BEACON
Specialized Living

Orientation Checklist - Direct Care Staff

* To be completed on or before initial shadow shift

Name of Facility/Home: Sheffield

Employee Name: Gabrielle Williams Date: 3/30/20

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:

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

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

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Medical Review

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

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

Site Orientation, Menu Planning, SDS and Fire Safety

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

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Vehicle Orientation

Initials:

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

Employee Signature _____ Date 3/30/20

Home Manager Signature _____ Date 3/30/20