

**Paid Feeding Assistant Competency Checklist
Serving Supplemental Nourishments**

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: Nourishments, napkins, utensils, straws or other aids

Serving Supplemental Nourishments	Yes Able To Perform	No Needs to Improve	Comments
Receives directions from supervising nurse regarding residents with special dietary needs.			
Washes hands (in accordance with correct handwashing procedure).			
Assembles supplies.			
Allows each resident to choose from available nourishments.			
Places nourishment, napkin, eating utensils/aids within resident's reach.			
Provides assistance as needed or requested.			
Removes glasses or dishes after use and discards to designated area (i.e., returns to kitchen to be washed). Do not touch rims of glassware.			
Repeats for each resident assigned.			
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.			

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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:** _____