



Certificate of Completion
IS HEREBY GRANTED TO

Isabelle Heminger

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA training

TYPE OF TRAINING

Victoria Brown

TRAINER SIGNATURE

4-23-2020

COMPLETION DATE

BEACON SPECIALIZED LIVING IS AN EQUAL OPPORTUNITY PROVIDER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR DISABILITY.

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Medical training
TYPE OF TRAINING

4.23.2020
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 Isabelle ACEY Date _____

Nurse Signature Jordan Bills, RN Date 4-23-2020