

BEACON SPECIALIZED LIVING SERVICES, INC.

ORIENTATION CHECKLIST - DIRECT CARE STAFF
(TO BE COMPLETED ON OR BEFORE INITIAL SHADOW SHIFT)

Name of Facility/Home: Amanda Miller

Employee Name: Nicolet Coady

Date: 9-20-19

Instructions: Check each item **AFTER** going over it with the Employee. The Employee and Home Manager sign and date the form and then it is filed in the Employee's Training file.

NOTE: The DCS will not be **ALLOWED** to work **ALONE** with the Residents until this form, the Competency Assessment and all trainings are complete.

Initials

Confidentially, HIPAA, Recipient Rights and Organization Review

- AM Confidentiality Review
- AM HIPAA Review
- AM Organizational Structure and Chain of Command
- AM Mission Statement/Philosophy of the Organization
- AM Tour of Facility complete and form given to DCS, if applicable
- AM Review of AFC Licensing Rules Act 218 and Location of Book
- AM Recipient Rights Review (Schedule Class if one hasn't been scheduled)
- AM Review Abuse/Neglect/Confidentiality/Chapters 7 & 7A
- AM Review DCH Incident Report Form/Location and Use
- AM Review Licensing Incident Report/Event Tracking Tool/Location and Use in Electronic Resident Record
- AM Initial Training and Employee Data Base Complete with all Required Documentation
- AM House Rules Review and Location of Poster
- AM Corporate Compliance Plan Review and Training
- AM Electronic Medical Record Review and Password given
- AM Electronic Resident Record Review and Password given

_____ Has DCS had Mental Health/Gentle Teaching Training with Inga YES OR NO

If training not complete, when is it scheduled TBD

AM Has DCS had classroom CPI and CPR/First Aid Training YES OR NO

If training not complete, when is it scheduled 9-20-19

AM Has DCS had Recipient Rights training at CMH or with Sue YES OR NO

If training not complete, when is it scheduled _____

Initials

Personnel Related Policy/Procedure Review

- AM Personnel Policies Location on Website
- AM Employee Handbook Location on Website
- AM Benefit Information/ Employer Required Notices Location on Website
- AM Payroll/Time Cards
- AM Make Employee Badge
- AM Mandatory Reporting of Tickets and Arrest
- AM Training and In-Services Mandatory and Annual
- AM Absence/Tardy Review
- AM Substance Abuse Policy Review

- AM FMLA Policy/Procedure Review
- AM Level System Review
- AM Progressive Action Procedure Review
- AM Workers Comp-Injury Reporting/Drug Testing
- AM Transportation Policy Review
- AM Sleeping On Duty will not be tolerated
- AM Attendance and Work Schedule Policy Review
- AM "Call Off" Procedure
- AM Bullard-Plawecki Act/ "Right to Know" Act (written request to HR for copy of file.. third party agencies' right to information from file) Ex.: When an allegation is substantiated and a progressive action is given to the external agency
- AM Unauthorized Leave of Absence (AWOL)
- AM Personal Care/ CLS Log
- AM Shift Duties and Cleaning Schedule Review
- AM Resident Assignment Sheet and Transfer Protocol
- AM Visitor Protocol and Log Book
- AM Employee Phone/Cell Phone use and Directory of all Employees
- AM Social Networking Policy Review
- AM PCP/BP (Person Centered Plan and Behavior Plan Review)
- AM Scheduling is at the need of the Organization 1st/ Staff Meetings are Mandatory

Initials

Medical Review

- AM Resident Medication Location (PRN's, OTC, Controlled Substance, etc..)
- AM Universal Precautions
- AM Location of Universal Precaution Supplies
- AM Medication Sheets why we use them (Back-up for EMAR)
- AM Seizure Protocol
- AM Health Care Appraisals (What are they and where are they located)
- AM Vitals Chart and how often completed
- AM Weight Log and how often completed
- AM Influenza Vaccination
- AM Hypo-Hyper Glycemic Protocol
- AM DMA Training Review

AM Has DCS had Medical Training with Nurse Manager YES OR NO

If training not complete, when is it scheduled 9-23-19

Initials

Site Orientation, Menu Planning, SDS and Fire Safety

- AM Orient to Where Things are Kept and Located
- AM SDS Book & Revised Poster Location
- AM Utility Shutoffs
- AM First Aid Kits
- AM Door Alarm Shutoffs and Code
- AM Bio Hazard Kits
- AM Fire Alarm Shutoffs
- AM Emergency Numbers
- AM Secured Cleaning Supplies
- AM Secured Resident Storage and how is it maintained
- AM Labeling/Dating Food/Fridge
- AM Food Preparation and Substitutions where to document
- AM Resident Diets/Menu and where to document
- AM Emergency Preparedness Log Book and Location

- AM Fire Drills and Place of Safety
- AM Tornado Drills and Place of Safety
- AM CPR Masks and Location
- AM Evacuation Plan and Location of Safety
- AM Food Preps. Substitutes
- AM All Hazards Commander
- AM Resident Case Book Location, if applicable

Initials

Vehicle Orientation

- | | |
|--|---|
| <u>AM</u> Weekly Vehicle Inspection | <u>AM</u> 1 st Aid Kit/Fire Extinguisher |
| <u>AM</u> Mileage Log | <u>AM</u> Location of Insurance/Registration |
| <u>AM</u> Cell Phone Usage | <u>AM</u> Outing Log (in House) |
| <u>AM</u> Van Accident Reporting | <u>AM</u> Food/Drinks/Smoking prohibited |
| <u>AM</u> Posted Speed Limit | <u>AM</u> Driving Requirements/Obey Law |
| <u>AM</u> Valid Driver's License | <u>AM</u> Report Speeding/Driving Violations |
| <u>N/A</u> Turning Corners/Wheelchairs | <u>N/A</u> Tie-Downs in Van for Wheelchairs |
| <u>AM</u> Seat Belts for ALL MUST be buckled | <u>AM</u> Emergency Supply Contents and Location in Van |
| <u>AM</u> Orange Cone Use | |

_____ Has DCS had Driver Training with Facility Maintenance Manager YES OR NO

If training not complete, when is it scheduled 10-2-19

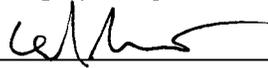
I acknowledge orientation training of the above with Beacon Specialized Living Services, Inc., and have been thoroughly in-serviced. I understand that I have full access to Beacon's Policies on the Website (www.beaconemployee.com).

I understand that I have 30-days to complete the Competency Assessment and turn it in to my Home Manager and J2s Human Resource Dept, (if applicable), when complete. I also understand if the Competency Assessment is not complete within 30 days of the initial shadow shift, I may be removed from the schedule until it is complete. (At any time during the competency assessment period I may ask to meet with the Home Manager to address any issues or concerns related to the assessment).

Both the Orientation Checklist and the Competency Assessment are to be uploaded into Employee Data Base, immediately when complete.


Employee Signature

9-26-19
Date


Home Manager

9-26-19
Date

NEW EMPLOYEE ORIENTATION
TOUR OF FACILITY

Name of Home - Nicolet Lodge

Address of Home - 4 West M-28 Dafter MI 49724

Phone Number for Home - 906-635-3957

Name of Home/Program Manager - Leah Mills

Home/Program Manager Cell Phone Number - 906-630-1114

Name of Level VI - Tara Garrison

Level VI Cell Phone Number - 906-298-2317

Map to the Home - Reviewed

Location of Emergency Phone Numbers - Wall in kitchen

Location of First Aid Kit - Medication room, Kitchen, Vehicle

Location of Biohazard Kit - Medication Room

Location of CPR Masks - Medication Room, Kitchen

Location of Utility Shut Offs - Water and electric in basement Gas rear of house and at tank

Location of Safe Area for Fire - Detached Garage

Location of Safe Area for Tornado - Basement Pantry

Window Alarm Codes - N/A

Door Alarm Codes - N/A

Fire Alarm Codes - N/A

Fire Exits - Front door & through attached garage

How to Use Fire Alarm System (If Applicable) - Pull stations, to silence hit silence alarm on fire panel then reset

Location of Evacuation Routes - basement, kitchen, hallway

Location of Special Needs Posters - By exits and bedrooms

Location of Emergency Preparedness Book - Kitchen

Location of the SDS Poster and Book - Kitchen

Location of the Environment of Care Book - Kitchen

Location of Computers - Medication room, common area

Meal Times and Locations - 8am, 12pm, 6pm dining room

Location of Chemicals (Needs to be locked up at all times) - Chemical closet off of living room

Who is the All Hazards Commander? - Melissa Williams

Where is the Bomb Threat Checklist and what do we do when one happens?

Near phone in kitchen, follow instructions on sheet

What do we do and where do we go for a Full Evacuation Emergency?

House only evacuations sister home is Sand Point in Gladstone, Whole area evacuation site is Bangor.

What do we do for an In-shelter Emergency and what are your obligations?

Do not leave the home, ensure medication schedule is kept, reschedule outings/appointments, replenish food water after if needed, documentation.

A handwritten signature in black ink, appearing to be 'Melissa Williams', written over a horizontal line.