

Wyoming Department of Health
 Aging Division - Healthcare Licensing and Surveys
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Certified Nurse Aide Training Program – Survey Review and Site Visit Form

Sponsoring Organization Contact Information

(College, Healthcare Facility, Business)

Sponsor Name:					
Sponsor Mailing Address:		City/State:		Zip:	
Sponsoring Organization Director, Administrator (or Business Owner) Information Below:					
Name:				Title:	
Telephone Number:		Fax Number:		E-Mail Address:	

On-Site Program Information

Program Name:					Number of Classroom Hours:	
Program Code:					Number of Lab/Clinical Hours:	
Program Physical Location: <i>(No P.O. Boxes)</i>					Total Number of Hours:	
City:		State:		Zip:		Number of Students in Current Program:
On-Site Program Telephone Number:				On-Site Program Fax Number:		
Clinical Sites*						
1					Inspected:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2					Inspected:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3					Inspected:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4					Inspected:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If a nursing facility is providing clinical site, the facility is in good standing to provide the training: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Comments:						
On-Site Registered Nurse Program Coordinator	Name:				Telephone number:	
List <u>all</u> Program Instructors (attach an additional sheet, if necessary):						
Name:					<input type="checkbox"/> Resume	<input type="checkbox"/> Experience
Name:					<input type="checkbox"/> Resume	<input type="checkbox"/> Experience
Name:					<input type="checkbox"/> Resume	<input type="checkbox"/> Experience
Name:					<input type="checkbox"/> Resume	<input type="checkbox"/> Experience

List all Non-Nurse Supplemental Personnel (attach an additional sheet, if necessary):

Name:		Name:	
Name:		Name:	
Name:		Name:	

Nurse Aide Training Program	<input type="checkbox"/>	Competency Evaluation Program	<input type="checkbox"/>	Test Vendor:	<input type="checkbox"/> Pearson VUE
Type of Program		Date of Last Program Approval:		Date of Last Training Program :	
<input type="checkbox"/> Nursing Facility Based					
<input type="checkbox"/> Non-Nursing Facility Based					
Name of textbook:					

Type of current review:		Current review date:	
Initial In-Office Review	<input type="checkbox"/>	Reviewer:	
Initial On-Site Review	<input type="checkbox"/>		
Follow-Up On-Site Review	<input type="checkbox"/>		
Other Review	<input type="checkbox"/>		

**Requirements for Approval of
Nurse Aide Training and Competency Evaluation Program**

Requirements	Yes	No	Findings/Recommendations
483.151 State review and approval of nurse aide training and competency evaluation programs and competency evaluation programs.			
(d) Duration of approval. The State may not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years. A program must notify the State and the State must review that program when there are substantive changes made to that program within the 2-year period.	<input type="checkbox"/>	<input type="checkbox"/>	
483.152 Requirements for Approval of a Nurse Aide Training and Competency Evaluation Program.			
a. For a nurse aide training and competency evaluation program to be approved by the state, it must, at a minimum:			
(1) Consist of no less than 75 clock hours of training;	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Include at least the subjects specified in paragraph (b) of this section;	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Include at least 16 hours of supervised practical training. Supervised practical training means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse;	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Ensure that:			
(i) Students do not perform any services for which they have not trained and been found proficient by the instructor; and	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Students who are providing services to residents are under the general supervision of a licensed nurse or registered nurse.	<input type="checkbox"/>	<input type="checkbox"/>	

Requirements	Yes	No	Findings/Recommendations
(5) Meet the following requirements for instructors who train nurse aides:			
(i) The training of nurse aides must be performed by, or under the general supervision of, a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in a provision of long term care facility services;	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Instructors must have completed a course of teaching adults or have experience in teaching adults or supervising nurse aides;	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) In a facility-based program, the training of nurse aides may be performed under the general supervision of a director of nursing for the facility who is prohibited from performing the actual training; and	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Other personnel from the health professions may supplement the instructor, including, but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dietitians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts. Supplemental personnel must have at least 1 year of experience in their fields.	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Contain competency evaluation procedures specified in paragraph 483.154.	<input type="checkbox"/>	<input type="checkbox"/>	
(b) The curriculum of the nurse aide training program must include:			
(1) At least a total of 16 hours of training in the following areas prior to any direct contact with a resident:			
(i) Communication and interpersonal skills;	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Infection control;	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Safety/emergency procedures, including the Heimlich maneuver;	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Promoting residents' independence; and	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Respecting residents' rights.	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Basic nursing skills:			
(i) Taking and recording vital signs;	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Measuring and recording height and weight;	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Caring for the residents' environment;	<input type="checkbox"/>	<input type="checkbox"/>	

Requirements	Yes	No	Findings/Recommendations
(iv) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Caring for residents when death is imminent.	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Personal care skills, including, but not limited to:	<input type="checkbox"/>	<input type="checkbox"/>	
(i) Bathing;	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Grooming, including mouth care;	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Dressing;	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Toileting;	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Assisting with eating and hydration;	<input type="checkbox"/>	<input type="checkbox"/>	
(vi) Proper feeding techniques;	<input type="checkbox"/>	<input type="checkbox"/>	
(vii) Skin care; and	<input type="checkbox"/>	<input type="checkbox"/>	
(viii) Transfers, positioning, and turning.	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Mental health and social service needs:			
(i) Modifying aide's behavior in response to residents' behavior;	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Awareness of developmental tasks associated with the aging process;	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) How to respond to resident behavior;	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity; and	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Using the resident's family as a source of emotional support.	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Care of cognitively impaired residents:	<input type="checkbox"/>	<input type="checkbox"/>	
(i) Techniques for addressing the unique needs and behaviors of individuals with dementia, Alzheimer's, and other;	<input type="checkbox"/>	<input type="checkbox"/>	

Requirements	Yes	No	Findings/Recommendations
(ii) Communicating with cognitively impaired residents;	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Understanding the behavior of cognitively impaired residents;	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Appropriate responses to the behavior of cognitively impaired residents; and	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Methods of reducing the effects of cognitive impairments.	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Basic restorative services:			
(i) Training the resident in self care according to the resident's abilities;	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Use of assistive devices in transferring, ambulation, eating, and dressing;	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Maintenance of range of motion;	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Proper turning and positioning in bed and chair;	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Bowel and bladder training; and	<input type="checkbox"/>	<input type="checkbox"/>	
(vi) Care and use of prosthetic and orthotic devices.	<input type="checkbox"/>	<input type="checkbox"/>	
(7) Residents' Rights:			
(i) Providing privacy and maintenance of confidentiality;	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Promoting the residents' right to make personal choices to accommodate their needs;	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Giving assistance in resolving grievances and disputes;	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Providing needed assistance in getting to and participating in resident and family groups and other activities;	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Maintaining care and security of residents' personal possessions;	<input type="checkbox"/>	<input type="checkbox"/>	
(vi) Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff; and	<input type="checkbox"/>	<input type="checkbox"/>	

Requirements	Yes	No	Findings/Recommendations
(vii) Avoiding the need for restraints in accordance with current professional standards.	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Prohibition of charges			
(1) No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program (including any fees for textbooks or other required course materials).	<input type="checkbox"/>	<input type="checkbox"/>	
III. Physical Environment Review			
1. Temperature control.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Clean and safe conditions.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Adequate space to accommodate all students.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Area is well lighted.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Adequate tests, audio visual equipment, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Adequate equipment to simulate resident care.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Appropriate setting.	<input type="checkbox"/>	<input type="checkbox"/>	

Questions:	
How many nurse aides have gone through the training program within the last 12 months?	
Of those undergoing competency testing, how many failed?	
Which portion(s) of the competency evaluation did they fail?	

Review:	Comments:
<input type="checkbox"/> Competency test scores	
<input type="checkbox"/> Student evaluations of program	

Additional comments (attach additional sheet, if necessary):