

**Paid Feeding Assistant Competency Checklist
Serving Fresh Drinking Water**

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: Cart, pitcher of fresh water, cups/glasses, trays, ice, scoop for ice, straws or other aids

Serving Fresh Drinking Water	Yes Able To Perform	No Needs to Improve	Comments
Receives directions from supervising nurse regarding residents with special needs (NPO, fluid restrictions, no ice).			
Washes hands (in accordance with correct handwashing procedure).			
Assembles supplies.			
Takes cart with clean supplies and adds ice (use scoop) to pitchers of water. Places on cart and delivers to each resident. Do not allow handle of scoop to touch ice.			
Fills cup with fresh water, adds ice (using scoop) as requested by resident.			
Places fresh drinking water within reach.			
If requested or needed, offers straw. Holds straw while resident drinks, if needed.			
Provides other assistance as requested or needed.			
Removes and discards cups/glasses when resident is finished.			
Returns cart containing any used supplies to kitchen to be washed.			

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Serving Fresh Drinking Water	Yes Able To Perform	No Needs to Improve	Comments
Reports and records as directed per instruction from supervising nurse.			
Reports any abnormal observations to the nurse/supervisor.			
Washes hands when finished.			
Demonstrates knowledge/ability for infection prevention and control.			
Demonstrates knowledge/ability for communication/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.			

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:** _____