

Paid Feeding Assistant Competency Checklist
Feeding a Resident

Employee's Name/Credentials: _____

To master this skill, the student must successfully complete all steps. Failure to perform any step results in failure of this skill. To be completed by instructor (licensed nurse) during observation of 100% unassisted performance of the procedure by the trainee.

Equipment: damp washcloth (or disposable towelettes); paper towel or napkin; meal tray with food, condiments, and silverware; clothing protector, assistive devices as needed

Feeding a Resident	Yes Able To Perform	No Needs to Improve	Comments
Knocks before entering room.			
Greets resident and identifies self. Addresses resident in pleasant manner by Mr. or Ms. (or preferred name).			
Identifies the resident, explains procedure and obtains permission.			
Washes hands (in accordance with correct hand-washing procedure).			
Makes sure resident is positioned correctly. Calls for assistance from trained staff to position.			
Obtains food tray. Checks to be sure resident has correct tray, correct diet and any special instructions. Describes the meal to the resident.			
Checks to make sure tray has everything needed (utensils, condiments, napkin, straw, etc.)			
Checks for food that looks or smells spoiled.			
Positions clothing protector as needed, cleans resident's hands.			
Serves promptly. Food should be attractively served and placed within reach. Places according to need of the resident (e.g., weakness or paralysis on one side).			
Allows hot foods to cool before offering.			

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Feeding a Resident	Yes Able To Perform	No Needs to Improve	Comments
Assists resident and prepares food as needed including removing covers, assists with placement of clothing protector, cuts meats (per instruction from diet card or supervising nurse), pours liquids or opens container and places straw in drink, butters bread, opens containers/condiments, stirs food if needed, peels fruit if needed, assists with sugar/sweetener.			
Unless ordered otherwise, seasons food to resident's taste and allows the resident the choice of the order of food.			
Sits to feed the resident (if right-handed, sits on resident's right side; if left-handed, sits on resident's left side).			
Tells the resident what is served for each bite and allows the resident the choice of the next food item if resident is able to communicate and or respond. Obtains substitutes as requested or needed.			
Aware of hot or cold food temperatures and advises resident of caution. (Does not blow on food).			
Feeds alternate solids and liquids in a manner the resident prefers.			
Feeds slowly; does not offer more food until last bite was swallowed.			
Feeds from the tip of a half-filled fork or spoon.			
Does not over-fill spoon.			
Takes care that spoon has cleared the teeth.			
Does not mix food items unless resident requests it.			
Does not rake food from lips and returns to mouth.			
Provides adequate time to chew.			
When serving liquids with a straw (if appropriate), holds the straw in place while resident drinks.			

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If necessary, tells the resident what he/she is eating.			
Wipes the resident's mouth and hands as necessary during feeding, using napkin.			
Observes that all food is swallowed and not pocketed in the cheek.			
Encourages resident to eat as much as possible without forcing.			
Removes tray as soon as resident is finished. Cleans resident's hands and face with napkin, towelette or washcloth.			
Notes and reports the amount of food eaten or not eaten (intake) per instruction from supervising nurse.			
Provides comfort and places call bell/signal within reach after removing tray (score only if performed in resident's room).			
Reports any abnormal observations to the nurse/supervisor.			
Washes hands when finished.			
Demonstrates knowledge and ability related to infection prevention and control.			
Demonstrates knowledge and ability related to communication and interpersonal skills.			
Demonstrates knowledge and ability related to promoting resident independence and resident's rights.			
Demonstrates knowledge and ability related to appropriate response to resident behavior.			

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Score:

_____ Pass: Yes (all tasks performed satisfactorily)

_____ No (not all tasks performed satisfactorily)

Instructor Signature: _____ **Date:** _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, when the individual was being evaluated for competency.

Employee Signature: _____ **Date:** _____