Clinical Facility Site Visit Criteria: MNA PROGRAM SITE

Name of Program:_____________________________________________________

Nurse Reviewer Name and Phone Number:_______________________________________

Name of Clinical Site:_____________________________________________________

Check off to verify required resources to meet the needs of students:

1. Orientation to the facility is provided and covers infection control, emergency measures and security____
2. Facility provides a clean, safe environment with comfortable temperatures____
3. Students are provided with an area to store personal belongings____
4. Student / Faculty Ratio does not exceed 1:4 on a unit____
5. Staffing matrix is sufficient to handle presence of students and assignments____
6. Facility provides meeting space for clinical conferences and exit interviews____
7. Facility has adequate lighting in hallways and rooms____
8. Students can access resident plan of care and medication documentation forms____
9. Clinical assignments can provide students with opportunities to:
   ___ review the plan of care and medication record for assigned residents
   ___ provide medications, as available, via Topical, Oral, Nasal, Ocular, Auricular., Vaginal, Rectal, and/ Enteral Tubes.

10. Facility offers the opportunity for students to work with cognitively impaired____

11. Students can work with residents requiring rehabilitation or restorative care____

12. Contract is current with a defined timeframe and signed by facility and program representatives____

13. Facility has been verified as having a current successful CMS survey and is licensed by DHHS____

Attestation: This signed attestation verifies that the program coordinator deems this facility/ resources to meet the clinical requirements for the program and program content matter listed in Nur 800.

__________________________________________  ____________________________
Nurse Reviewer Signature                     Date

__________________________________________  ____________________________
Board of Nursing Approval Signature          Date