



**Certificate of Completion**  
IS HEREBY GRANTED TO

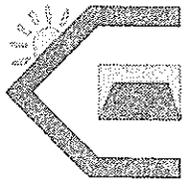
Ashley M. Beady  
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training Class  
TYPE OF TRAINING

1/9/2020  
COMPLETION DATE

[Signature]  
TRAINER SIGNATURE



**BEACON**  
Specialized Living

Certificate of Completion

IS HEREBY GRANTED TO

Aishna Ready  
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical Training Class  
TYPE OF TRAINING

1/21/2020  
COMPLETION DATE

Kathy J RN  
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)

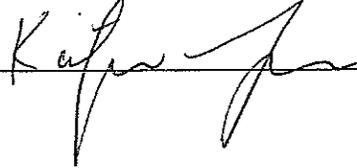
Transferring: Gait belt use, wheelchair, shower chair, in or out of vehicles

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  Date 1/21/20

Nurse Signature  Date 1/21/2020