

Training for Personal Care Staff  
in  
North Carolina Licensed  
Adult Care Homes --10A NCAC 13F  
&  
Family Care Homes --10A NCAC 13G

**Supplemental Materials  
for the  
80-Hour Training Curriculum**

Published By

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## VOCABULARY WORDS

**Abbreviation** - a shortened form of a word or phrase

**Abduction** - moving away from the midline of the body

**Abrasion** - a scrape on the skin

**Abuse** - willful infliction of physical or mental pain by acts of omission or commission (Elder abuse is mistreatment of older persons that may be physical, psychological or verbal in orientation)

**Active exercise (active range of motion)** - is performed by the resident; moving each joint through an active (ROM) without help from the caregiver

**Acquired Immune Deficiency Syndrome (AIDS)** - the last stage of HIV infection

**Activities of Daily Living (ADLs)** - the personal care activities one does every day in order to live

**Acute illness** - an illness that begins suddenly and is not long lasting

**Adaptability** - ability to adjust or change in order to cope with a situation

**Adaptive equipment** - equipment used to help adjust to a disability and to function as independently as possible

**Adduction** - moving toward the midline of the body

**Advocate** - one that pleads the cause of another

**Afebrile** - without a fever

**Aggressive** - displaying forceful, attacking behavior

**Aiding and abetting** - not reporting dishonest acts that are observed

**Alzheimer's disease** - physical changes in the brain (central nervous system) that lead to a loss of cerebral functioning (premature senile mental deterioration)

**Ambulation** - moving about or walking in an upright position

**Amnesia** - a loss of memory

**Anemia** - a deficiency of red blood cells, hemoglobin or both

**Anorexia** - loss of appetite

**Anxiety** - feelings of uncertainty, uneasiness, and fear, the cause(s) are unknown

**Apathy** - lack of emotion; indifference

**Aphasia** - inability to communicate or express oneself properly through speech, or loss of ability to understand (comprehend) usually caused by a stroke (CVA) or serious brain injury

**Apprehensive** - fearful

**Arteries** - blood vessels that carry blood away from the heart (arteriosclerosis is narrowing of the arteries)

**Arthritis** - chronic disease that causes inflammation of the joints

**Atherosclerosis** - clogging of the arteries by a buildup of fatty substances

**Asepsis** - the absence of germs (pathogens). Aseptic practices are used to prevent the spread of infection

**Aspirate** - to choke on food or fluid

**Assault** - attempt or threat to do violence to another

**Assertiveness** - the ability to stand up for one's beliefs

**Assessment** - a collection of data to determine a person's health status and coping patterns

**Assistive device** - innovative apparatus that enables an individual to perform activities by compensating for a disability (see adaptive equipment)

**Asthma** - a condition, often of allergic origin, that is marked by labored breathing, accompanied by wheezing, by a sense of constriction of the chest, and often by attacks of coughing or gasping

**Ataxia** - lack of muscle coordination

**Atrophy** - decrease in muscle mass (muscles get smaller, common in older people or persons confined to bed)

**Auditory** - related to hearing

**Autism** - a disability originating in infancy that is characterized by self-absorption, inability to interact socially, repetitive behavior, and language dysfunction

**Axillary** - relating to the armpit

**Bacteria** - microscopic one-celled plant life that multiply rapidly; germs.

**Bath blanket** - a thin, lightweight cotton blanket used to cover the resident during the bath and during many other procedures.

**Battery** - an unlawful attack upon another person (physically striking and injuring a person)

**Bedpan** - a pan that is used for elimination

**Bed scale** - a scale that is used to weigh a person who cannot get out of bed

**Bedside commode** - a portable chair with a toilet seat that fits over a pan or regular toilet

**Behavior modification** - a therapeutic intervention that attempts to modify inappropriate behavior by substituting a new response to a stimulus

**Behavior plan** - a plan of therapy that is used to change undesirable behavior in persons

**BID** - the abbreviation for twice a day

**Biohazardous waste** - waste that has been contaminated with blood or body fluids and may cause infection

**Bladder** - a muscular sac that stores urine

**Bloodborne pathogens** - blood or body secretions that may carry disease-causing germs (disease of major concern are hepatitis B and AIDS)

**Blood pressure (BP)** - the force of blood against the artery walls as it is circulated by the heart

**Body language** - body movements and posture that communicate a message

**Body secretions** - blood, mucus, urine, feces, saliva, tears, semen, vaginal secretions and wound drainage

**Body systems** - a group of organs or structures (digestive system, respiratory system) related to each other that perform specific functions in the body

**Body temperature** - the amount of heat in the body

**Bony prominences** - places where the bones are near the skin (pressure areas where bedsores occur)

**Bradycardia** - slow heartbeat

**Bruise** - any injury that discolors the skin

**Bursa** - small sacs of fluid that lubricate and prevent friction in the joints

**Buttocks** - the gluteal prominence, commonly called the "seat" or "rump"

**Calibrated** - marked with graduations, standard measure on thermometers or graduate

**Calorie** - the amount of energy produced from the burning of food

**Canula** - a plastic tubing attached to an oxygen tank that carries oxygen from the tank to the person's nose through nasal prongs

**Carbohydrates** - nutrient which provides the greatest amount of energy in the average diet

**Cardiovascular system** - pertains to the heart and blood vessels

**Caregiver burnout** - overwhelming stress that can interrupt a person's ability to provide safe, competent care to a family member or a resident in a long term care setting

**Cartilage** - fibrous connective tissue that provides padding between the bones

**Cataract** - a clouding of the lens of the eye that obstructs the passage of light

**Catheter** - a tube designed to fit through the urethra into the bladder that is used for injecting or removing fluid

**Cell** - the smallest unit of the body

**Cellulose** - a basic substance of all plant foods, which supplies the body with roughage

**Cellulitis** - an infection that spreads, causing inflammation of surrounding tissues

**Cerebral palsy (CP)** - a disability resulting from damage to the brain before, during, or shortly after birth and is outwardly manifested by muscular incoordination and speech disturbances

**Cerebral vascular accident (CVA)** - sudden lessening or loss of consciousness, sensation, and voluntary motion caused by rupture or obstruction (as by embolus or thrombus) of an artery in the brain, as a result of anoxia. CVA causes necrosis (death) of the tissues in the affected area

**Chart** - another name for a person's health record

**Chronic disease** - an illness, slow or gradual in onset, for which there is no known cure, the illness can be controlled and complications prevented

**Chronic Obstructive Pulmonary Disease (COPD)** - a chronic disease that obstructs the airway and interferes with breathing/respiration

**Clean catch** - a urine specimen collected during the middle of the urinary stream

**Clean technique** - a term for medical asepsis

**Closed bed** - a fully made bed with top sheet and spread positioned to the head of the bed; unoccupied

**Coccyx** - a bone at the base of the spine

**Colon** - the large intestine

**Colostomy** - a surgical opening into the colon; fecal movements into a bag positioned on the abdomen

**Coma** - a state of profound unconsciousness caused by disease, injury or poison; unable to respond

**Combative** - ready to fight or struggle

**Communicable disease** - a disease or infection that is easily spread from person to person

**Communication** - the exchange of information, thoughts and opinions; a message sent is received and interpreted by the intended person

**Communication barriers** - problems that interfere with communication

**Communication impairments** - difficulty in communicating because of one or more disabilities

**Compassion** - deep sympathy for and understanding of another person's distress/suffering along with a desire to alleviate it

**Competency** - the ability to perform a skill

**Complication** - a problem that can result from a disease or other condition

**Compress** - localized application of heat or cold

**Confidential** - keeping what is said or written private, or to oneself

**Confusion** - a mental state in which a person is disoriented about time, place or person which may result in a display of bewildered and agitated behavior

**Congested** - filled with fluid

**Constipation** - the passage of hard dry stool

**Contaminated** - dirty, unclean, soiled with germs

**Continence** - the ability to control urination and bowel movements

**Contracture** - permanent shortening of a muscle due to lack of exercise

**Contraindication** - something that makes a treatment or drug inadvisable

**Contusion** - an injury in which the skin is not broken

**Convulsion** - violent and sudden contractions or tremors of muscles

**Coping** - dealing with or handling stress

**Cultural blindness** - ignoring cultural differences as if they did not exist

**Cultural diversity** - a variety of differences among cultures

**Culture** - a set of beliefs, social norms and behaviors that make up the traditions of a group of people

**Custodial care** - personal care provided for a person that is not based on rehabilitative/restorative principles to maintain or regain one's highest level of functioning

**Cuticle** - skin located at the base of the nail

**Cyanosis** - a blue color to the lips, nails and skin caused by a lack of oxygen

**Dangling** - sitting on the side of the bed

**Debridement** - removal of dead or unhealthy tissue

**Decubitus ulcer** - an area where the skin and underlying tissues are eroded due to pressure that interferes with circulation; a bedsore, pressure sore

**Defamation** - injuring the name and reputation of another person by making false statement to a third person

**Defecation** - a bowel movement, process of eliminating waste products from the bowel

**Defense mechanism** - psychological reaction or technique used as a protection against a stressful environmental situation

**Dehydration** - a decrease of the amount of water in body tissue (fluid output is greater than fluid intake)

**Delusion** - a persistent false psychotic (no basis or reality) idea or belief about the self or people or objects outside of the self

**Dementia** - progressive mental deterioration due to organic brain disease

**Denial** - an unconscious defense mechanism in which an occurrence or observation is refused recognition as reality in order to avoid anxiety or pain

**Dentures** - artificial teeth

**Depression** - feelings of sadness or hopelessness

**Developmental disabilities** – conditions due to an impairment in physical, learning, language, or behavior areas that usually begin at birth

**Developmental tasks** - tasks carried out as steps in the development of personality

**Diaphoresis** - profuse sweating or perspiration; skin is moist to the touch

**Diastolic pressure** - pressure in the arteries when the heart is at rest

**Diarrhea** - abnormally frequent passage of watery bowel movements

**Digestion** - the process of breaking down foods into simple substances that can be used by the body cells for nourishment

**Dignity** - the quality or state of being worthy, honored, or esteemed

**Disability** - a decrease in the ability to carry out daily activities

**Discrimination** - prejudiced or prejudicial outlook, action or treatment

**Disinfection** - the use of chemicals to destroy most pathogenic organisms

**Disorientation** - inability to recognize time, place or persons.

**Disruptive behavior** - behavior that interferes with normal routine

**DNR** - do not resuscitate

**Documentation** - a written record; substantiating statements

**Douche** - vaginal irrigation; a procedure where fluid is allowed to flow into and out of the vagina

**Draw sheet** - a sheet placed under the person that extends from the shoulder to below the hips; it can be used to turn and move the person in bed.

**Drug interaction** – a change in the way a drug acts in the body when taken with other drugs

**Durable power of attorney for health care**- legal document that assigns the decision-making powers about a resident's health care to another, often a family member because the resident is unable to make his/her own decisions

**Dyspnea** - difficult breathing

**Edema** - excessive collection of fluid in the tissues; swelling

**Elimination** - the normal removal of urine or feces from the body

**Emergency Medical Services (EMS)** - a public service system that responds to emergencies

**Emollient** - an agent used to soften and soothe the skin when applied locally

**Empathy** - intellectual understanding of something in another person that is foreign to one's self

**Enema** - introduction of fluid into the rectum and colon

**Environment** - all the conditions and influences around us

**Ethics** - the discipline dealing with what is good or bad and with moral duty and obligation

**Ethnic** - refers to the cultural group to which a person belongs

**Evacuation** - to remove from a dangerous area

**Eversion** - turning foot outward

**External catheter (Texas catheter)** - a soft rubber sheath placed over the penis to collect urine

**Fahrenheit** - a measure of heat; scale used to express temperature

**False imprisonment** - the unlawful restraint or restriction of another person's movements



**Fanfold** - procedure for folding a sheet

**Fats** - nutrient which provides most concentrated form of energy

**Febrile** - having a fever

**Fecal impaction** - a large amount of hard, dry stool

**Feces** - solid human waste products in the colon

**First aid** - immediate care for injuries or sudden illness that is given to prevent further injuries and to save lives

**Flatus** - gases or air found in the stomach or intestines

**Flow sheet** - a chart form that is commonly used to record resident information

**Foley catheter** - a tube inserted into the bladder to drain urine; a retention catheter

**Fomite** - any object contaminated with germs, and able to transmit disease

**Fracture** - a break in the continuity of bone

**Friction** - the rubbing of one surface against another

**Fungi** - plants that live on other plants or animals

**Gait belt** - a heavy mesh belt used in the ambulation and transfer of a resident; it is placed around the person's waist and grasped by the aide to assist with walking or transfer

**Gangrene** - a serious infection that causes tissue death

**Gavage** - feeding liquids or semi-liquids to people through a tube when they cannot swallow; a gastrostomy tube feeding

**Geriatrics** - a branch of medicine that deals with old age and the diseases common to older people

**Geri-chair** - a reclining chair on wheels; a type of wheelchair

**Glaucoma** - a disease in which pressure in the eye gradually destroys the optic nerve; causes some degree of blindness

**Gossip** - talking about residents or coworkers

**Grievance** - a cause of distress felt to afford reason for complaint or resistance

**Hands on care** - activities in which a person's hands touch the resident's body

**Harassment** - to worry or annoy persistently

**Heimlich maneuver** - a forceful upward thrust on the abdomen, between the sternum and the naval

**Hemorrhage** - a large amount of bleeding

**HIV infection (AIDS)** - a disease that destroys the immune system and leaves the body unable to fight infection

**Hospice** - special facility or arrangement to provide care for terminally ill patients

**Hydration** - adequate supply of fluids

**Hypertension** - high or above normal blood pressure

**Hyperthermia** - a greatly elevated temperature

**Hypothermia** - a body temperature of 95°F or below

**Immobilize** - cause a part of the body to be unmovable (e.g., casts or splints applied to limbs)

**Immunity** - the body's resistance to injury or disease

**Impairment** - a limitation caused by disease, injury or a birth defect

**Incident report** - a written report of an event

**Incontinence** - the inability to control urine or feces

**Independence** - the ability to care for oneself and control one's life

**Inflammation** - tissue injury with redness, swelling, heat and pain

**Infringement** - an encroachment or trespass on a right or privilege

**Invasion of privacy** - a violation of a person's right not to have one's name, photograph, or private affairs exposed or made public without giving consent

**Inversion** - turning foot inward

**Isolation** - an area where the resident with easily transmitted diseases is separated from others

**Job description** - describes who is to do what

**Joint** - a connection of two or more bones

**Kardex** - a type of file containing a person's care plan

**Laceration** - a wound or a tear of the skin

**Legible** - written in a manner that can be easily read

**Liabile** - responsible for your actions

**Libel** - defamation through written statements

**Ligament** - a fibrous tissue that connects bone to bone

**Listening** - giving your attention to what you are hearing, while thinking about its meaning

**Long Term Care facility (LTC)** - a facility that provides health care to people who are unable to care for themselves at home but are not sick enough to be in the hospital

**Malfunction** - equipment that is not working as it is supposed to work

**Malnutrition** - poor nutrition that lacks adequate food and nutrients

**Malpractice** - negligence by a professional person

**Mental retardation** - developmental disability characterized by low intellect and learning difficulties

**Metabolism** - the burning of food for heat and energy by the cells

**Microorganism** - a small living plant or animal that can only be seen with the aid of a microscope

**Morbid** - characterized by disease or abnormality

**Mobility** - the ability to move

**Motivation** - an inner feeling that causes a person to take action

**Multiple Sclerosis (MS)** - a progressive disease that interferes with the transmission of nerve impulses

**Nasogastric tube (NG Tube)** - a tube that is inserted through the nose into the stomach

**Necrosis** - tissue death

**Neglect** - to leave undone or unattended to by another

**Negligence** - an unintentional wrong in which a person fails to act in a reasonable and prudent manner and thereby causes harm to another person or the person's property

**Nonverbal communication** - sharing information without the use of words

**NPO** - the abbreviation for "nothing by mouth"

**Nutrient** - a substance that is ingested, digested, absorbed and used by the body

**Nutrition** - the entire process by which the body takes in food for growth and repair and uses it to maintain health

**Objective data** - information observed about a resident that can be seen, heard, felt, or smelled by another person

**Observation** - Using the senses of sight, hearing, touch and smell to collect information about the resident

**Occupied bed** – a bed with a person physically in the bed

**Ombudsman** - resident advocate

**Open bed** - a bed with top bedding fan-folded to bottom and ready for occupancy

**Osteoporosis** - the most common metabolic disease of bone in the United States, caused by a decrease in the mass of bony tissue

**Paraphrase** - repeat a message using different words

**Parasite** - an organism that lives within, upon, or at the expense of another organism known as the host

**Passive exercise** - is performed by a health care worker when a resident is unable to carry out such movements, or when active exercise is medically counter indicated

**Pathogen** - a microorganism that is harmful and capable of causing an infection

**Pericare** - perineal care

**Perineum** - area between the vulva and anus in a female, or between scrotum and anus in a male

**Peristalsis** - involuntary muscle contractions in the digestive system that move food through the alimentary canal

**Policy** - describes what will be done

**Postmortem** - after (post) death (mortem)

**Potential** - capable of development into actuality

**Prefix** - a word element that is placed at the beginning of a word to change the meaning of the word

**Procedure** - describes how something is to be done

**Pronation** - the palms of the hands face downward

**Prosthesis** - an artificial substitute for a missing body part (i.e., dentures, artificial limbs)

**Protein** - nutrient essential for growth and repair of tissue

**Psychosocial needs** - emotional, social, and spiritual needs

**Puncture** - to make a hole or perforate

**Q.D.** - the abbreviation meaning daily

**Q. H.** - the abbreviation meaning every hour

**Q.I.D.** - the abbreviation meaning four times per day

**Quadriplegia** - paralysis of both arms and legs

**Range of Motion (ROM) exercises** - a series of exercises designed to move each joint through its range

**Rapport** - a close relationship with another

**Recommended Dietary Allowances (R.D.A.)** - considered to be the amounts of essential nutrients adequate to meet the needs of practically all healthy people

**Recording** - writing or charting resident care and observations

**Rectal tube** - tube inserted into the rectum to relieve flatulence and intestinal distention

**Reflux** - return flow of urine into the bladder from a drainage bag

**Rehabilitation** - process of restoring a disabled individual to the highest level of physical, psychological, social and economic functioning possible

**Reporting** - a verbal account of resident care and observations

**Resident Bill of Rights** - a list of rights and freedoms of the resident

**Resident record** - a written account of the resident's illness and response to the treatment and care given by members of the healthcare team; commonly referred to as the chart

**Resident care plan** - a written guide that gives direction about the care a resident should receive

**Restorative Care** - care that focuses on attaining or maintaining residents to their highest possible level of function and independence

**Restraint** - device used to keep a resident from injuring himself or others; often used to restrict a person's freedom of movement

**Scope of practice** - the extent or range of permissible activities

**Seizure** - involuntary muscle contraction and relaxation

**Senescence** - the process of growing old

**Shearing** - takes place when the skin moves one way while the bone and tissue under the skin move another way

**Shock** - decreased blood flow in the body, which may cause death

**Shroud** - drape used for postmortem care

**Sitz bath** - equipment used to provide moist heat to the genital and anal area

**Slander** - defamation through oral statements

**Splint** - a firm object used to support an unstable body part

**Spore** - a dominant form of microbes that become active when conditions are favorable

**Sterilize** - to make free of all microorganisms

**Stool** - feces, bowel movement or BM; solid waste material from the digestive system

**Stress** - mental and physical tension and strain

**Subjective data** - information reported by the resident that the health care worker cannot observe by using the senses

**Supination** - the palms of the hands are turned upward

**Sundowner's syndrome** - an increase in behavior problems, confusion and agitation as evening occurs

**Symptom** - evidence of disease that cannot be observed

**Systolic pressure** - amount of force need to pump blood out of the heart and into the arterial circulation

**Tact** - sensitive to what to do or say to maintain good relations with others or avoid offense

**Tendon** - fibrous tissue that connects muscle to bone

**Terminal** - final, life ending stage

**Terminal illness** - an illness or injury for which there is no reasonable expectation of recovery

**Therapeutic diet** - modification of the normal diet used in the treatment of specific health conditions

**T.I.D.** - the abbreviation. for three times per day

**Toe pleat** - special fold made in top bedding to reduce pressure on toes

**Tort** - a wrong committed against another person or the person's property

**Toxic** - poisonous

**Tremors** - shaking or trembling

**Universal precautions** - a method of infection control based on the belief that any contact with certain body fluids will cause infection

**Vaginal irrigation (douche)** - a procedure in which fluid is allowed to flow into and out of the vagina

**Verbal communication** - the use of words to share information

**Virus** - microorganism that can cause infection and disease

**Vital signs** - measurement of heart function, breathing, and temperature regulation

**Void** - to urinate; to eliminate liquid body wastes

**Wellness** - the ability to adapt or change in order to live life to the fullest

**Will** - a written document that states how a person wants his property divided when he/she dies

**Additional abbreviations:**

**ad lib** - as desired

**amb** – ambulate

**c/o** – complaining of

**dc** – discontinue

**NG** – nasogastric, through the nose

**NPO** – nothing by mouth

**PRN** – as necessary

**Stat** – immediately

**q.2.h.** – every two hours

**q.4.h.** – every four hours

**TPR** – temperature, pulse, respirations

**w/c** – wheelchair

## BIBLIOGRAPHY

- Anderson, Mary Ann, Karen W. Beaver and Kathleen R. Culliton, 1996, *The Long Term Care Nursing Assistant Training Manual*, 2nd ed., Baltimore, MD, Health Professions Press.
- American Red Cross, 1993, *Foundations for Caregiving*, St Louis, MO, Mosby Lifeline.  
American Red Cross, 1993, *Skills for Caregiving*, St Louis, MO, Mosby Lifeline
- Casey, Margaret and American Health Care Association, 1995, *How to Become a Nurse Assistant: Career Training in Long Term Care*, St. Louis, MO, Mosby Lifeline. -
- Edward G. Carr, Ph.D. Communications-Based intervention for Problem Behavior: A Users Guide for Producing Positive Change. Paul H. Brookes Publishing Co., PO Box 10624, Baltimore, MD 21285, 0624. Copyright 1994.
- Frazier, Marjorie G., *Long Term Care Companion Skills for the Certified Nursing Assistant*, Boston, MA, Little Brown.
- Grubbs, Peggy A. and Barbara A Blasband, 1995, *The Long Term Care Nursing Assistant* Englewood Cliffs, NJ, Brady/Prentice Hall. [Recommended for use with the 75 hour Training module for Personal Care Aide Training]. (Subsequent additions are fine as well as other nurse aide training book and resources).
- Kalman, Natalie and C.G. Waughfueled, 1987, *Mental Health Concepts*, 2nd ed., Albany, NY, Delmar Publishers Inc.
- Kast, Barbara, 1990, *Competency Exam Prep and Review for Nursing Assistants*, Albany, NY, Delmar Publishers, Inc.
- Kelly, R. T., 1988, *Mosby's Workbook for Long Term Care Assistants*, St Louis, MO, The C.V. Mosby Co.
- Lovett, H. (1996) Learning to Listen: Positive Approaches and People with Difficult Behavior, Baltimore: Paul H. Brooks Publishing Co.
- McGee, John, Ph.D., University of Nebraska Medical Center, Omaha, Nebraska, Gentle Teaching: A Nonaversive Approach for Helping Persons with Mental Retardation, Human Sciences Press, Inc. 72 Fifth Avenue, New York, NY, 1001
- Meyer, Luanna H. and Evans, Ian M., Nonaversive Intervention for Behavior Problems: A Manual for Home and Community. Paul H. Brookes Publishing Co., PO Box 10624, Baltimore, MD 21285-0624.
- Sorrentino, Sheila A., 1996, *Mosby's Textbook for Nursing Assistants*, 4th ed., St. Louis, MO, Mosby Lifeline.



The Perspective Series, 1995, *Long Term Care Assistant*, 1st ed., St. Louis; MO, Mosby Lifeline.

Vitale, B.A. and P. Nugent, 1990, *Long Term Care Test-Taking Review for Nurse Aides and Assistants*, St. Louis, MO, The C.V. Mosby Co.

Will-Black, Connie A. and Eighmy, Judith B., 1996, *Being a Long Term Care Nursing Assistant*, 4th ed., Englewood Cliffs, NJ, Brady/Prentice Hall

Witmer, D.M., 1990, *Brady Geriatric Nursing Assistant Advanced Training in Selected Competencies*, Englewood Cliffs, NJ, Prentice-Hall, Inc.

**Note:** Subsequent additions of these resources are fine, even preferable, to use as well as other nurse aide training resources.

## STATUTORY INFORMATION

### NC General Statute 131D-2.1. Definitions.

As used in this Article:

- (3) Adult care home. - An assisted living residence in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents, either directly or for scheduled needs, through formal written agreement with licensed home care or hospice agencies. Some licensed adult care homes provide supervision to persons with cognitive impairments whose decisions, if made independently, may jeopardize the safety or well-being of themselves or others and therefore require supervision. Medication in an adult care home may be administered by designated trained staff. Adult care homes that provide care to two to six unrelated residents are commonly called family care homes.
- (5) Assisted living residence. - Any group housing and services program for two or more unrelated adults, by whatever name it is called, that makes available, at a minimum, one meal a day and housekeeping services and provides personal care services directly or through a formal written agreement with one or more licensed home care or hospice agencies. The Department may allow nursing service exceptions on a case-by-case basis. Settings in which services are delivered may include self-contained apartment units or single or shared room units with private or area baths. Assisted living residences are to be distinguished from nursing homes subject to provisions of G.S. 131E-102. There are three types of assisted living residences: adult care homes, adult care homes that serve only elderly persons, and multiunit assisted housing with services. As used in this section, "elderly person" means:
  - a. Any person who has attained the age of 55 years or older and requires assistance with activities of daily living, housing, and services, or
  - b. Any adult who has a primary diagnosis of Alzheimer's disease or other form of dementia who requires assistance with activities of daily living, housing, and services provided by a licensed Alzheimer's and dementia care unit.
- (9) Family care home. - An adult care home having two to six residents. The structure of a family care home may be no more than two stories high, and none of the aged or physically disabled persons being served there may be housed in the upper story without provision for two direct exterior ground-level accesses to the upper story.

### NC General Statute 131D-2.2. Persons not to be cared for in adult care

(a) Adult Care Homes. - Except when a physician certifies that appropriate care can be provided on a temporary basis to meet the resident's needs and prevent unnecessary relocation, adult care homes shall not care for individuals with any of the following conditions or care needs:

- (1) Ventilator dependency;
- (2) Individuals requiring continuous licensed nursing care;
- (3) Individuals whose physician certifies that placement is no longer appropriate;
- (4) Individuals whose health needs cannot be met in the specific adult care home as determined by the residence; and
- (5) Such other medical and functional care needs as the Medical Care Commission determines cannot be properly met in an adult care home.

**NC General Statute 131D-4.1. Adult care homes; legislative intent.**

The General Assembly finds and declares that the ability to exercise personal control over one's life is fundamental to human dignity and quality of life and that dependence on others for some assistance with daily life activities should not require surrendering personal control of informed decision making or risk taking in all areas of one's life.

The General Assembly intends to ensure that adult care homes provide services that assist the residents in such a way as to assure quality of life and maximum flexibility in meeting individual needs and preserving individual autonomy. (1995, c. 449, s. 3; c. 535, s. 9.)

**NC General Statute 131D-4.3. Adult care home rules.**

(a) Pursuant to G.S. 143B-165, the North Carolina Medical Care Commission shall adopt rules to ensure at a minimum, but shall not be limited to, the provision of each of the following by adult care homes:

- (1) Repealed by Session Laws 2000-111, s. 1.
- (2) A minimum of 80 hours of training for personal care aides. The training for aides shall be comparable to State-approved Certified Nurse Aide I training.

**NC General Statute 131D-4.4. Adult care home minimum safety requirements;**

(a) In addition to other requirements established by this Article or by rules adopted pursuant to this Article or other provisions of law, every adult care home shall provide to each resident the care, safety, and services necessary to enable the resident to attain and maintain the highest practicable level of physical, emotional, and social well-being in accordance with:

- (1) The resident's individual assessment and plan of care; and
- (2) Rules and standards relating to quality of care and safety adopted under this Chapter.

**NC General Statute 131D-21. Declaration of residents' rights.**

Each facility shall treat its residents in accordance with the provisions of this Article. Every resident shall have the following rights:

- (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.
- (2) To receive care and services which are adequate, appropriate, and in compliance with relevant federal and State laws and rules and regulations.

- (3) To receive upon admission and during his or her stay a written statement of the services provided by the facility and the charges for these services.
- (4) To be free of mental and physical abuse, neglect, and exploitation.
- (5) Except in emergencies, to be free from chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.
- (6) To have his or her personal and medical records kept confidential and not disclosed except as permitted or required by applicable State or federal law.
- (7) To receive a reasonable response to his or her requests from the facility administrator and staff.
- (8) To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own or their initiative at any reasonable hour.
- (9) To have access at any reasonable hour to a telephone where he or she may speak privately.
- (10) To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access at his or her expense to writing instruments, stationery, and postage.
- (11) To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear of coercion or retaliation.
- (12) To have and use his or her own possessions where reasonable and have an accessible, lockable space provided for security of personal valuables. This space shall be accessible only to the resident, the administrator, or supervisor-in-charge.
- (13) To manage his or her personal needs funds unless such authority has been delegated to another. If authority to manage personal needs funds has been delegated to the facility, the resident has the right to examine the account at any time.
- (14) To be notified when the facility is issued a provisional license or notice of revocation of license by the North Carolina Department of Health and Human Services and the basis on which the provisional license or notice of revocation of license was issued. The resident's responsible family member or guardian shall also be notified.
- (15) To have freedom to participate by choice in accessible community activities and in social, political, medical, and religious resources and to have freedom to refuse such participation.
- (16) To receive upon admission to the facility a copy of this section.
- (17) To not be transferred or discharged from a facility except for medical reasons, the residents' own or other residents' welfare, nonpayment for the stay, or when the transfer is mandated under State or federal law. The resident shall be given at least 30 days' advance notice to ensure orderly transfer or discharge, except in the case of jeopardy to the health or safety of the resident or others in the home. The resident has the right to appeal a facility's attempt to transfer or discharge the resident pursuant to rules

adopted by the Medical Care Commission, and the resident shall be allowed to remain in the facility until resolution of the appeal unless otherwise provided by law. The Medical Care Commission shall adopt rules pertaining to the transfer and discharge of residents that offer protections to residents for safe and orderly transfer and discharge. (1981, c. 923, s. 1; 1983, c. 824, s. 13; 1983 (Reg. Sess., 1984), c. 1076; 1997-443, s. 11A.118(a); 1999-334, s. 1.6; 2000-111, s. 3; 2011-272, s. 3; 2011-314, s. 5.)

## **Rules Regarding Personal Care Training**

### **10A NCAC 13F .0501 PERSONAL CARE TRAINING AND COMPETENCY**

(a) An adult care home shall assure that staff who provide or directly supervise staff who provide personal care to residents successfully complete an 80-hour personal care training and competency evaluation program established by the Department. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. Copies of the 80-hour training and competency evaluation program are available at the cost of printing and mailing by contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.

(b) The facility shall assure that training specified in Paragraph (a) of this Rule is successfully completed within six months after hiring for staff hired after September 1, 2003. Documentation of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the facility and available for review.

(c) The Department shall exempt staff from the 80-hour training and competency evaluation program who are:

- (1) licensed health professionals;
- (2) listed on the Nurse Aide Registry; or
- (3) documented as having successfully completed a 40-45 hour or 75-80 hour training program or competency evaluation program approved by the Department since January 1, 1996 according to Rule .0502 of this Section.

(d) The facility shall assure that staff who perform or directly supervise staff who perform personal care receive on-the-job training and supervision as necessary for the performance of individual job assignments prior to meeting the training and competency requirements of this Rule. Documentation of the on-the-job training shall be maintained in the facility and available for review.

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;  
Temporary Adoption Eff. January 1, 1996;  
Eff. May 1, 1997;  
Temporary Amendment Eff. December 1, 1999;  
Amended Eff. July 1, 2000;  
Temporary Amendment Eff. September 1, 2003;  
Amended Eff. June 1, 2004.*

### **10A NCAC 13F .0502 PERSONAL CARE TRAINING CONTENT AND INSTRUCTORS**

(a) The 80-hour training specified in Rule .0501 of this Section shall consist of at least 34 hours of classroom instruction or and at least 34 hours of supervised practical experience. Competency evaluation shall be conducted in each of the following areas:

- (1) observation and documentation;
- (2) basic nursing skills, including special health-related tasks;
- (3) personal care skills;
- (4) cognitive, behavioral and social care for all residents and, including interventions to reduce behavioral problems for residents with mental disabilities;
- (5) basic restorative services; and

- (6) residents' rights as established by G.S. 131D-21.
- (b) The following requirements shall apply to the 80-hour training specified in Rule .0501 of this Section:
  - (1) The training shall be conducted by an individual or a team of instructors with a coordinator. The supervisor of practical experience and instructor of content having to do with personal care tasks or basic nursing skills shall be a registered nurse with a current, unencumbered license in North Carolina and with two years of clinical or direct patient care experience working in a health care, home care or long term care setting. The program coordinator and any instructor of content that does not include instruction on personal care tasks or basic nursing skills shall be a registered nurse, licensed practical nurse, physician, gerontologist, social worker, psychologist, mental health professional or other health professional with two years of work experience in adult education or in a long term care setting; or a four-year college graduate with four years of experience working in the field of aging or long term care for adults.
  - (2) A trainee participating in the classroom instruction and supervised practical experience in the setting of the trainee's employment shall not be considered on duty and counted in the staff-to-resident ratio.
  - (3) Training shall not be offered without an instructor on site.
  - (4) Classroom instruction shall include the opportunity for demonstration and practice of skills.
  - (5) Supervised practical experience shall be conducted in a licensed adult care home or in a facility or laboratory setting comparable to the work setting in which the trainee will be performing or supervising the personal care skills.
  - (6) All skills shall be performed on humans except for intimate care skills, such as perineal and catheter care, which may be conducted on a mannequin.
  - (7) There shall be no more than 10 trainees for each instructor for the supervised practical experience.
  - (8) A written examination prepared by the instructor shall be used to evaluate the trainee's knowledge of the content portion of the classroom training. The trainee shall score at least 70 on the written examination. Oral testing shall be provided in the place of a written examination for trainees lacking reading or writing ability.
  - (9) The trainee shall satisfactorily perform all of the personal care skills required in the training program. The instructor shall use a skills performance checklist for this competency evaluation. Satisfactory performance of the personal care skills and interpersonal and behavioral intervention skills means that the trainee performed the skill unassisted; explained the procedure to the resident; explained to the instructor, prior to or after the procedure, what was being done and why it was being done in that way; and incorporated the principles of good body mechanics, medical asepsis and resident safety and privacy.
  - (10) The training provider shall issue to all trainees who successfully complete the training a certificate, signed by the registered nurse who conducted the skills competency evaluation, stating that the trainee successfully completed the 80-hour training. The trainee's name shall be on the certificate. The training provider shall maintain copies of the certificates and the skills evaluation checklists for a minimum of five years.

(c) An individual, agency or organization seeking to provide the 80-hour training and competency evaluation specified in Rule .0501 of this Section shall submit an application which is available at no charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center Raleigh, North Carolina 27699-2708.

*History Note:* Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;  
Temporary Adoption Eff. January 1, 1996;  
Eff. May 1, 1997;  
Temporary Amendment Eff. December 1, 1999;  
Amended Eff. July 1, 2000;  
Temporary Amendment Eff. September 1, 2003;  
Amended Eff. June 1, 2004;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 6, 2018.

**NOTE – IN ACCORDANCE WITH NC GS 131D-4.3(a) ALL PERSONAL CARE STAFF MUST COMPLETE THE 80-HOUR TRAINING PROGRAM UNLESS EXEMPT DUE TO PREVIOUS TRAINING**

**10A NCAC 13G .0501 PERSONAL CARE TRAINING AND COMPETENCY**

(a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties.

(b) The facility shall assure that staff who perform or directly supervise staff who perform personal care tasks listed in Paragraph (i) of this Rule in facilities with heavy care residents successfully complete an 80-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section and comparable to the State-approved Nurse Aide I training.

(c) The facility shall assure that training specified in Paragraphs (a) and (b) of this Rule is successfully completed six months after hiring for staff hired after July 1, 2000. Staff hired prior to July 1, 2000, shall have completed at least a 20-hour training program for the performance or supervision of tasks listed in Paragraph (i) of this Rule or a 75-hour training program for the performance or supervision of tasks listed in Paragraph (j) of this Rule. The 20 and 75-hour training shall meet all the requirements of this Rule except for the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule, within six months after hiring.

(d) The Department shall have the authority to extend the six-month time frame specified in Paragraph (c) of this Rule up to six additional months for a maximum allowance of 12 months for completion of training upon submittal of documentation to the Department by the facility showing good cause for not meeting the six-month time frame.

(e) Exemptions from the training requirements of this Rule are as follows:

- (1) The Department shall exempt staff from the 25-hour training requirement upon successful completion of a competency evaluation approved by the Department according to Rule .0502 of this Section if staff have been employed



to perform or directly supervise personal care tasks listed in Paragraph (h) and the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule in a comparable long-term care setting for a total of at least 12 months during the three years prior to January 1, 1996, or the date they are hired, whichever is later.

(2) The Department shall exempt staff from the 80-hour training requirement upon successful completion of a 15-hour refresher training and competency evaluation program or a competency evaluation program approved by the Department according to Rule .0502 of this Section if staff have been employed to perform or directly supervise personal care tasks listed in Paragraph (i) and the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule in a comparable long-term care setting for a total of at least 12 months during the three years prior to January 1, 1996, or the date they are hired, whichever is later.

(3) The Department shall exempt staff from the 25 and 80-hour training and competency evaluation who are or have been licensed health professionals or Certified Nursing Assistants.

(f) The facility shall maintain documentation of the training and competency evaluations of staff required by the rules of this Subchapter. The documentation shall be filed in an orderly manner and made available for review by representatives of the Department.

(g) The facility shall assure that staff who perform or directly supervise staff who perform personal care tasks listed in Paragraphs (h) and (i), and the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule receive on-the-job training and supervision as necessary for the performance of individual job assignments prior to meeting the training and competency requirements of this Rule.

(h) For the purposes of this Rule, personal care tasks which require a 25-hour training program include, but are not limited to the following:

- (1) assist residents with toileting and maintaining bowel and bladder continence;
- (2) assist residents with mobility and transferring;
- (3) provide care for normal, unbroken skin;
- (4) assist with personal hygiene to include mouth care, hair and scalp grooming, care of fingernails, and bathing in shower, tub, bed basin;
- (5) trim hair;
- (6) shave resident;
- (7) provide basic first aid;
- (8) assist residents with dressing;
- (9) assist with feeding residents with special conditions but no swallowing difficulties;
- (10) assist and encourage physical activity;
- (11) take and record temperature, pulse, respiration, routine height and weight;
- (12) trim toenails for residents without diabetes or peripheral vascular disease;
- (13) perineal care;
- (14) apply condom catheters;
- (15) turn and position;
- (16) collect urine or fecal specimens;
- (17) take and record blood pressure if a registered nurse has determined and documented staff to be competent to perform this task;

- (18) apply and remove or assist with applying and removing prosthetic devices for stable residents if a registered nurse, licensed physical therapist or licensed occupational therapist has determined and documented staff to be competent to perform the task; and
  - (19) apply or assist with applying ace bandages, TED's and binders for stable residents if a registered nurse has determined and documented staff to be competent to perform the task.
- (i) For the purposes of this Rule, personal care tasks which require a 80-hour training program are as follows:
- (1) assist with feeding residents with swallowing difficulty;
  - (2) assist with gait training using assistive devices;
  - (3) assist with or perform range of motion exercises;
  - (4) empty and record drainage of catheter bag;
  - (5) administer enemas;
  - (6) bowel and bladder retraining to regain continence;
  - (7) test urine or fecal specimens;
  - (8) use of physical or mechanical devices attached to or adjacent to the resident which restrict movement or access to one's own body used to restrict movement or enable or enhance functional abilities;
  - (9) non-sterile dressing procedures;
  - (10) force and restrict fluids;
  - (11) apply prescribed heat therapy;
  - (12) care for non-infected pressure ulcers; and
  - (13) vaginal douches.
- (j) For purposes of this Rule, the interpersonal skills and behavioral interventions include, but are not limited to the following:
- (1) recognition of residents' usual patterns of responding to other people;
  - (2) individualization of appropriate interpersonal interactions with residents;
  - (3) interpersonal distress and behavior problems;
  - (4) knowledge of and use of techniques, as alternatives to the use of restraints, to decrease residents' intrapersonal and interpersonal distress and behavior problems; and
  - (5) knowledge of procedures for obtaining consultation and assistance regarding safe, humane management of residents' behavioral problems.

*History Note: Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;  
Temporary Adoption Eff. January 1, 1996;  
Eff. May 1, 1997;  
Temporary Amendment Eff. December 1, 1999;  
Amended Eff. July 1, 2000.*

## **10A NCAC 13G .0502 PERSONAL CARE TRAINING AND COMPETENCY PROGRAM APPROVAL**

- (a) The 25 hour training specified in Rule .0501 of this Section shall consist of at least 15 hours of classroom instruction, and the remaining hours shall be supervised practical experience. Competency evaluation shall be conducted in each of the following areas:
- (1) personal care skills;

- (2) cognitive, behavioral and social care for all residents and including interventions to reduce behavioral problems for residents with mental disabilities, and;
  - (3) residents' rights as established by G.S. 131D-21.
- (b) The 80-hour training specified in Rule .0501 of this Section shall consist of at least 34 hours of classroom instruction and at least 34 hours of supervised practical experience. Competency evaluation shall be conducted in each of the following areas:
- (1) observation and documentation;
  - (2) basic nursing skills, including special health-related tasks;
  - (3) personal care skills;
  - (4) cognitive, behavioral and social care for all residents and including interventions to reduce behavioral problems for residents with mental disabilities;
  - (5) basic restorative services; and
  - (6) residents' rights as established by G.S. 131D-21.
- (c) The following requirements shall apply to the 25 and 80-hour training specified in Rule .0501 of this Section:
- (1) The training shall be conducted by an individual or a team of instructors with a coordinator. The supervisor of practical experience and instructor of content having to do with personal care tasks or basic nursing skills shall be a registered nurse with a current, unencumbered license in North Carolina and with two years of clinical or direct patient care experience working in a health care, home care or long term care setting. The program coordinator and any instructor of content that does not include instruction on personal care tasks or basic nursing skills shall be a registered nurse, licensed practical nurse, physician, gerontologist, social worker, psychologist, mental health professional or other health professional with two years of work experience in adult education or in a long term care setting; or a four-year college graduate with four years of experience working in the field of aging or long term care for adults.
  - (2) A trainee participating in the classroom instruction and supervised practical experience in the setting of the trainee's employment shall not be considered on duty and counted in the staff-to-resident ratio.
  - (3) Training shall not be offered without a qualified instructor on site.
  - (4) Classroom instruction shall include the opportunity for demonstration and practice of skills.
  - (5) Supervised practical experience shall be conducted in a licensed adult care home or in a facility or laboratory setting comparable to the work setting in which the trainee will be performing or supervising the personal care skills.
  - (6) All skills shall be performed on humans except for intimate care skills, such as perineal and catheter care, which may be conducted on a mannequin.
  - (7) There shall be no more than 10 trainees for each instructor for the supervised practical experience.
  - (8) A written examination prepared by the instructor shall be used to evaluate the trainee's knowledge of the content portion of the classroom training. The trainee shall score at least 70 on the written examination. Oral testing shall be provided in the place of a written examination for trainees lacking reading or writing ability.

- (9) The trainee shall satisfactorily perform all of the personal care skills specified in Rule .0501(h) and the skills specified in 10A NCAC 13G .0401(j) of this Section for the 25-hour training and in Rule .0501(h), (i) and (j) of this Section for the 80-hour training. The instructor shall use a skills performance checklist for this competency evaluation that includes, at least, all those skills specified in Rules .0501(h) and .0501(j) of this Section for the 25-hour training and all those skills specified in Rules .0501(h), (i) and (j) of this Section for the 80-hour training. Satisfactory performance of the personal care skills and interpersonal and behavioral intervention skills means that the trainee performed the skill unassisted; explained the procedure to the resident; explained to the instructor, prior to or after the procedure, what was being done and why it was being done in that way; and incorporated the principles of good body mechanics, medical asepsis and resident safety and privacy.
  - (10) The training provider shall issue to all trainees who successfully complete the training a certificate, signed by the registered nurse who conducted the skills competency evaluation, stating that the trainee successfully completed the 25 or 80-hour training. The trainee's name shall be on the certificate. The training provider shall maintain copies of the certificates and the skills evaluation checklists for a minimum of five years.
- (d) An individual, agency or organization seeking to provide the 25 or 80-hour training specified in Rule .0501 of this Section shall submit the following information to the Adult Care Licensure Section of the Division of Health Service Regulation:
- (1) an application which is available at no charge by contacting the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, North Carolina 27699-2708;
  - (2) a statement of training program philosophy;
  - (3) a statement of training program objectives for each content area;
  - (4) a curriculum outline with specific hours for each content area;
  - (5) teaching methodologies, a list of texts or other instructional materials and a copy of the written exam or testing instrument with an established passing grade;
  - (6) a list of equipment and supplies to be used in the training;
  - (7) procedures or steps to be completed in the performance of the personal care and basic nursing skills;
  - (8) sites for classroom and supervised practical experience, including the specific settings or rooms within each site;
  - (9) resumes of all instructors and the program coordinator, including current RN certificate numbers as applicable;
  - (10) policy statements that address the role of the registered nurse, instructor to trainee ratio for the supervised practical experience, retention of trainee records and attendance requirements;
  - (11) a skills performance checklist as specified in Subparagraph (c)(9) of this Rule; and
  - (12) a certificate of successful completion of the training program.
- (e) The following requirements shall apply to the competency evaluation for purposes of exempting adult care home staff from the 25 or 80-hour training as required in Rule .0501 of this Section:

- (1) The competency evaluation for purposes of exempting adult care home staff from the 25 and 80-hour training shall consist of the satisfactory performance of personal care skills and interpersonal and behavioral intervention skills according to the requirement in Subparagraph (c)(9) of this Rule.
- (2) Any person who conducts the competency evaluation for exemption from the 25 or 80-hour training shall be a registered nurse with the same qualifications specified in Subparagraph (c)(1) of this Rule.
- (3) The competency evaluation shall be conducted in a licensed adult care home or in a facility or laboratory setting comparable to the work setting in which the participant will be performing or supervising the personal care skills.
- (4) All skills being evaluated shall be performed on humans except for intimate care skills such as perineal and catheter care, which may be performed on a mannequin.
- (5) The person being competency evaluated in the setting of the person's employment shall not be considered on duty and counted in the staff-to-resident ratio.
- (6) An individual, agency or organization seeking to provide the competency evaluation for training exemption purposes shall complete an application available at no charge from the Division of Health Service Regulation, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, North Carolina 27699-2708 and submit it to the Adult Care Licensure Section along with the following information:
  - (A) resume of the person performing the competency evaluation, including the current RN certificate number;
  - (B) a certificate, with the signature of the evaluating registered nurse and the participant's name, to be issued to the person successfully completing the competency evaluation;
  - (C) procedures or steps to be completed in the performance of the personal care and basic nursing skills;
  - (D) a skills performance checklist as specified in Subparagraph (c)(9) of this Rule; a site for the competency evaluation; and a list of equipment, materials and supplies;
  - (E) a site for the competency evaluation; and
  - (F) a list of equipment, materials and supplies.

*History Note:* Authority G.S. 131D-2.16; 131D-4.3; 131D-4.5; 143B-165;  
Temporary Adoption Eff. January 1, 1996;  
Eff. May 1, 1997;  
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