✓		
• Weekly Notes	✓	✓	✓		
Restraints					
• Assessment	✓	✓	✓		
• Alternatives	✓	✓	✓		
• Consent	✓	✓	✓		
• Weekly Notes	✓	✓	✓		
• IDCP	✓	✓	✓		

CONFIDENTIAL

2. Conway
10-10-10
11 PM - 11 PM

10/10

11/10

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10/10

10/12

Nurse	3 Months Date	1 Year Date	2 Years Date	3 Years Date	4 Years Date
• Quarterly Incidents	✓	✓	✓		
• Incident/Accident Report	✓	✓	✓		
• 72 Hour Notes	✓	✓	✓		
Infection					
• Infection Notification	✓	✓	✓		
• Initiating Precautions	✓	✓	✓		
Laboratory/Diagnostic Procedure					
• Collecting Specimens	✓	✓	✓		
Restorative Nursing					
• ROM/PROM	✓	✓	✓		
• Ambulation	✓	✓	✓		
• Splinting /Equipment	✓	✓	✓		
• Swallowing Problems (feeding, Dysphagia Testing)	✓	✓	✓		
GT/NGT Insertion					
• Care/Changing	✓	✓	✓		
• Documentation	✓	✓	✓		
Medication Pass					
• Oral	✓	✓	✓		
• Injectable	✓	✓	✓		
• Med Error Report	✓	✓	✓		
Treatment Audit					
• Dressing Changing	✓	✓	✓		
• Aseptic Technique	✓	✓	✓		
• Bladder/Foley Irrigation	✓	✓	✓		
• Foley Insertion	✓	✓	✓		
• Colostomy Care	✓	✓	✓		
• Tracheostomy Care	✓	✓	✓		
• Suctioning	✓	✓	✓		
• Skin Care	✓	✓	✓		
• Wound Care	✓	✓	✓		
✓ Pressure Sore Record, Picture	✓	✓	✓		
✓ Weekly Assessment & Documentation	✓	✓	✓		
✓ Tub/Whirlpool	✓	✓	✓		

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Nurse	3 Months Date	1 Year Date	2 Years Date	3 Years Date	4 Years Date
• Orthopedic/Cast care	✓	✓	✓		
• O2/Respiratory Equip./Prod					
• Concentrators	✓	✓	✓		
• Tanks	✓	✓	✓		
• Nebulizers	✓	✓	✓		
• Masks/Nasal Cannulas	✓	✓	✓		
• CPR					
IV					
• Peripheral Insertion	M/A	✓	✓		
• Line Care/Changing	✓	✓	✓		
• Site Care	✓	✓	✓		
• Hanging Fluids	✓	✓	✓		
• Documentation	✓	✓	✓		
• CVP/Midline Catheters/Porta-Catheters					
• Flushing	✓	✓	✓		
• Dressing Changing /Site Care	✓	✓	✓		
• Hanging Fluids	✓	✓	✓		
• Documentation	✓	✓	✓		
EMPLOYEE SIGNATURE	<i>S. Cormier</i>				
SUPERVISOR SIGNATURE	<i>[Signature]</i>				