



Training Acknowledgment

Employee Name: Amber Shephard Policy/Procedure/Topic: 4/14/20 Staff meeting

Trained By: Beth Pierce Date Trained: 4/14/2020

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Amber Shephard
Employee Signature

4-14-20
Date

Beth Pierce
Home Manager Signature

4/14/2020
Date

Copy to Employee
Copy to Employee Personnel File/HR



Staff Monthly Meeting Agenda

Home/Facility: Sheffield

Meeting 1

Start Time: 1:00pm

Date: 4/14/2020

Meeting 2

End Time: 2:00pm

Staff Present:

- | | |
|---------------------------|-----------|
| 1. <u>Jordan Versace</u> | 16. _____ |
| 2. <u>Debra Hani</u> | 17. _____ |
| 3. <u>Christa Bowker</u> | 18. _____ |
| 4. <u>Baie Moegeer</u> | 19. _____ |
| 5. <u>Bayme Swank</u> | 20. _____ |
| 6. <u>Fawn Caltrider</u> | 21. _____ |
| 7. <u>Amber Shephard</u> | 22. _____ |
| 8. <u>Sabby Williams</u> | 23. _____ |
| 9. <u>August Pugitzer</u> | 24. _____ |
| 10. <u>Jaden White</u> | 25. _____ |
| 11. <u>Bryan Hatto</u> | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

Staff Absent (Excused)

Staff Absent (Not Excused)

Letisha Hall



Staff Monthly Meeting Agenda

Household Maintenance Issues:

Please let me know as soon as you notice that something in need of repairs.

Resident Issues/Concerns (Programs - Progress):

Resident has asked to be shaved every morning and that is his right.

New resident OT program. (Inservice all)

JL - Feeding by mouth guidelines

Staff Issues/Scheduling Issues:

2 staff are possibly going to Washburn and there are some open shifts but if they happen not to go then they will stay on the schedule.

burdy - Be on time

Special Announcements:

Kareoke contest on Thursday ✓

Gingo on Friday - via teams

Review of Emergency Plan (Review of fire & tornado drills, past/upcoming, evacuation procedures, etc.)

Bring out the EOC book



Staff Monthly Meeting Agenda

Medical Concerns (Appointments, Reviews, etc):

Take precautions for the Foley catheter. The resident will not be able to get a new super peubic until after the pandemic is over. Also, ALL residents need their temps taken 2x a day and Documented.

Diagnosis Update Since Last Meeting:

none

Documentation Issues (Review of ER's, IR's, and Chart Note Examples that are good):

bring up clarity. Explain ER verses IR
documentation done before you leave shift

low urine output - push water + cranberry juice

Cleaning Duties:

Every hour on the hour the house needs to be disinfected with bleach - water (and not just the same 1 staff doing it)

Review of PCP, Behavior Plan Change & In-Services:

OT change

Policy - Bedchecks
Incident Report + ER



Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Betty Flowers New at
Trained By: Beth Pierce Date Trained: _____

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Sherina Bowker
Employee Signature

4-9-20
Date

Home Manager Signature

Date

Copy to Employee
Copy to Employee Personnel File/HR

Document correct amount of times that you verbally prompted and if she choked



Staff Monthly Meeting Agenda

HR Policy Review:

bed check policy

Mental Health Awareness:

Other Agenda Items:

Team work - everyone is to clean hourly with bleach solution

work refusal

sleeping

resident assignment sheet

documenting your temp when coming into work

dress code

Therasat temp per licensing 68-72

hold Iby profen till after covid

Phones need to be put up

assigned duties

Birthdays This Month:

Residents

Staff

KW on the 22nd