BEACON
Specialized Living

Orientation Checklist - Direct Care Staff

* To be completed on or before initial shadow shift

Name of Facility/Home: The Cottage

Employee Name: Jonathan Marks Date: 6·22·21

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:

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

Date Completed:

_____ Classroom Mental Health/Gentle Teaching Training with Inga
If not complete, when is it scheduled? Date: _____
_____ Classroom CPI & CPR/First-Aid Training
If not complete, when is it scheduled? Date: _____
_____ 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:

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

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Medical Review

Initials:

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

JM

Date Completed:

June 2021 Medical Training with Nurse Manager
June 2021 DMA Training
If not complete, when is it scheduled? Date: _____

Site Orientation, Menu Planning, SDS and Fire Safety

Initials:

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

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Vehicle Orientation

Initials:

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

Date Completed:

_____ 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.

Jonathan marks — June 22, 2021
Employee Signature — Date

M. Bu — 6·22·21
Home Manager Signature — Date