



Certificate of Completion
IS HEREBY GRANTED TO

Angel Bardeche
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA training

TYPE OF TRAINING

4/16/2020
COMPLETION DATE

Victoria Brown
TRAINER SIGNATURE



Certificate of Completion
IS HEREBY GRANTED TO

Angel Bardeche
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical training

TYPE OF TRAINING

4.16.2020 Jordan Bills, RN
COMPLETION DATE 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, handrails, well-lit hallways

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

Special Diets: pureed, thick-it, mechanical soft

Staff Signature *Ann Bauleke* Date 4-16-20

Nurse Signature *Jordan Bills, RN* Date 4-16-2020