BEACON
Specialized Living

Competency Assessment - Direct Care Staff

This form MUST be complete within 30 days of the shadow shift and turned in to the Home Manager

Name of Facility/Home: Beacon of Kalamazoo

Employee Name: Anna Labarre Date: 7-14-21

Instructions: The Employee must check off each item listed below as they become competent in that particular area. The Home Manager must review, sign and date each group when they have met with the DCS and that DCS can demonstrate competence in each area. Competency is demonstrated by the Home Manager reviewing the items below and being able to document the DCS response in detail. If competency is not achieved or this form is not complete with-in 30 days, the DCS may be taken off the schedule until competency is met.

Note: The DCS will not be ALLOWED to work ALONE with the Residents until this form, the Orientation Checklist and all trainings are complete.

Confidentially, HIPAA, Recipient Rights and Organization Review

Initials:

AL What is Confidentiality?
AL What is HIPAA?
AL What is the Organizational Structure and Chain of Command?
AL What is the Mission Statement/Philosophy of the Organization?
AL What is AFC Licensing Rules Act 218 and where is the book located?
AL What are Recipient Rights?
AL What is the Corporate Compliance Plan? What is its purpose?
AL Who is the Corporate Compliance Officer for Beacon? _____
AL What is Abuse/Neglect/Confidentiality/Chapters 7 & 7A?
AL Where is DCH Incident Report Form kept and why do we use them?
AL Incident Report/Event Tracking Tool/Location and when is it used?
AL What is House Rules and where is it located?
AL Electronic Medical Record Review
AL Electronic Resident Record Review

Date Completed:

9-20-19 Classroom Mental Health/Gentle Teaching Training with Inga
AL Classroom CPI & CPR/First-Aid Training
3-30-21 Classroom Recipient Rights Training
3-30-21 Competence for the above items was demonstrated to the Home Manager/Trainer by way of the following:
CPI - 4-22-21
CPR - 2-20-20
R

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Personnel Policy/Procedure Review

Initials:

AL Where are the Personnel Policies located?
AL Where is the Employee Handbook located?
AL What is Payroll, when are time cards due, and how are they to be filled out?
AL Walk Home Manager through the website
AL What is the mandatory reporting of Tickets and Arrest?
AL How often is Training and In-Services?
AL What is the Absence/Tardy policy?
AL What is the Substance Abuse policy?
AL What is the Transportation policy?
AL What is the "Sleeping on Duty" policy?
AL What is the "Stay Until Relieved" policy?
AL What is the "Call Off" procedure?
AL What is the Bullard/Plawecki Act/"Right to Know" Act?
AL What is a Resident Leave of Absence?
AL What constitutes an Unauthorized Leave of Absence (AWOL)?
AL When and how is the Personal Care/CLS log used?
AL What are Shift Duties and the Cleaning Schedule?
AL What is the Resident Assignment Sheet and Transfer Protocol?
AL What is the Visitor Protocol and Log Book?
AL What is Employee Phone/Cell Phone Use and Directory of All Employees?
AL What is the Social Networking Policy?
AL What are Person Centered Plans (PCP) and Behavior Plans (BP)?

Date Completed:

_____ Competence for the above items was demonstrated to the Home Manager/Trainer by way of the following:

_____
_____
_____
_____

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Medical Review

Initials:

AL Where are Resident Medications located (PRN's, OTC, Controlled Substance, etc.)?
AL What are Universal Precautions?
AL Where are Universal Precaution Supplies located?
AL When do we use Medication Sheets vs EMAR?
AL What is the Seizure Protocol?
AL What are Health Care Appraisals and where are they located?
AL What are Vitals and how often are they taken?
AL When are Weights completed?
AL Did you receive the Influenza Vaccine? Why or why not? _____
AL What is the Hypo-Hyper Glycemic Protocol?

Date Completed:

_____ Medical Training with Nurse Manager
3-3-21 DMA Training - If not completed, when is it scheduled for? _____
3-1-21 Competence for the above items was demonstrated to the Home Manager/Trainer by way of the following:

_____
_____
_____
_____

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Site Orientation, Menu Planning, SDS and Fire Safety

Initials:

AL Where is the SDS Book and Revised Poster Location?
AL Where are the Utility Shutoffs and when are they used?
AL Where is the First-Aid Kit and when is it used?
AL Where are the Door Alarm Shutoffs and the code, if applicable
AL Where is the Bio-Hazard Kit and when is it used?
AL How do you use the Fire Alarm Shutoffs?
AL Where are the Emergency Numbers?
AL Where are the Secured Cleaning Supplies kept?
AL Where is the Secured Resident Storage and how is it maintained?
AL How do you Label & Date Food?
AL Where do you document substitutions to the menu?
AL What do you do in order to prepare for meals and what is to be worn?
AL What are the Resident Diets and where would you find them?
AL Where is the Emergency Preparedness Log Book?

☒ Y ☐ N Have you participated in a Fire Drill? Where is the place of safety? east Side of Backyard
☒ Y ☐ N Have you participated in a Tornado Drill? Where is the place of safety? Basement

_____ Where are CPR masks located?
_____ What is the Evacuation Plan for your home and where are the postings?
_____ Who is the All Hazards Commander?
_____ Where is the Resident Case Book located (if applicable)?

Date Completed:

_____ Competence for the above items was demonstrated to the Home Manager/Trainer by way of the following:

_____
_____
_____
_____

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Vehicle Orientation

Initials:

AL What is the Weekly Vehicle Inspection?
AL Where is the First-Aid Kit and Fire Extinguisher?
AL What is the Mileage Log?
AL Where is the Insurance and Registration Located?
AL Cell Phone Policy
AL Where is the Outing Log (In House)?
AL How do you report a Van Accident and where is the form located?
AL Why are Food, Drinks and Smoking prohibited?
AL Following the Posted Speed Limit
AL Following Driving Requirements/Obeying the Law
☒ Y ☐ N Do you have a Valid Driver's License?
AL When and How to Report Speeding/Driving Violations
AL How to Turn Corners and why is it important with Wheelchairs
AL How do you use Tie-Downs in Vans with Wheelchairs?
AL When do you wear seat belt and do you drive or leave the location if everyone isn't buckled?
AL What are the Emergency Supply Contents and where are they located in the van?
AL When do you use the Orange Cones?

Date Completed:

_____ Driver Training with Facility Maintenance Manager
_____ Competence for the above items was demonstrated to the Home Manager/Trainer by way of the following:

_____
_____
_____
_____

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I understand that I have 30 days to complete the Competency Assessment and turn it in to my Home Manager when complete. I also understand 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 the Competency Assessment are to be uploaded into Employee Data Base, immediately when complete.

Anna LaBarre — 7.15.21
Employee Signature — Date

Heather Juan — 7/15/21
Home Manager Signature — Date