



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: New Haven

Employee Name: Naomi Dunning Date: July 16 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:

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

Date Completed:

- ND Classroom Mental Health/Gentle Teaching Training with Inga
- ND Classroom CPI & CPR/First-Aid Training
- ND Classroom Recipient Rights Training
- ND Competence for the above items was demonstrated to the Home Manager/Trainer by way of the following:

---



---



---



Competency Assessment - Direct Care Staff

Site Orientation, Menu Planning, SDS and Fire Safety

Initials:

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

- ND Where are CPR masks located?
- ND What is the Evacuation Plan for your home and where are the postings?
- ND Who is the All Hazards Commander?
- ND 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Competency Assessment

### Vehicle Orientation

Initials:

- ~~NO~~ What is the Weekly Vehicle Inspection?
- ~~NO~~ Where is the First-Aid Kit and Fire Extinguisher?
- ~~NO~~ What is the Mileage Log?
- ~~NO~~ Where is the Insurance and Registration Located?
- ~~NO~~ Cell Phone Policy
- ~~NO~~ Where is the Outing Log (In House)?
- ~~NO~~ How do you report a Van Accident and where is the form located?
- ~~NO~~ Why are Food, Drinks and Smoking prohibited?
- ~~NO~~ Following the Posted Speed Limit
- ~~NO~~ Following Driving Requirements/Obeying the Law
- Y  N Do you have a Valid Driver's License?
- ~~NO~~ When and How to Report Speeding/Driving Violations
- ~~NO~~ How to Turn Corners and why is it important with Wheelchairs
- ~~NO~~ How do you use Tie-Downs in Vans with Wheelchairs?
- ~~NO~~ When do you wear seat belt and do you drive or leave the location if everyone isn't buckled?
- ~~NO~~ What are the Emergency Supply Contents and where are they located in the van?
- ~~NO~~ When do you use the Orange Cones?

Date Completed:

- ~~NO~~ Driver Training with Facility Maintenance Manager *9/21/21*
- ~~NO~~ Competence for the above items was demonstrated to the Home Manager/Trainer by way of the following:

---

---

---

---



## 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

7.21.21  
Date

  
Home Manager Signature

7.21.21  
Date