



BEACON
Specialized Living

Certificate of Completion

IS HEREBY GRANTED TO

Brenda Jenkins

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical training

TYPE OF TRAINING

1/26/21

COMPLETION DATE

Kauffman Jr 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 Brenda Jenkins Date _____

Nurse Signature Kaitlyn Date 1/26/21