


Exhibit B		
Solicitation No.:	BPM006652	
Description:	Nursing and Habilitation Services for Individuals with Intellectual Disabilities at Intermediate Care Facilities and State Owned Group Homes	

Exhibit B - State Operated Residential Services Direct Care Skills Checklist

Name: _____ **Date:** _____

Years of Experience: _____

Directions for completing skills checklist:

The following is a list of procedures performed in rendering direct care. Please indicate the level of experience. Use the following key as a guideline:

- A.) No education/No Experience-** Has not performed skill.
- B.) Limited Experience-** Knows procedure/has used equipment but has done so infrequently or not within the last six months.
- C.) Moderate Experience-** Able to demonstrate equipment/procedure, perform the task/skill independently with only resource assistance needed.
- D.) Proficient/Competent-** Able to demonstrate/perform the task/skill proficiently without any assistance and can instruct/teach

A.) Safe Transfer Techniques

- | | | | | |
|--|---|---|---|---|
| 1. Repositioning in bed | A | B | C | D |
| 2. Repositioning on wedge, motion table, sidelyer | A | B | C | D |
| 3. Mechanical (Arjo/Hoyer) lift | A | B | C | D |
| 4. Assist with ambulation | A | B | C | D |
| 5. Gait Belt | A | B | C | D |
| 6. Assist with sit to stand | A | B | C | D |
| 7. Use of a wheelchair | A | B | C | D |
| 8. Use of walker (Rolling Walker, Platform walker, rollator) | A | B | C | D |
| 9. Assist in and out of vehicle | A | B | C | D |
| 10. Use of adaptive van | A | B | C | D |
| 11. Driving adaptive van | A | B | C | D |
| 12. Stand Pivot Transfer | A | B | C | D |
| 13. 2 Person Lift Transfer | A | B | C | D |
| 14. Electric Sit to Stand devices | A | B | C | D |
| 15. Familiarity with Orthotics (Splints, AFOs, Gauntlets, etc) | A | B | C | D |
| 16. Positioning Schedules | A | B | C | D |

B. Personal Care ADL's

- | | | | | |
|---------------------------------------|---|---|---|---|
| 1. Assist/complete in shower | A | B | C | D |
| 2. Assist on trolley (raised bathtub) | A | B | C | D |
| 3. Assist/complete in bathing | A | B | C | D |
| 4. Bed Bath | A | B | C | D |
| 5. Assist in shower chair | A | B | C | D |
| 6. Nail trimming | A | B | C | D |
| 7. Nail filing | A | B | C | D |
| 8. Skin Care | A | B | C | D |
| 9. Hair Care | A | B | C | D |

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|--|---|---|---|---|
| 10. Assist/complete with tooth brushing | A | B | C | D |
| 11. Assist/complete with mouth swabs | A | B | C | D |
| 12. Denture care | A | B | C | D |
| 13. Assist/complete with shaving | A | B | C | D |
| 14. Assist/complete with dressing | A | B | C | D |
| 15. Perineum Care | A | B | C | D |
| 16. Range of Motion | A | B | C | D |
| 17. Familiarity with Contractures and Contracture Management | A | B | C | D |

C.) Elimination

- | | | | | |
|---|---|---|---|---|
| 1. Changing attends (adult incontinence briefs) | A | B | C | D |
| 2. Monitoring bowel movements | A | B | C | D |
| 3. Emptying Foley Catheter drainage bag | A | B | C | D |
| 4. Emptying colostomy bag | A | B | C | D |
| 5. Bedside commode/bedpan | A | B | C | D |
| 6. Colostomy Care/emptying bag | A | B | C | D |

D.) Housekeeping Duties

- | | | | | |
|---|---|---|---|---|
| 1. Washing clothes | A | B | C | D |
| 2. Folding clothes | A | B | C | D |
| 3. Washing dishes | A | B | C | D |
| 4. Sweeping floors | A | B | C | D |
| 5. Mopping floors | A | B | C | D |
| 6. Washing walls, windowsills, baseboards | A | B | C | D |
| 7. Dusting | A | B | C | D |
| 8. Making beds | A | B | C | D |
| 9. Organizing linens | A | B | C | D |
| 10. Restocking supplies | A | B | C | D |
| 11. Wiping counters | A | B | C | D |
| 12. Cleaning wheelchairs | A | B | C | D |
| 13. Cleaning DME/positioning equipment | A | B | C | D |

E.) Meal Preparation

- | | | | | |
|---|---|---|---|---|
| 1. Assist with eating | A | B | C | D |
| 2. Following a menu | A | B | C | D |
| 3. Following a recipe | A | B | C | D |
| 4. Use of mealtime adaptive aids | A | B | C | D |
| 5. Monitoring for swallowing difficulties | A | B | C | D |
| 6. Familiarity with different textures and liquid consistencies | A | B | C | D |

F.) Medical

- | | | | | |
|---|---|---|---|---|
| 1. Identify a change of condition (fever, rash, change in behavior) | A | B | C | D |
| 2. Administer medications | A | B | C | D |
| 3. Follow doctor's orders | A | B | C | D |
| 4. Heimlich | A | B | C | D |

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|----------------------------------|---|---|---|---|
| 5. CPR | A | B | C | D |
| 6. First Aid | A | B | C | D |
| 7. Use of AED | A | B | C | D |
| 8. Taking Vital Signs | A | B | C | D |
| 9. Handwashing | A | B | C | D |
| 10. Infection Control Measures | A | B | C | D |
| 11. Use of oxygen | A | B | C | D |
| 12. Feedingtube care and feeding | A | B | C | D |
| 13. Use of CPAP/BiPAP | A | B | C | D |

G. Behavior Management

- | | | | | |
|---|---|---|---|---|
| 1. Identify precursor behaviors | A | B | C | D |
| 2. Identify antecedents | A | B | C | D |
| 3. Identify causes for behaviors | A | B | C | D |
| 4. Redirect target behaviors (e.g., hitting, kicking, biting) | A | B | C | D |
| 5. Implement behavior plan interventions | A | B | C | D |
| 6. Approved physical intervention | A | B | C | D |

H. Documentation

- | | | | | |
|--|---|---|---|---|
| 1. Write clear, concise narrative about the resident's activities during the shift | A | B | C | D |
| 2. Read and follow the planning document, behavior plan and doctors' orders | A | B | C | D |
| 3. Accurately record on data sheets the outcomes of objectives or behavioral data | A | B | C | D |

The information I have given is true and accurate to the best of my knowledge.

Signature

Date

Signature of person reviewing form _____ Date: _____