



Certificate of Completion
IS HEREBY GRANTED TO

Joseph Ledezma
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA training
TYPE OF TRAINING

1-20-21
COMPLETION DATE

Brown
TRAINER SIGNATURE



Certificate of Completion
IS HEREBY GRANTED TO

Joseph Ledezner
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical training
TYPE OF TRAINING

1.20.2021
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

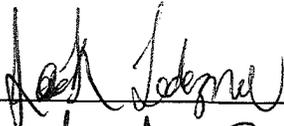
Prevention of communicable diseases (MRSA, Influenza, respiratory infections)

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  Date 1-20-21

Nurse Signature Jordan Bills, RN Date 1-20-2021