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: Schoolcraft North

Employee Name: Ra'Nva Rolland   Date: 7/15/2021

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:

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

Date Completed:

N/A — Classroom Mental Health/Gentle Teaching Training with Inga
24-21 — Classroom CPI & CPR/First-Aid Training 3-11-21
4-13-21 — Classroom Recipient Rights Training
_____ — Competence for the above items was demonstrated to the Home Manager/Trainer by way of the following:

O & A

Personnel Policy/Procedure Review

Initials:

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

_____
_____
_____
_____

BEACON
Specialized Living

Competency Assessment - Direct Care Staff

Site Orientation, Menu Planning, SDS and Fire Safety

Initials:

_PR_ Where is the SDS Book and Revised Poster Location?

_PR_ Where are the Utility Shutoffs and when are they used?

_PR_ Where is the First-Aid Kit and when is it used?

_PR_ Where are the Door Alarm Shutoffs and the code, if applicable

_PR_ Where is the Bio-Hazard Kit and when is it used?

_PR_ How do you use the Fire Alarm Shutoffs?

_PR_ Where are the Emergency Numbers?

_PR_ Where are the Secured Cleaning Supplies kept?

_PR_ Where is the Secured Resident Storage and how is it maintained?

_PR_ How do you Label & Date Food?

_PR_ Where do you document substitutions to the menu?

_PR_ What do you do in order to prepare for meals and what is to be worn?

_PR_ What are the Resident Diets and where would you find them?

_PR_ Where is the Emergency Preparedness Log Book?

☑Y ☐N Have you participated in a Fire Drill? Where is the place of safety? _____

☑Y ☐N Have you participated in a Tornado Drill? Where is the place of safety? _____

_PR_ Where are CPR masks located?

_PR_ What is the Evacuation Plan for your home and where are the postings?

_PR_ Who is the All Hazards Commander?

_PR_ 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:

Q & A

_____

_____

_____

_____

BEACON
Specialized Living

Competency Assessment

Medical Review

Initials:

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

Date Completed:

_____ Medical Training with Nurse Manager
_____ DMA Training - If not completed, when is it scheduled for? _8-2-21_
_____ Competence for the above items was demonstrated to the Home Manager/Trainer by way of the following:

_____
_____
_____
_____

BEACON
Specialized Living

Competency Assessment

Vehicle Orientation

Initials:

_____ What is the Weekly Vehicle Inspection?

_____ Where is the First-Aid Kit and Fire Extinguisher?

_____ What is the Mileage Log?

_____ Where is the Insurance and Registration Located?

_____ Cell Phone Policy

_____ Where is the Outing Log (In House)?

_____ How do you report a Van Accident and where is the form located?

_____ Why are Food, Drinks and Smoking prohibited?

_____ Following the Posted Speed Limit

_____ Following Driving Requirements/Obeying the Law

☑Y ☐N Do you have a Valid Driver's License?

_____ When and How to Report Speeding/Driving Violations

_____ How to Turn Corners and why is it important with Wheelchairs

_____ How do you use Tie-Downs in Vans with Wheelchairs?

_____ When do you wear seat belt and do you drive or leave the location if everyone isn't buckled?

_____ What are the Emergency Supply Contents and where are they located in the van?

_____ 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:

_____ Observe _____

_____

_____

_____

BEACON
Specialized Living

Competency Assessment - Direct Care Staff

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.

_____
Employee Signature

7·23·21
_____
Date

Kimberly Howard
_____
Home Manager Signature

7-23-21
_____
Date