BEACON
Specialized Living

# Orientation Checklist - Direct Care Staff

* To be completed on or before initial shadow shift

Name of Facility/Home: Beacon specialized Living - Oaks

Employee Name: Nicole Auterman Date: 7-27-21

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:

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

Date Completed:

NA - Classroom Mental Health/Gentle Teaching Training with Inga
If not complete, when is it scheduled? Date: _____
6/24/21 - Classroom CPI & CPR/First-Aid Training
If not complete, when is it scheduled? Date: NA
6/24/21 - Classroom Recipient Rights Training at CMH or with Sue
If not complete, when is it scheduled? Date: NA

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## Vehicle Orientation

Initials:

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

Date Completed:
7/20/21 Driver Training with Facility Maintenance Manager
If not complete, when is it scheduled? Date: NA

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.

Nicole Aukerman — Employee Signature — 7-27-21 — Date

Holly D. C — Home Manager Signature — 7/27/21 — Date

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# Orientation Checklist - Direct Care Staff

## Personnel Policy/Procedure Review

Initials:

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

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## Medical Review

Initials:

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

Date Completed:

8/3/21 Medical Training with Nurse Manager
_____ DMA Training
If not complete, when is it scheduled? Date: _____

## Site Orientation, Menu Planning, SDS and Fire Safety

Initials:

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