



Certificate of Completion
IS HEREBY GRANTED TO

Mckenzie Kelly
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training Class
TYPE OF TRAINING

11/26/19
COMPLETION DATE

F. M. Smith
TRAINER SIGNATURE

Hands on Medical Training for all new DCS

Vital Signs: Pulse, respirations, blood pressure, temperature, pulse oximeter, weight-Licensing requirements

Hand washing

Proper gloving

Universal precautions

Prevention of communicable diseases (MRSA, Influenza, respiratory infections)

Transferring: Gait belt use, wheelchair, shower chair, in or out of vehicles

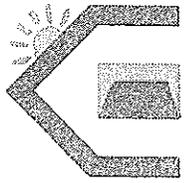
Fall prevention: walker use, no throw rugs, hand rails, well lit hallways

Eating disorders: dysphasia and choking, positioning, special feeding equipment

Special Diets: pureed, thickit, mechanical soft

Staff Signature Meg Kelly Date 12-2-19

Nurse Signature Kaitlyn Date 12/2/19



BEACON
Specialized Living

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Medical Training Class

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