



BEACON
Specialized Living

Certificate of Completion
IS HEREBY GRANTED TO

Tre Allen

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA training

TYPE OF TRAINING

4/16/2020

COMPLETION DATE

Victoria Brown

TRAINER SIGNATURE



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Medical training
TYPE OF TRAINING

4-16-2020
COMPLETION DATE

Jordan Bills, 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, handrails, well-lit hallways

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

Special Diets: pureed, thick-it, mechanical soft

Staff Signature Joe Allen Date 4/16/2020

Nurse Signature Jordan Bills, RN Date 4.16.2020