

Audit Year 20__ -20__

School Name: _____

Instructor: _____

Date of Visit: _____

Training Number: _____

Auditor: _____

Visit type: Initial _____ Annual _____ Secondary _____ Other _____

MEMORANDUM

TO:

FROM: Kim Williams KCTCS

SUBJECT: KCTCS Medicaid Nurse Aide Annual Site Visit Evaluation

Thank you for the opportunity to visit your school/college for the annual, on-site evaluation of your Medicaid Nurse Aide Program. The information below details your strengths and/or weaknesses documented during the evaluation. If you have any questions concerning the evaluation, please contact us.

<u>Area of Concentration</u>	<u>Requirements Met</u>	<u>Requirement Not Met</u>	<u>Comments</u>
1.1 Faculty Credentials			
a. RN License	_____	_____	_____
b. Validation of No Abuse	_____	_____	_____
c. TB 2-step annual	_____	_____	_____
d. Hep-B	_____	_____	_____
e. List other required by facility	_____	_____	_____
f. CPR (if required)	_____	_____	_____
g. MOI	_____	_____	date: _____
h. 3 hour update	_____	_____	date: _____
1.2 Clinical MOAs	_____	_____	_____
1.3 List of facilities	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
1.4 Facility Evaluations	_____	_____	_____
1.5 Faculty Evaluations	_____	_____	_____
1.6 Textbook (7 th ed.)	_____	_____	_____
<u>*New Book July 2019</u>	_____	_____	_____
1.7 Clinical Site Checklist	_____	_____	_____

2. Student Records

- a. *All in ink* _____
- b. TB 2-Step annual _____
- c. Hep-B _____
- c. List other required _____
by facility _____
- d. CPR (if required) _____
- e. Abuse Record Validation _____
(run within 1st 10 days and SS# not name with all but last 4 numbers blacked out)
- f. Caregiver Misconduct _____
Report _____
- g. Statement of Understanding _____
- h. Skills Check- Off sheet) _____
(Each skill is checked, dated, and initialed individually yes /no)

3. Required Documents

3.1 \$1/\$3 mil Professional _____
Liability Insurance _____
Name, amount, exp. date: _____

3.2 MOA (KCTCS & KDE/OCTE) _____ date: _____

3.3 Required Tests on File _____

a. A minimum of three tests are given Yes_ No Number of Tests given _____

b. The student has an average of 70%*. Yes No _____

(*Not all tests need to have a 70% for student to pass the course. No extra credit. No open book. Dual Credit Scores based only on tests given)

3.4 Documentation of Hours

a. Lecture/Lab _____

b. Clinical _____

3.5 Syllabus _____

3.6 Attendance Policy _____

3.7 Number of students trained _____

3.8 Number of students tested _____

3.9 Date of Testing _____

3.10 Name of Testing Site _____

4. Equipment

4.1 Adult briefs _____

4.2 Adult manikin _____

4.3 Audio-visual equipment _____

4.4 Basins (for bed bath) _____

4.5 Bedpan _____

4.6 Catheter supplies _____

4.7 Denture care supplies _____

	• Dentures	_____	_____	_____
	• Denture cup	_____	_____	_____
4.8	Disposable gloves	_____	_____	_____
4.9	Elastic Stockings (knee-hi)	_____	_____	_____
4.10	Geriatric chair (<i>optional</i>)	_____	_____	_____
4.11	Gait/Transfer Belt	_____	_____	_____
4.12	Hair care supplies			
	• Shampoo	_____	_____	_____
	• Brush	_____	_____	_____
	• Comb	_____	_____	_____
	• Shampoo board	_____	_____	_____
4.13	Linens – flat sheet	_____	_____	_____
4.14	Linens & pillows (for positioning)	_____	_____	_____
4.15	Linen Hamper	_____	_____	_____
4.16	Bathing Supplies			
	• Lotion	_____	_____	_____
	• Soap	_____	_____	_____
	• Deodorant	_____	_____	_____
4.17	Mouth care supplies			
	• Toothbrush	_____	_____	_____
	• Toothpaste	_____	_____	_____
	• Emesis	_____	_____	_____
	• Swabs	_____	_____	_____
4.18	Nail care supplies			
	• Nail clippers	_____	_____	_____
	• Emery boards	_____	_____	_____
	• Orange sticks	_____	_____	_____
4.19	Obstructed airway manikin	_____	_____	_____
4.20	Patient beds	_____	_____	_____
4.21	Patient gowns & clothing for Dressing/ Undressing	_____	_____	_____
	• Socks	_____	_____	_____
	• Slippers	_____	_____	_____
4.22	Personal Protective Equipment	_____	_____	_____
4.23	Restraints & protective devices	_____	_____	_____
4.24	Samples of records of charting			
	• Intake & Output	_____	_____	_____
	• Vital Signs	_____	_____	_____
4.25	Scales for height and weight	_____	_____	_____
4.26	Shaving supplies			
	• Razor	_____	_____	_____
	• Shaving cream	_____	_____	_____
	• After-shave lotion	_____	_____	_____
4.27	Sink with water	_____	_____	_____
4.28	Sphygmomanometer	_____	_____	_____
4.29	Stethoscope	_____	_____	_____
4.30	Ted Hose	_____	_____	_____

- | | | | | |
|------|---|-------|-------|-------|
| 4.31 | Digital Thermometers | _____ | _____ | _____ |
| 4.32 | Urinal | _____ | _____ | _____ |
| 4.33 | Wheelchair | _____ | _____ | _____ |
| 4.34 | Automated BP Arm
(<i>optional</i>) | _____ | _____ | _____ |
| 4.35 | Other supplies: | _____ | | |

5. Administration and Housekeeping

- 5.1 Changes to program, classroom, clinical site, and instructor since last audit Yes No

- 5.2 Currently on Plan of Correction: Yes No
Progress: _____

- 5.3 Dual Credit Program Yes No

- 5.4 Attending Summer Conference Yes No

- 5.5 KCTCS updates for instructors

- Reviewed and applied Yes No

http://kctcs.edu/Degrees_Training/Initiatives/Nurse_Aide/Nurse_Aide_Students.aspx

Notes:

Contact local ATC/CTC for dual credit requirements and procedures.

Auditor:

Signature

Date completed: