

Katie Hobbs
Governor



Joey Ridenour
Executive Director

Arizona State Board of Nursing

1740 W. Adams Street, Suite 2000, Phoenix, AZ 85007

Phone (602) 771-7800 | www.azbn.gov

NURSING ASSISTANT TRAINING PROGRAM SITE-VISIT REPORT

<u>Pima Community College-West Campus</u>		CODE # 4098
2202 W Anklam Rd, Tucson, AZ 85709		Office: 520-206-6661
Application Received: 6/17/2025	Date of Visit: 6/25/2025	Type of Visit: Skype <input type="checkbox"/> In Person <input checked="" type="checkbox"/>
Type of Program:	Community College	Original Approval: 1992
Purpose of Visit:	Renewal Approval	Recommendation to Exec. Director: 2 Year Approval
Persons Interviewed: Carol Williams, Yolanda McCoy-Stokes, Christina Miller and Brandi Bride		
Reviewed on: 6/20/2025		Deficiency Notice Sent on : 6/20/2025
Relevant History/ Comments: Program with 2 consolidated sites, the program moved to the west campus, which is now a center for excellence.		
Topics Discussed with Program: Pass rates, consolidated sites, ESL, oral testing, increased enrollment, conference, TAP, limited attrition, testing one week after completing the class, and state testing.		
Program Strengths: Consistent coordinator and instructors, good longevity		
<p><i>If Board staff identify potential violations on a routine site survey visit, the program will be informed of the potential violation either at or before the conclusion of the site visit or upon discovery in reviewing documentation after the visit.</i></p> <p><i>If any of the following occur, the Education Consultant shall open a complaint and prepare an Investigative Report to present to the Board:</i></p> <ol style="list-style-type: none"><i>1. The program does not remedy the potential violation within 60 days.</i><i>2. The findings are of a serious nature with potential to harm students, patients or faculty or promote unsafe practices.</i><i>3. The findings are part of a pattern of program unprofessional conduct or the program has had past Board action on conduct similar to the findings.</i><i>4. The findings are likely to result in Board action against the program.</i> <p><input checked="" type="checkbox"/> Copy Provided by Board Staff: <u>Initial:</u> CG <u>Date:</u> 7/1/2025</p> <p>I acknowledge receipt of this site visit report and understand information obtained during the review may be used in a report to the Board. While the Board allows for a voluntary 60 day remediation period under some circumstances per Board policy, only the Board may make a determination related to any actual deficiency and required remediation including disciplinary action. I understand that if our program does not qualify for the 60 day remediation period or if the deficiencies are not remediated, I will receive additional information on potential deficiencies including a chance to respond in writing to any potential deficiencies and be afforded an opportunity for an administrative hearing.</p> <p><input type="checkbox"/> Copy Declined --- The program was offered the opportunity to make a copy of this inspection report and declined to do so at this time.</p>		

OFFICIAL USE ONLY	
Education Program Consultant Cindy George, RN, BSN- Authorized Electronic Signature	Date Reviewed - 7/1/2025
Shannon Bitza, DNP, AGPCNP-BC, AGACNP-BC Associate Director of Education and Evidence Based Regulation	Joey Ridenour, RN, MN, FAAN Executive Director
Comments:	Comments:
APPROVAL CERTIFICATE SENT BY:	

PROGRAM STAFF - R4-19-802		
Name of Administrator or Owner:	Carol Williams	Owner Email: cwilliams96@pima.edu
Name of Coordinator:	Carol Williams	Coordinator Email: cwilliams96@pima.edu
<u>Coordinator Qualifications Met:</u> Unencumbered RN License; 2 Years Overall Nursing Experience; 1 Year Long-term Care		
COORDINATOR R4-19-802(B)(1); R4-19-802(B)(3) Program coordinator qualifications include: a. Holding a current, registered nurse license that is active and in good standing or multistate privilege to practice as an RN under A.R.S. Title 32, Chapter 15; and b. Possessing at least two years of nursing experience at least one year of which is in the provision of long-term care facility services. A program coordinator's responsibilities include: a. Supervising and evaluating the program; b. Ensuring that instructors meet Board qualifications and there are sufficient instructors to provide for a clinical ratio not to exceed 10 students per instructor; c. Ensuring that the program meets the requirements of this Article; and d. Ensuring that the program meets federal requirements regarding clinical facilities under 42 CFR 483.151.		
INSTRUCTOR APPLICANT R4-19-802(C)1 Program instructor qualifications include: a. Holding a current, registered nurse license that is active and in good standing under A.R.S. Title 32, Chapter 15 and provide documentation of a minimum of one year full time or 1500 hours employment providing direct care as a registered nurse in any setting; and b. At a minimum, one of the following: i. Successful completion of a three semester credit course on adult teaching and learning concepts offered by an accredited post-secondary educational institution, ii. Completion of a 40 hour continuing education program in adult teaching and learning concepts that was awarded continuing education credit by an accredited organization, iii. One year of full-time or 1500 hours experience teaching adults as a faculty member or clinical educator, or iv. One year of full time or 1500 hours experience supervising nursing assistants, either in addition to or concurrent with the one year of experience required in subsection (C)(1)(a).		
<u>Instructor Qualifications Met:</u> · Unencumbered RN License · One or More of the Following <ul style="list-style-type: none"> · Course Credit · Experience Teaching · CNA Supervision 	List Instructor(s): Kiinani Kay Mulvihill, RN127094 Brandi Bride, RN086779 Karen Marie Brown, RN236969 Carmen Candelaria Druyvesteyn, RN156462 Neal Scott Foster, RN160352	

INSTRUCTION

HOURS - R4-19-802(D)(1)

A nursing assistant training program shall ensure each graduate receives a minimum of 120 hours of total instruction consisting of: a. Instructor-led teaching in a classroom setting for a minimum of 40 hours; b. Instructor-supervised skills practice and testing in a laboratory setting for a minimum of 20 hours; and c. Instructor-supervised clinical experiences for a minimum of 40 hours, consistent with the goals of the program. Clinical requirements include the following: i. The program shall provide students with clinical orientation to any clinical setting utilized. ii. The program shall provide a minimum of 20 hours of direct resident care in a long-term care facility licensed by the Department of Health Services, except as provided in subsection (iv). Direct resident care does not include orientation and clinical pre and post conferences. iii. If another health care facility is used for additional required hours, the program shall ensure that the facility provides opportunities for students to apply nursing assistant skills similar to those provided to long-term care residents. iv. If a long-term care facility licensed by the Department of Health Services is not available within 50 miles of the training program's classroom, the program may provide the required clinical hours in a facility or unit that cares for residents or patients similar to those residing in a long-term care facility. d. To meet the 120 hour minimum program hour requirement, a CNA program shall designate an additional 20 hours to classroom, skill or clinical instruction based upon the educational needs of the program's students and program resources.

Minimum 120-Hour Program Divided Between Theory & Clinical (Minimum 40)		Total Hours: 136	
Didactic (Minimum 40)	Skills Lab (Minimum 20)	Instructor Supervised Clinical (Minimum 40 with Minimum of 20 in LTC)	Direct Long Term Care Facility (Minimum 20)
48	48	40	27

1. POLICIES

***Policies must be provided to students and show the effective date and review date for each policy**

Rule Citation	Document	Criteria Met	Comments
R4-19-801(A)(5) a. Make all program costs readily accessible on the school's website with effective dates, b. Publically post any increases in costs on the school's website 30 days in advance of the increase; c. Include in the cost calculation and public posting, all fees directly paid to the program including but not limited to tuition, lab fee, clinical fee, enrollment fee, insurance, books, uniform, health screening, credit card fee and state competency exam fee; and d. Provide a description of all program costs to the student that are not directly paid to the program	Fees and Financial Aid Policy	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
R4-19-801(A)(6) Before collecting any tuition or fees from a student, a training program shall notify each prospective student of Board requirements for certification including legal presence in the United States, criminal background check requirements, and ineligibility for certification under A.R.S. § 32-1606 (B) (17).	Notification of Board Requirements	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
R4-19-801(B)(3) Admission requirements including: i. Criminal background, health and drug screening either required by the program or necessary to place a student in a clinical agency; and ii. English language, reading and math skills necessary to comprehend course materials and perform duties safely.	Admission Requirements Policy	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

<p>R4-19-801(B)(3)(b) Student attendance policy, ensuring that a student receives the hours and types of instruction as reported to the Board in the program's most recent application to the Board and as required in this Article. If absences are permitted, the program shall ensure that each absence is remediated by providing and requiring the student to complete learning activities that are equivalent to the missed curriculum topics, clinical experience or skill both in substance and in classroom or clinical time.</p>	<p>Attendance Policy</p>	<p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>R4-19-801(B)(3)(c) A final examination policy that includes the following provisions; i. Require that its students score a minimum 75% correct answers on a comprehensive secure final examination with no more than one re-take. The program may allow an additional re-take following documented, focused remediation based on past test performance. Any re-take examination must contain different items than the failed exam, address all course competencies, and be documented with score, date administered and proctor in the student record</p>	<p>Final Exam Policy</p>	<p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>R4-19-801(B)(3)(c)(ii) ii. Require that each student demonstrate, to program faculty, satisfactory performance of each practical skill as prescribed in the curriculum before performance of that skill on patients or residents without the instructor's presence, direct observation, and supervision.</p> <p>R4-19-801(C)(8)(e) Require satisfactory performance of all critical elements of each skill under R4-19-802 (H) for nursing assistant and R4-19-803(D)(4) for medication assistant before allowing a student to perform the skill on a patient or resident without the instructor's presence at the bedside.</p> <p>R4-19-802(H) Skills: A nursing assistant instructor shall verify and document that the following skills are satisfactorily performed by each student before allowing the student to perform the skill on a patient or resident without the instructor present: 1. Hand hygiene, gloving and gowning; and 2. Skills in subsection (F)(7), (8) and (11)(a), (c), (d), (f), and (g).</p>	<p>Skill Exam Policy</p>	<p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/></p>	
	<p>Skill Exam Checklist</p>	<p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>R4-19-801(B)(3)(d) Student record maintenance policies consistent with subsection (D) including the retention period, the location of records and the procedure for students to access to their records</p> <p>R4-19-801(D) A training program shall maintain the following program records either electronically or in paper form for a minimum of three years for CNA programs and five years for CMA programs: a. Curriculum and course schedule for each admission cohort; b. Results of state-approved written and manual skills testing; c. Documentation of program evaluation under subsection (A)(10); d. A copy of any Board reports, applications, or correspondence, related</p>	<p>Student Record Maintenance Policy</p>	<p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/></p>	

to the program; and e. A copy of all clinical contracts, if using outside clinical agencies. 2. A training program shall maintain the following student records either electronically or in paper form for a minimum of three years for CNA programs and five years for CMA programs: a. A record of each student's legal name, date of birth, address, telephone number, e-mail address and Social Security number, if available; b. A completed skill checklist containing documentation of student level of competency performing the skills in R4-19-802(F) for nursing assistant, and in R4-19-803 (D)(4) for medication assistants; c. An accurate attendance record, which describes any make-up class sessions and reflects whether the student completed the required number of hours in the course; and d. Scores for each test, quiz, or exam and whether such test, quiz, or exam was retaken.			
R4-19-801(B)(3)(f) Student conduct policies for expected and unacceptable conduct in both classroom and clinical settings	Student Conduct Policy	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
R4-19-801(B)(3)(e) Clinical supervision policies consistent with clinical supervision provisions of this Section, and: i. R4-19-802 (C) and (D) for CNA programs, or ii. R4-19-803 (B) and (C) for CMA programs Also, R4-19-801(C)(10) A qualified RN instructor shall supervise any student who provides care to patients or residents by: a. Remaining in the clinical facility and focusing attention on student learning needs during all student clinical experiences; b. Providing the instructor's current and valid contact information to students and facility staff during the instructor's scheduled teaching periods; c. Observing each student performing tasks taught in the training program; d. Documenting each student's performance each day, consistent with course skills and clinical objectives; e. During the clinical session, engaging exclusively in activities related to the supervision of students; and f. Reviewing all student documentation.	Clinical Supervision Policy	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
R4-19-801(B)(3)(g) Dismissal and withdrawal policies	Withdrawal and Dismissal Policies	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
R4-19-801(B)(3)(h) Student grievance policy that includes a chain of command for grade disputes and ensures that students have the right to contest program actions and provide evidence in support of their best interests including the right to a third party review by a person or committee that has no stake in the outcome of the grievance	Student Grievance Policy	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

R4-19-801(B)(3)(i) Program progression and completion criteria	Program Progression & Completion Policy	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
--	--	---	--

2. MISC. PROGRAM REQUIREMENTS

Rule Citation	Document	Criteria Met	Comments
R4-19-801(A)(4) - NON LTC FACILITY PROGRAMS A training program that uses external clinical facilities shall execute a written agreement with each external clinical facility that: a. Provides the program instructor the ability to assign patient care experiences to students after consultation with facility staff, and b. Contains a termination clause that provides sufficient time for enrolled students to complete their clinical training upon termination of the agreement.	Clinical Contracts (Non- Facility Prog.)	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	<i>Haven of Saguaro Valley Handmaker Jewish Services for Aging Devon Gable Rehabilitation</i>
R4-19-802(J) - LTC FACILITY PROGRAMS A Medicare or Medicaid certified long-term care facility-based program shall provide in its initial and each renewal application, a signed, sworn, and notarized document, executed by the program coordinator, affirming that the program does not require a nursing assistant student to pay a fee for any portion of the program including the initial attempt on the state competency exam.	Long-Term Care Facility Affidavit	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
R4-19-802(A)(2)(a) - PRIVATE PROGRAMS WITHOUT PPSBE APPROVAL Hold a surety bond from a surety company with a financial strength rating of "A-" or better by Best's Credit Ratings, Moody's Investors Service, Standard and Poor's rating service or another comparable rating service as determined by the Board in the amount of a minimum of \$15,000. The program shall ensure that: i. Bond distributions are limited to students or former students with a valid claim for instructional or program deficiencies; ii. The amount of the bond is sufficient to reimburse the full amount of collected tuition and fees for all students during all enrollment periods of the program; and iii. The bond is maintained for an additional 24 months after program closure.	Surety Bond	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	

R4-19-802(A)(2)(b) - PRIVATE PROGRAMS WITHOUT PPSBE APPROVAL Upon initial use and remodeling, provide the Board with a fire inspection report from the Office of the State Fire Marshall or the local authority with jurisdiction, indicating that each program classroom and skill lab location is in compliance with the applicable fire code	Fire Inspection Report	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Rule Citation		Textbook Reference Materials	
R4-19-801(C)(6) A training program shall utilize an electronic or paper textbook corresponding to the certification level of the course that has been published within the previous five years. Unless granted specific permission by the publisher, a training program shall not utilize copies of published materials in lieu of an actual textbook	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Name of Textbook, Author, Publisher & Year Lippincott Textbook for Nursing Assistants: A Humanistic Approach to Caregiving; Wolters Kluwer; Pamela J. Carter Select Year 2023 INSERT NEW BOOKS HERE	
R4-19-801(C)(7)(a) A training program shall provide, to all program instructors and enrolled students, access to the following instructional and educational resources: a. Reference materials, corresponding to the level of the curriculum	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	List of Current Reference Materials <i>On File: Listed on Page 66 of application.</i>	
R4-19-801(C)(1) During clinical training sessions, a training program shall ensure that each student is identified as a student by a name badge or another means readily observable to staff, patients, and residents.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Name Badge	
R4-19-804(D)(2)(i) Copies of the redacted record of one program graduate	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Redacted Student Record	

3. EVALUATIONS			
Rule Citation	Document	Criteria Met	Comments
R4-19-801(A)(9) A training program shall provide each student with an opportunity to anonymously and confidentially evaluate the course instructor, curriculum, classroom environment, clinical instructor, clinical setting, textbook and resources of the program	Student Evaluation Policy	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
	Blank Student Evaluation Form	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

R4-19-801(A)(10) A training program shall provide and implement a plan to evaluate the program that includes the frequency of evaluation, the person responsible, the evaluative criteria, the results of the evaluation and actions taken to improve the program. The program shall evaluate the following elements at a minimum every two years: a. Student evaluations consistent with subsection (A)(9); b. First-time pass rates on the written and manual skills certification exams for each admission cohort; c. Student attrition rates for each admission cohort; d. Resolution of student complaints and grievances in the past two years; and e. Review and revision of program policies	Program Evaluation Plan with Outcomes (Renewing Programs)	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
--	--	---	--

4. SYLLABUS

Rule Citation	Document	Criteria Met	Comments
R4-19-801(C)(4) A training program shall provide, in either electronic or paper format, a written curriculum to each student on or before the first day of class that includes a course description, course hours including times of instruction and total course hours, instructor information, passing requirements, course goals, and a topical schedule containing date, time and topic for each class session.	Syllabus Containing: Course Description Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Course Objectives Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Instructor Information Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Passing Requirements Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Hours&Times of Instr. Y <input checked="" type="checkbox"/> N <input type="checkbox"/> AND Topical Schedule Containing: Date, Time, and Topic for each class session Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Please See Left ←	
R4-19-801(C)(5) For each unit or class session the program shall provide, to its students, written: a. Measurable learner-centered objectives, b. An outline of the material to be taught, and c. The learning activities or reading assignment.			
R4-19-801(C)(8) a. Plan each learning experience; b. Ensure that the curriculum meets the requirements of this Section; c. Prepare written course goals, lesson objectives, class content and learning activities; d. Schedule and achieve course goals and objectives by the end of the course; and e. Require satisfactory performance of all critical elements of each skill under R4-19-802 (H) for nursing assistant and R4-19-803(D)(4) for medication assistant before allowing a student to perform the skill on a patient or resident without the instructor's presence at the bedside.	Curriculum Including: Unit objectives, Unit outline, Learning activities and Hours of instruction for each unit of instruction - May use Board template with activities and hours completed by the program.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

5. STANDARDIZED CURRICULUM

R4-19-802(F) A nursing assistant training program shall provide classroom and clinical instruction regarding each of the following subjects *Minimum 16 Hours Class Prior to Patient Contact		
R4-19-802(G) Curriculum sequence: A nursing assistant training program shall provide a student with a minimum of 16 hours instruction in the subjects identified in subsections (F)(1) through (F)(6) before allowing a student to care for patients or residents.		
Document	Criteria Met	Comments
Communication*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Interpersonal Skills*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

Documentation*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Infection Control*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Safety/Emergency Procedures; CPR–Abdom. Thrusts*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Resident's Independence*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Resident's Rights*		
Confidentiality*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Privacy*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Free from Neglect/Abuse*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Personal Choices*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Obtain Assistance in Resolving Grievances*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Security of Personal Property*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Restraint Free*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Need to Report Abuse, Mistreatment and Neglect*	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Basic NA Skills		
TPR	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
BP	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Measuring and Recording	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Height and Weight Using standing, wheelchair and bed scales	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Maintaining Resident's Environment	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Observing and Reporting pain	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Assisting with Diagnostic Tests/Obtaining Specimens	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Care of Residents with Drains and Tubes	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Recognizing and Reporting Abnormal Changes to Supervisor	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Applying Clean Bandages	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Providing Peri-Operative Care	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Admitting, Transferring and Discharging Residents	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Personal Care Skills		
Bed Baths and Bathing	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Dressing the Resident	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Oral/Denture Care	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Shampoo & Hair Care	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Skin Care	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Fingernail Care	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Toileting	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Perineal Care	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

Ostomy Care	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Nutrition: I&O		
Feeding and Hydration	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Measuring and Recording I&O	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Assistive Devices	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Age Specific, Mental Health, and Social Service Needs		
Modifying the nursing assistant's behavior in response to patient or resident behavior	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Demonstrating an awareness of the developmental tasks and physiologic changes associated with the aging process	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Responding to patient or resident behavior	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Allowing the resident or patient to make personal choices and providing and reinforcing other behavior consistent with the individual's dignity	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Providing culturally sensitive care	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Caring for the dying patient or resident	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Using the patient's or resident's family as a source of emotional support for the resident or patient	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Care of the Cognitively Impaired Patient or Resident		
Understanding and addressing the unique needs and behaviors of patients or residents with dementia or other cognitive impairment	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Communicating with cognitively impaired patients or residents	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Reducing the effects of cognitive impairment	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Appropriate responses to the behavior of cognitively impaired individuals.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Skills for Basic Restorative Services		
Body mechanics	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Resident self-care	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Assistive devices used in transferring, ambulating and dressing	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Range of motion exercises	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Bowel and bladder training	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Care and use of prosthetic and orthotic devices	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Turning and positioning a resident in bed, transferring a resident between bed and chair and positioning a resident in a chair.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Misc.		
Health Care Team Member Skills Including Time Management and Prioritizing Work	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Body Structure and Function/Common Diseases of the Elderly	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Legal Aspects of Nursing Assistant Practice		

Board-prescribed requirements for certification and re-certification including criminal background checks, testing, Board application, felony bar under A.R.S. § 32-1606 (B)(17), proof of legal presence, allotted time to certify and practice requirement for re-certification	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Delegation of nursing tasks	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Ethics	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Advance directives and do-not-resuscitate orders	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
Standards of conduct under R4-19-814	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

6. THIS SECTION IS COMPLETED FOR INITIAL PROGRAMS ONLY {☒ Not Initial Prog.}

Rule Citation	Document	Criteria Met	Comments
R4-19-804(C)(3-4) Name, license number, telephone number, e-mail address and qualifications of the program coordinator as required in R4-19-802; 4. Name, license number, telephone number, e-mail address and qualifications of each program instructor including clinical instructors as required in either R4-19-802 for NA programs or R4-19-803 for CMA programs	Coordinator and Instructor Forms	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
R4-19-804(C)(9)(b) - NEW PROGRAMS List and description of classroom facilities, equipment, and instructional tools the program will provide	Classroom Facilities and Equipment	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
R4-19-804(C)(9)(i) - NEW PROGRAMS An implementation plan including start date and a description of how the program will provide oversight to ensure all requirements of this Article are met	Implementation Plan	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
R4-19-801(A)(10) A training program shall provide and implement a plan to evaluate the program that includes the frequency of evaluation, the person responsible, the evaluative criteria, the results of the evaluation and actions taken to improve the program. The program shall evaluate the following elements at a minimum every two years: a. Student evaluations consistent with subsection (A)(9); b. First-time pass rates on the written and manual skills certification exams for each admission cohort; c. Student attrition rates for each admission cohort; d. Resolution of student complaints and grievances in the past two years; and e. Review and revision of program policies.	Blank Program Evaluation Plan	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

The following section is to be completed for EACH location ON-SITE:

Location Name:	Pima Community College-West Campus	Program #: 4098
Physical Address:	2202 W. Anklam Rd., Tucson, AZ 85709	Phone: 520-206-6663
Type of Program:	Community College	Original Approval: 1992
Date of Visit: 6/25/2025	Type of Visit: Via Skype <input type="checkbox"/> In Person <input checked="" type="checkbox"/>	
Purpose of Visit: Renewal Approval	Recommendation to Exec. Director: 2 Year Approval	
Persons Interviewed:	Carol Williams and Brandi Bride	
Relevant History/ Comments:	Program did move over to the West Campus, which is the Center for Excellence. This is now the main campus.	
Number Trained in Last 2 Yrs: (At least one class held during previous approval period.)	2023-1 2024-0 2025-YTD-46	
Pass Rates (Year to Date): (At least one graduate took the certification exam within previous approval period.)	Written Exam: 2023-100 % 2024- No testers 2025-YTD-86.96%	Skills Exam: 2023- 100% 2024- No testers 2025-YTD-91.30%
SITE OBSERVATIONS		
Rule	Criteria Met	Comments
A training program shall provide a clean, comfortable, distraction-free learning environment for didactic teaching and skill practice	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Tables, chairs, projector
A training program shall provide, to all program instructors and enrolled students, access to the following instructional and educational resources: a. Reference materials, corresponding to the level of the curriculum; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Computers, videos, textbook, workbooks, handouts and wifi
b. Equipment and supplies necessary to practice skills.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
A training program shall maintain the following program records either electronically or in paper form for a minimum of three years for CNA programs and five years for CMA programs: a. Curriculum and course schedule for each admission cohort;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
b. Results of state-approved written and manual skills testing	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
c. Documentation of program evaluation under subsection (A)(10)	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
d. A copy of any Board reports, applications, or correspondence, related to the program; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
e. A copy of all clinical contracts, if using outside clinical agencies.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
A training program shall maintain the following student records either electronically or in paper form for a minimum of three years a. A record of each student's legal name, date of birth, address, telephone number, e-mail address and Social Security number, if available;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
b. A completed skill checklist containing documentation of student level of competency performing the skills in R4-19-802(F) for nursing assistant, and in R4-19-803 (D)(4) for medication assistants;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

c. An accurate attendance record, which describes any make-up class sessions and reflects whether the student completed the required number of hours in the course; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
d. Scores for each test, quiz, or exam and whether such test, quiz, or exam was retaken.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
A nursing assistant training program shall ensure that equipment and supplies are in functional condition and sufficient in number for each enrolled student to practice required skills. At a minimum, the program shall provide:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
a. Hospital-type bed, over-bed table, linens, linen protectors, pillows, privacy curtain, call-light and nightstand;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
b. Thermometers, stethoscopes, including a teaching stethoscope, aneroid blood pressure cuffs, and a scale;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
c. Realistic skill training equipment, such as a manikin or model, that provides opportunity for practice and demonstration of perineal care;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
d. Personal care supplies including wash basin, towels, washcloths, emesis basin, rinse-free wash, tooth brushes, disposable toothettes, dentures, razor, shaving cream, emery board, orange stick, comb, shampoo, hair brush, and lotion;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
e. Clothes for dressing residents including undergarments, socks, hospital gowns, shirts, pants and shoes or non-skid slippers;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
f. Elimination equipment including fracture bed pans, bed pans, urinals, ostomy supplies, adult briefs, specimen cups, graduate cylinder, and catheter supplies;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
g. Aseptic and protective equipment including running water, sink, soap, paper towels, clean disposable gloves, surgical masks, particulate respirator mask for demonstration purposes, gowns, hair protectors and shoe protectors;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
h. Restorative equipment including wheelchair, gait belt, walker, anti-embolic hose, adaptive equipment, and cane;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
i. Feeding supplies including cups, glasses, dishes, straws, standard utensils, adaptive utensils and clothing protectors;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
j. Clean dressings, bandages and binders; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
k. Documentation forms.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

Location Name:	Pima Community College - Ironwood Ridge High School		Program #: 4100
Physical Address:	2475 W Naranja Dr, Oro Valley, AZ 85742		Phone: 520-206-5222
Type of Program:	High School		Original Approval: 2021
Date of Visit: 6/25/2025		Type of Visit: Via Skype <input checked="" type="checkbox"/> In Person <input type="checkbox"/>	
Purpose of Visit: Renewal Approval		Recommendation to Exec. Director: 2 Year Approval	
Persons Interviewed:	Karen Brown, Yolanda McCoy-Stokes, Carol Williams, Christina Williams		
Relevant History/ Comments:	Consolidated site, high school program		
Number Trained in Last 2 Yrs: (At least one class held during previous approval period.)		2023-15 2024-14 2025-YTD-3	
Pass Rates (Year to Date): (At least one graduate took the certification exam within previous approval period.)	Written Exam: 2023-87% 2024-85.71% 2025-YTD-100		Skills Exam: 2023- 73% 2024-92.86 % 2025-YTD-66.67%
SITE OBSERVATIONS			
Rule	Criteria Met	Comments	
A training program shall provide a clean, comfortable, distraction-free learning environment for didactic teaching and skill practice	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Tables, chairs, projector and TV	
A training program shall provide, to all program instructors and enrolled students, access to the following instructional and educational resources: a. Reference materials, corresponding to the level of the curriculum; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Posters, computers, videos, textbook, workbooks, handouts and wifi	
b. Equipment and supplies necessary to practice skills.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		
A training program shall maintain the following program records either electronically or in paper form for a minimum of three years for CNA programs and five years for CMA programs: a. Curriculum and course schedule for each admission cohort;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		
b. Results of state-approved written and manual skills testing	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		
c. Documentation of program evaluation under subsection (A)(10)	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		
d. A copy of any Board reports, applications, or correspondence, related to the program; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		
e. A copy of all clinical contracts, if using outside clinical agencies.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		
A training program shall maintain the following student records either electronically or in paper form for a minimum of three years a. A record of each student's legal name, date of birth, address, telephone number, e-mail address and Social Security number, if available;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		
b. A completed skill checklist containing documentation of student level of competency performing the skills in R4-19-802(F) for nursing assistant, and in R4-19-803 (D)(4) for medication assistants;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		
c. An accurate attendance record, which describes any make-up class sessions and reflects whether the student completed the required number of hours in the course; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		

d. Scores for each test, quiz, or exam and whether such test, quiz, or exam was retaken.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
2. A nursing assistant training program shall ensure that equipment and supplies are in functional condition and sufficient in number for each enrolled student to practice required skills. At a minimum, the program shall provide:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	<i>3 Hospital beds for student use</i>
a. Hospital-type bed, over-bed table, linens, linen protectors, pillows, privacy curtain, call-light and nightstand;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
b. Thermometers, stethoscopes, including a teaching stethoscope, aneroid blood pressure cuffs, and a scale;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
c. Realistic skill training equipment, such as a manikin or model, that provides opportunity for practice and demonstration of perineal care;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	<i>Male and female manikins present</i>
d. Personal care supplies including wash basin, towels, washcloths, emesis basin, rinse-free wash, tooth brushes, disposable toothettes, dentures, razor, shaving cream, emery board, orange stick, comb, shampoo, hair brush, and lotion;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
e. Clothes for dressing residents including undergarments, socks, hospital gowns, shirts, pants and shoes or non-skid slippers;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
f. Elimination equipment including fracture bed pans, bed pans, urinals, ostomy supplies, adult briefs, specimen cups, graduate cylinder, and catheter supplies;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
g. Aseptic and protective equipment including running water, sink, soap, paper towels, clean disposable gloves, surgical masks, particulate respirator mask for demonstration purposes, gowns, hair protectors and shoe protectors;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
h. Restorative equipment including wheelchair, gait belt, walker, anti-embolic hose, adaptive equipment, and cane;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
i. Feeding supplies including cups, glasses, dishes, straws, standard utensils, adaptive utensils and clothing protectors;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
j. Clean dressings, bandages and binders; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
k. Documentation forms.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

Location Name:	Pima Community College - Santa Cruz Center	Program #: 4097
Physical Address:	2021 N Grand Ave Nogales, AZ 85621	Phone: 520-206-5222
Type of Program:	Community College	Original Approval: 2019
Date of Visit: 6/25/2025	Type of Visit: Via Skype <input checked="" type="checkbox"/> In Person <input type="checkbox"/>	
Purpose of Visit: Renewal Approval	Recommendation to Exec. Director: 2 Year Approval	
Persos, Tables, chairs, smart TVns Interviewed:	Yolanda McCoy-Stokes, Carol Williams, Christina Williams, Maricruz Ruiz, Daniel Gutierrez	
Relevant History/ Comments:	Consolidated site, working on enrollment	
Number Trained in Last 2 Yrs: (At least one class held during previous approval period.)	2023- 7 2024- 7 2025-YTD-0	
Pass Rates (Year to Date): (At least one graduate took the certification exam within previous approval period.)	Written Exam: 2023-71 % 2024-57.14% 2025-YTD-No testers	Skills Exam: 2023-71 % 2024- 85.71% 2025-YTD-No testers
SITE OBSERVATIONS		
Rule	Criteria Met	Comments
A training program shall provide a clean, comfortable, distraction-free learning environment for didactic teaching and skill practice	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Tables, chairs and smart TV
A training program shall provide, to all program instructors and enrolled students, access to the following instructional and educational resources: a. Reference materials, corresponding to the level of the curriculum; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Computer labs, videos, textbook, workbooks, google meets, study sheets, and handouts, wifi
b. Equipment and supplies necessary to practice skills.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
A training program shall maintain the following program records either electronically or in paper form for a minimum of three years for CNA programs and five years for CMA programs: a. Curriculum and course schedule for each admission cohort;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
b. Results of state-approved written and manual skills testing	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
c. Documentation of program evaluation under subsection (A)(10)	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
d. A copy of any Board reports, applications, or correspondence, related to the program; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
e. A copy of all clinical contracts, if using outside clinical agencies.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
A training program shall maintain the following student records either electronically or in paper form for a minimum of three years a. A record of each student's legal name, date of birth, address, telephone number, e-mail address and Social Security number, if available;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
b. A completed skill checklist containing documentation of student level of competency performing the skills in R4-19-802(F) for nursing assistant, and in R4-19-803 (D)(4) for medication assistants;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
c. An accurate attendance record, which describes any make-up class sessions and reflects whether the student completed the required number of hours in the course; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

d. Scores for each test, quiz, or exam and whether such test, quiz, or exam was retaken.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
2. A nursing assistant training program shall ensure that equipment and supplies are in functional condition and sufficient in number for each enrolled student to practice required skills. At a minimum, the program shall provide:	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	<i>2 Hospital beds for student use</i>
a. Hospital-type bed, over-bed table, linens, linen protectors, pillows, privacy curtain, call-light and nightstand;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
b. Thermometers, stethoscopes, including a teaching stethoscope, aneroid blood pressure cuffs, and a scale;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
c. Realistic skill training equipment, such as a manikin or model, that provides opportunity for practice and demonstration of perineal care;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	<i>Male and female manikins present</i>
d. Personal care supplies including wash basin, towels, washcloths, emesis basin, rinse-free wash, tooth brushes, disposable toothettes, dentures, razor, shaving cream, emery board, orange stick, comb, shampoo, hair brush, and lotion;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
e. Clothes for dressing residents including undergarments, socks, hospital gowns, shirts, pants and shoes or non-skid slippers;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
f. Elimination equipment including fracture bed pans, bed pans, urinals, ostomy supplies, adult briefs, specimen cups, graduate cylinder, and catheter supplies;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
g. Aseptic and protective equipment including running water, sink, soap, paper towels, clean disposable gloves, surgical masks, particulate respirator mask for demonstration purposes, gowns, hair protectors and shoe protectors;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
h. Restorative equipment including wheelchair, gait belt, walker, anti-embolic hose, adaptive equipment, and cane;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
i. Feeding supplies including cups, glasses, dishes, straws, standard utensils, adaptive utensils and clothing protectors;	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
j. Clean dressings, bandages and binders; and	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
k. Documentation forms.	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	