BEACON
Specialized Living

Orientation Checklist - Direct Care Staff

* To be completed on or before initial shadow shift

Name of Facility/Home: Anchor Point

Employee Name: Andrew Bryant Date: 2-11-21

Instructions: Check each item AFTER going over it with the Employee. The Employee and Home Manager will sign and date the form and then it is filed in the Employee's Training file.

NOTE: The DCS will not be ALLOWED to work ALONE with the Residents until this form, the Competency Assessment and all trainings are complete.

Confidentially, HIPAA, Recipient Rights and Organization Review

Initials:

BSG Confidentiality Review
BSG HIPAA Review
BSG Organizational Structure and Chain of Command
BSG Mission Statement/Philosophy of the Organization
BSG Tour of Facility - form given to DCS, if applicable
BSG Review of AFC Licensing Rules Act 218 and Location of Book
BSG Recipient Rights Review (Schedule class if one hasn't been scheduled yet)
BSG Review Abuse/Neglect/Confidentiality/Chapters 7&7A
BSG Review DCH Incident Report Form, Location & Use
BSG Review Licensing Incident Report, Event Tracking Tool, Location and Use in Electronic Resident Record
BSG Initial Training and Employee Database Complete with all Required Documentation
BSG House Rules Review and Location of Poster
BSG Corporate Compliance Plan Review and Training
BSG Electronic Medical Record Review and Password Given
BSG Electronic Resident Record Review and Password Given

Date Completed:

BSG Classroom Mental Health/Gentle Teaching Training with Inga
If not complete, when is it scheduled? Date: _____
BSG Classroom CPI & CPR/First-Aid Training
If not complete, when is it scheduled? Date: _____
BSG Classroom Recipient Rights Training at CMH or with Sue
If not complete, when is it scheduled? Date: _____

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Personnel Policy/Procedure Review

Initials:

__BSG__ Personnel Policies Location on Website
__BSG__ Employee Handbook Location on Website
__BSG__ Benefit Information/Employer Required Notices Location on Website
__BSG__ Payroll/Time Cards
__BSG__ Make Employee Badge
__BSG__ Mandatory Reporting of Tickets and Arrests
__BSG__ Training and In-Services Mandatory and Annual
__BSG__ Absence/Tardy Review
__BSG__ Substance Abuse Policy Review
__BSG__ FMLA Policy/Procedure Review
__BSG__ Level System Review
__BSG__ Progressive Action Procedure Review
__BSG__ Workers Comp-Injury Reporting/Drug Testing
__BSG__ Transportation Policy Review
__BSG__ Sleeping on Duty will Not be Tolerated
__BSG__ Attendance and Work Schedule Policy Review
__BSG__ "Call Off" Procedure
__BSG__ Bullard-Plawecki Act/"Right to Know" Act (written request to HR for copy on file...third party agencies' right to information from file) ex: when an allegation is substantiated and a progressive action is given to the external agency
__BSG__ Unauthorized Leave of Absence (AWOL)
__BSG__ Personal Care/CLS Log
__BSG__ Shift Duties and Cleaning Schedule Review
__BSG__ Resident Assignment Sheet and Transfer Protocol
__BSG__ Visitor Protocol and Log Book
__BSG__ Employee Phone/Cell Phone Use and Directory of All Employees
__BSG__ Social Networking Policy Review
__BSG__ Person Center Plan (PCP) and Behavior Plan (BP) Review
__BSG__ Scheduling is at the need of the Organization first / Staff Meetings are Mandatory

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Medical Review

Initials:
__BSG__ Resident Medications Locations (PRN's, OTC, Controlled Substance, etc.)
__BSG__ Universal Precautions
__BSG__ Universal Precaution Supplies Locations
__BSG__ Medication Sheets and Why We Use Them (Back up for EMAR)
__BSG__ Seizure Protocol
__BSG__ Health Care Appraisals - What are they and where are they located?
__BSG__ Vitals Chart and How Often Completed
__BSG__ Weight Log and How Often Completed
__BSG__ Influenza Vaccine
__BSG__ Hypo-Hyper Glycemic Protocol

Date Completed:
__BSG__ Medical Training with Nurse Manager
__BSG__ DMA Training
If not complete, when is it scheduled? Date: _____

Site Orientation, Menu Planning, SDS and Fire Safety

Initials:
__BSG__ Orient to Where things are Kept and Located
__BSG__ SDS Book and Revised Poster Location
__BSG__ Utility Shutoffs
__BSG__ First-Aid Kit
__BSG__ Door Alarm Shutoffs and Code
__BSG__ Bio-Hazard Kit
__BSG__ Fire Alarm Shutoffs
__BSG__ Emergency Numbers
__BSG__ Secured Cleaning Supplies
__BSG__ Secured Resident Storage and how is it maintained
__BSG__ Labeling/Dating Food/Fridge
__BSG__ Food Preparation and Substitutions and Where to Document
__BSG__ Resident Diets/Menu and Where to Document
__BSG__ Emergency Preparedness Log Book
__BSG__ Fire Drills and Place of Safety
__BSG__ Tornado Drills and Place of Safety
__BSG__ CPR Masks Location
__BSG__ Evacuation Plans and Location of Safety
__BSG__ All Hazards Commander
__BSG__ Resident Case Book Location, if applicable

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Vehicle Orientation

Initials:

__BSG__ Weekly Vehicle Inspection
__BSG__ First-Aid Kit and Fire Extinguisher
__BSG__ Mileage Log
__BSG__ Insurance and Registration Location
__BSG__ Cell Phone Policy
__BSG__ Outing Log (In House)
__BSG__ Van Accident Reporting
__BSG__ Food, Drinks and Smoking Prohibited
__BSG__ Posted Speed Limit
__BSG__ Driving Requirements/Obeying the Law
__BSG__ Valid Driver's License
__BSG__ Report Speeding/Driving Violations
__BSG__ Turning Corners and Wheelchairs
__BSG__ Tie-Downs in Vans with Wheelchairs
__BSG__ Seat Belts for ALL must be buckled
__BSG__ Emergency Supply Contents Location
__BSG__ Orange Cones Use

Date Completed:

__BSG__ Driver Training with Facility Maintenance Manager
If not complete, when is it scheduled? Date: _____

I acknowledge orientation training of the above with Beacon Specialized Living and have been thoroughly in-serviced. I understand that I have full access to Beacon's policies on the website at www.beaconemployee.com

I understand that I have 30 days to complete the Competency Assessment and turn it in to my Home Manager and J2S Human Resources Department (if applicable) when complete. I also understand that if the Competency Assessment is not complete within 30 days of the initial shadow shift, I may be removed from the schedule until it is complete. (At any time during the Competency Assessment period, I may ask to meet with the Home Manager to address any issues or concerns related to the assessment.)

Both the Orientation Checklist and Competency Assessment are to be uploaded into the Employee Database immediately when complete.

Andrew Bryant — 2-11-21
Employee Signature — Date

Home Manager Signature — 2-11-21
Home Manager Signature — Date