Hands on DMA Introductory

Glucose testing and procedure

Hypoglycemic/Hyperglycemic protocols

Insulin: Expiration, pens, syringes, administration, storage

Liquid medications

Bubble packs

Reading labels

EMAR and paper MAR

Controlled substance sheets

Advanced directives, DNR status, Hospice

Staff Signature Amanda Houser Date 3/24/21

Trainer Signature Kimberly Howard Date 3/24/21

BEACON
Specialized Living

Orientation Checklist - Direct Care Staff

* To be completed on or before initial shadow shift

Name of Facility/Home: RED Mill

Employee Name: Kim Howard Date: 3-2021

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:

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

Date Completed:

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

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Orientation Checklist - Direct Care Staff

Personnel Policy/Procedure Review

Initials:

AH Personnel Policies Location on Website
AH Employee Handbook Location on Website
AH Benefit Information/Employer Required Notices Location on Website
AH Payroll/Time Cards
AH Make Employee Badge
AH Mandatory Reporting of Tickets and Arrests
AH Training and In-Services Mandatory and Annual
AH Absence/Tardy Review
AH Substance Abuse Policy Review
AH FMLA Policy/Procedure Review
AH Level System Review
AH Progressive Action Procedure Review
AH Workers Comp-Injury Reporting/Drug Testing
AH Transportation Policy Review
AH Sleeping on Duty will Not be Tolerated
AH Attendance and Work Schedule Policy Review
AH "Call Off" Procedure
AH 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
AH Unauthorized Leave of Absence (AWOL)
AH Personal Care/CLS Log
AH Shift Duties and Cleaning Schedule Review
AH Resident Assignment Sheet and Transfer Protocol
AH Visitor Protocol and Log Book
AH Employee Phone/Cell Phone Use and Directory of All Employees
AH Social Networking Policy Review
AH Person Center Plan (PCP) and Behavior Plan (BP) Review
AH Scheduling is at the need of the Organization first / Staff Meetings are Mandatory

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Orientation Checklist - Direct Care Staff

Medical Review

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

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

Site Orientation, Menu Planning, SDS and Fire Safety

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

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Orientation Checklist - Direct Care Staff

Vehicle Orientation

Initials:

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

Date Completed:

AH 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.

Amanda Houser — 3/24/21
Employee Signature — *Date*

_____ — _____
Home Manager Signature — *Date*