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| **Task:**  | **Resident:** |
| **Frequency:** | **Employee:** |
| **Purpose of task:**  |
| **Procedures / steps to follow:** |
| **See supplemental instructions attached: [ ]  Y [ ]  N** |
| **Predictable outcomes / appropriate follow-up:**  |
| **Potential risks:**  |
| **Follow-up for side effects, complications, unexpected outcomes:**  |
| The above procedure has been taught to me through written and verbal instructions and by demonstration. I understand that instruction for this task is for the above named resident only, and that I cannot perform this or similar tasks for other people without further instruction by a registered nurse. |
| Employee Signature: | Date:  |
| RN Trainer Signature | Date:  |
| **RN Delegation: Delegation required:**  [ ]  N [ ]  Y ***If yes:***Having been trained and demonstrated competency for this task, this employee is delegated this task for the above-named resident as allowed by the state Nurse Practice Act and Assisted Living Regulations  |
| RN Signature:  | Date: |
| **Re-training and/or review**: The above procedure has been taught to me through written and verbal instructions and by demonstration. I understand that instruction for this task is for the above named resident only, and that I cannot perform this or similar tasks for other people without further instruction by a registered nurse. I have reviewed the written procedure above and given a return demonstration of my *continued* ability to perform this task properly. |
| Staff Signature:  | Date:  |
| **RN Delegation**: Having demonstrated continued competency in this task, RN delegation is continued. RN Signature: | Date:  |

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| **Task:**  | **Resident:** |
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