

# CERTIFICATE of COMPLETION

THIS CERTIFICATE IS PRESENTED TO

Marisa DeLeon

FOR

Recipient Rights 2019

Online

October 01, 2019

KCMHSAS

This certificate expires one  
year from the above date





**American Red Cross**  
Training Services

## Certificate of Completion

**Marisa DeLeon**

has successfully completed requirements for

**Adult First Aid/CPR - valid 2 Years**

conducted by

**American Red Cross**

Date Completed: **10/06/2019**

Instructors: **Nicholas Burrill**



ID: GYXBM

To verify certificate, scan code or visit  
[redcross.org/digitalcertificate](http://redcross.org/digitalcertificate) and enter 6-digit ID.

Learn and be inspired at [LifesavingAwards.org](http://LifesavingAwards.org)





This certificate is awarded to

**Marisa DeLeon**

for having satisfactorily completed the requirements for the student training in

**Relational**

- Building Healthy Relationships
- Building Healthy Communication
- Building Healthy Conflict Management Skills

**Conceptual**

- Trauma Informed Services

**Technical**

- Assisting And Supporting Caregivers Being Pulled And Pushed Escort
- Five Stances: Relaxed, Natural, Natural With One Foot Forward, Front, Side
- One Arm Support
- One Person Side Body Hug Support
- Three-person Physical Assisting From Floor To Chair
- Two Arm Support
- Two Person Side Body Hug Support
- Walking With And Accompanying
- Written Test

**Technical**

- Separating
- Biting Release
- Finger Release
- Hair Pull From The Back
- Hair Pull From The Front
- Six Clothing And Arm Releases
- Turn And Step
- Two Person Release Of Two People
- Written Test

**Technical**

- Restraining
- One Person Restraint
- One Person Side Body Hug Restraint
- Two Person One-arm Moving Restraint
- Two Person One-arm Restraint
- Written Test

**Instructors**

- Jennifer Samfillippo
- Nicholas Burrill

**Start Date:** 10/08/2019 **End Date:** 10/10/2019

**Student Mandt ID**

S 19 MI 307519 T 1020

**Expires on:** 10/31/2020

Annual recertification is required. Any alteration or falsification of information contained in the certificate will result in civil action by The Mandt System.



Prevention De-escalation Intervention

*David R. Mandt*

**HomeLife, Inc.**

Name of Organization



**HOMELIFE'S ATTENDANCE AWARD**

AWARDED TO

**Marisa Deleon**

For having superior attendance during your initial employment period

You Rock!

Awarded this 10th day of October, 2019



MJ Carroll-Bruns, Training Manager & Vice President



# HomeLife, Inc.



*Residential solutions for people with challenging needs  
People Caring For People*

This certifies that

*Marisa Deleon*

Has completed Level I Classroom Training  
and is therefore awarded this

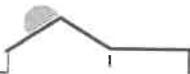
## *Certification of Completion*

Given this 10<sup>th</sup> of October 2019

A handwritten signature in blue ink, appearing to read 'M. J. Carroll-Bruns'.

*M. J. Carroll-Bruns, Vice President  
HomeLife, Inc.*





100%  
Marisa DeLeon

## Infection Control Orientation

Name: Marisa DeLeon Date 10/1/19

1. TRUE  FALSE  The risk of infection in healthcare facilities is decreasing in the high-tech age.
2. TRUE  FALSE  Both people and objects can be sources of infection.
3. TRUE  FALSE  Newborns, elderly, persons with weak immune systems and people with chronic illnesses are especially susceptible to infection.
4. TRUE  FALSE  Infection can enter your body through inhalation, your eyes, nose, and mouth, a break in your skin or contaminated sharp objects.
5. TRUE  FALSE  Of the five main routes by which infection is transmitted; common vehicle transmission is the most common.
6. TRUE  FALSE  The longer someone is hospitalized, the less the chance of acquiring an infection.
7. TRUE  FALSE  Standard Precautions require that you treat all patients as though they may be infectious.
8. TRUE  FALSE  To be on the safe side, always wear personal protective equipment that covers your face, hands and clothing.
9. TRUE  FALSE  Hand washing is the single most important precaution for preventing the spread of infection.
10. TRUE  FALSE  You should avoid mouth-to-mouth resuscitation.
11. TRUE  FALSE  If you avoid touching the outside of your gloves during the removal, you do not need to wash your hands.
12. TRUE  FALSE  Always bend the needle on a disposable syringe after use to make sure it cannot be used.
13. TRUE  FALSE  Hand lotion can promote the growth of some infectious organisms.
14. TRUE  FALSE  There is no specific order for PPE removal as long as you remove it before leaving the work area.
15. TRUE  FALSE  When handling soiled linens, you should separate the most contaminated linens from those only slightly soiled before bagging them.
16. TRUE  FALSE  You should never eat, drink, apply makeup or handle contact lenses where exposure to infection may occur.
17. TRUE  FALSE  Putting a patient in a private room and keeping the door closed are both examples of Transmission Based Precautions.
18. TRUE  FALSE  Some infectious microorganisms can be inhaled in the form of droplet nuclei or dust particles.
19. TRUE  FALSE  If you have an accidental exposure, immediately report the incident to your supervisor before cleaning up so that the contaminated material can be observed.



## HomeLife, Inc. New Employee Orientation Agenda

- Introduction to HomeLife, Inc.
- Fitness for Duty Exam, TB test, Hep B vaccination (offered)
- Infection Control and Universal Precautions (*video & post-test*)
- New Employee Paperwork
- False Claim Act (*review EHB policy, receipt*)
- Corporate Compliance Plan (*post-test/receipt*)
  - Code of Ethics & Professional Conduct Reporting (*review EHB policy, distribute form*)
  - Employee Grievance & Appeal Process (*review corporate compliance plan, distribute form*)
- Cultural Competency (*post-test*)
- HIPAA – *Health Insurance Portability & Accountability Act* (*post-test*)
- LEP – *Limited English Proficiency* (*post-test*)
- Employee Handbook – I have received a copy of the Employee Handbook and the following sections were reviewed with me:
  - Abuse Reporting Requirements (*review EHB policy*)
  - Resident Rights (*review EHB policy*)
  - Resident Confidentiality (*review EHB policy*)
  - Professionalism (*review EHB policy – co-workers & customers*)
  - Social Media (*review EHB policy*)
  - Cell Phones, Computers, and Electronic Devices (*review EHB policy*)
  - Substance Abuse & Drug-Free Workplace (*review EHB policy-Securing personal belongings*)
  - Dress Code (*review EHB policy*)
  - Employee Dignity (Anti-Harassment) (*video, review EHB policy*)
- Home Policies & Guideline's (Resident & Family Handbook)
- Home Member Supervision in Home
- Timesheets/ Payroll/ Schedules (*review policy & samples – payroll dates, on-call pay, shift switching, absence and tardiness, overtime, time off requests, work schedules, work availability*)
- Safety Agenda (*complete separate agenda*)

Marisa DeLeon \_\_\_\_\_ 10/11/19  
Print Name Date

 \_\_\_\_\_ 10/11/19  
Employee Signature Date

 \_\_\_\_\_ 10/11/19  
Trainer Signature Date



- 0 2 ✓

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## Cultural Competency Written Test

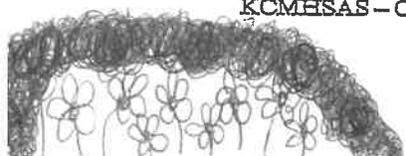
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Name: Marisa DeLeon

Date: 10/1/19

Employer: Interlochen

1. Culture is the customary beliefs, social forms, and material traits of a racial, religious, or social group.
  - a. True
  - b. False
  
2. Which of the following are included in the ten elements of culture discussed in class?
  - a. Style, temperament, geography, economy
  - b. Open ended questions, affirmations, reflections, summarizations
  - c. Generation, kinship, supports, sociology
  - d. Sense of self and space, communication and language, values and norms
  
3. Acculturation occurs when:
  - a. An individual or group of individuals maintain their original cultural identity, but are influenced by another culture
  - b. An individual or group of individuals give up their original cultural identity and assume the cultural identity of the predominant culture of that particular geographical location.
  - c. An individual learns about a specific culture
  - d. People take a college class to learn about other cultures
  
4. You can tell someone's culture just by looking at them?
  - a. True
  - b. False
  
5. Humans are a diverse, complex, and biologically distinct group.
  - a. True
  - b. False
  
6. Which of the following are cognitive components of cultural competency?
  - a. Ethnocentrism, cultural relativism, diversity, attitudes and beliefs
  - b. Cognitive bias, cultural proficiency, anthropology
  - c. Awareness, attitude, knowledge, skills
  - d. All of the above



## Cultural Competency Written Test

7. An individual who has the inability to respond to the needs of a particular cultural group is at which stage of cultural competency?
- a. Cultural blindness
  - b. Cultural incapacity
  - c. Cultural competency
  - d. Cultural proficiency
8. Ethnocentrism is the belief in the inherent superiority of one's own ethnic group or culture.
- a. True
  - b. False
9. Which of the following are contemporary issues faced by societies around the world today?
- a. Racism, racial prejudice, sexism, sexual harassment
  - b. Ageism, stereotypes, privilege, stigma
  - c. Discrimination and prejudice because of sexual orientation, religion, or socioeconomic status
  - d. All of the above
10. When confronting a person's bias, it is best to:
- a. Yell at them
  - b. Stay calm, ensure safety, and then speak in a respectful way to educate the person
  - c. Be specific about the offending behavior, and avoid "you" statements
  - d. Answers B and C
11. Assimilation occurs when:
- a. An individual or group of individuals maintain their original cultural identity, but are influenced by another culture
  - b. An individual or group of individuals give up their original cultural identity and assume the cultural identity of the predominant culture of that particular geographical location
  - c. An individual learns about a specific culture
  - d. People take a college class to learn about other cultures
12. An individual who holds a particular culture in high regard and has effective responses to differences is at which stage of cultural competency?
- a. Cultural blindness
  - b. Cultural incapacity
  - c. Cultural competency
  - d. Cultural proficiency

# HomeLife, Inc.

## Corporate Compliance/Complaint & Appeal Process Test of your Knowledge

1. Corporate Compliance Plans help promote ethical practice...  True  False
2. A Corporate Compliance Officer (CCO) is the person to contact if you want to file a report.....  True  False
3. It's OK to receive benefits in exchange for promoting certain medications and products.....  True  False
4. The only reason to have a CCP is to save money.....  True  False
5. Falsifying records is not considered fraud.....  True  False
6. Ethics only involve treatment of residents.....  True  False
7. You should never change a date on a resident's record.....  True  False
8. Residents have a right to see their medical records.....  True  False
9. You can be held responsible for breaking the law, Even if you did it unintentionally.....  True  False
10. You are responsible to know the information contained in your employee handbook.....  True  False

I have received a copy of the HomeLife, Inc. Corporate Compliance Plan; I have received training regarding its contents, and I understand my responsibility to know this information. If I have any questions I know I may contact the Corporate Compliance Officer or Home Manager.



Employee's Signature



Date



Instructor/Supervisor's Signature



Date



**HomeLife, Inc.**  
**Confidentiality and Privacy under HIPAA**  
**TEST**

- 0 2/

Name: Marisa Relean

Date: 10/1/19

1. The criminal penalties for improperly disclosing protected health information can be as high as fines of \$250,000 and prison sentences of 10 years.  
 True or False?
2. Why are confidentiality and privacy important concepts in health care?
  - a. They help protect hospitals from lawsuits.
  - b. They allow patients to feel comfortable sharing information with their doctors.
  - c. They avoid the confusion of having people other than a physician distributing information about a patient.
  - d. Both a and b
3. Which of the following are common ways employees protect patient privacy?
  - a. Closing patient doors
  - b. Knocking before entering a patient room
  - c. Using curtains to shield patients during treatment
  - d. All of the above
4. Sally is a long-term resident of a group home and has been receiving mental health services for many years. As her case manager or home manager, you have been concerned about some recent side effects of Sally's medication and you need to consult her doctor. What should you do?
  - a. Fax your concerns about Sally to the doctor's office.
  - b. Send the doctor an email about Sally through the office receptionist.
  - c. Call the receptionist and ask that the doctor return your call as soon as possible.
  - d. Call the receptionist and leave a detailed message about Sally.
5. Confidentiality protections cover not just patients' health-related information, such as why they are being treated, but also information such as address, age, Social Security numbers, and phone number.  
 True or False?
6. You are approached by an individual who tells you that he is here to work on the computers and wants you to open a door for him or point the way to a workstation. How do you respond to this request?
  - a. Provide him with the information or access he needs.
  - b. Ask him who at the hospital has hired him and refer him to that person for assistance.
  - c. Call the police.
  - d. None of the above
7. Any employee or clinician who violates the company privacy or confidentiality policy is subject to suspension or termination of employment?  
 True or False

8. Which of the examples below is NOT a common work practice that protects the confidentiality of client/resident information?
- a. Keeping computers logged out of the resident/client information folders or system when not in use.
  - b. Keeping records locked when not in use.
  - c. Limiting the number of visitors who can see a resident
  - d. Limiting the people who can look at electronic/computer patient records
9. Privacy laws have exceptions that allow clinicians to report suspected cases of child abuse to the police when they are required to do so by other laws?
- True or False
10. Under what circumstances are you free to repeat to others PHI (protected health information) that you hear on the job?
- a. After you no longer work at the home/facility
  - b. After the resident/patient dies
  - c. Only if you believe the resident/patient won't mind
  - d. When authorized for business purposes
11. What should you do if you suspect someone is violating the home/facility's privacy policy?
- a. Nothing, it's none of your business.
  - b. Watch the individual involved until you have gathered solid evidence against him or her.
  - c. Report your suspicions to the privacy official or your supervisor, as outlined in the facility privacy/confidentiality policy.
12. Which of the following are common features designed to protect the confidentiality of health information contained in resident/patient medical records?
- a. Locks on medical records rooms and cabinets
  - b. Password access to computerized records
  - c. Rules that prohibit employees from looking at records unless they have a need to know
  - d. All of the above
13. Computer equipment that has been used to store PHI must undergo special processing to remove all traces of the information before it can be discarded.
- True or False
14. Why do providers have a special concern now for protecting resident/patient privacy?
- a. Residents/patients are suing more often when their information is released without their knowledge.
  - b. A new law makes it a criminal offense not to protect resident/patient health information.
  - c. Health care workers have gotten sloppier than they were in the past about protecting privacy or confidential information.
  - d. Both a and b
15. Only employees who need access to resident/patient records have to worry about protecting patient privacy and confidentiality?
- True or  False

### Medication Test

Name: Marisa DeLeon

Date: 10/9/19

Trainer: merrilee RN

*100%  
merrilee*

- Common categories of medication would include seizure meds, antibiotics, diabetic meds and psychotropic meds.  True  False
- All drugs given by HomeLife employees must have a prescription.  T  F
- Match the effect of medication to its definition:
  - Therapeutic Effect  B Any effect of a drug other than for which it was prescribed
  - Side Effect  D Any reason, symptom or circumstance that would make the use of a drug inadvisable
  - Adverse Effect  C A bad side effect
  - Contraindication  A Obtaining the desired effect of the drug on the body system for which it was prescribed
- What are the 5 major routes of medication administration?  
oral      topical      rectal  
eye, ear, nose      injection
- The Oral route is the most common and convenient route of medication administration and the method by which most medications are administered in the homes.
- Tablets may be crushed and capsules opened without a physician order or consultation with a pharmacist. True  False

Name: Marisa DeLeon

Date: 10/9/19

7. In order for the physician to prescribe the best treatment and medication, what types of information should be provided?

- A. The person's complete medical records
- B. History of any drug allergies
- C. Current medications being administered and for what purpose
- D. Medical and dental conditions
- E. Written observations of recent physical or behavioral changes
- F. All of the above

8. Where would you find information regarding a medication's side effects, therapeutic use, storage instructions, or purpose, if not already known? med binder

9. In an emergency situation, only a nurse or pharmacist can take medication orders over the phone?

True

False

10. Name 4 of the 10 items that need to be on a pharmacy label.

name

medication

route

dosage

11. Medications requiring refrigeration need to be stored in a locked box in the refrigerator.

True

False

12. External and internal medications may be stored in the same storage container.

True

False

13. What are the 6 rights of administering medications?

person medication dosage route time documentation

14. How many times do you check the script on the pill pack with the written order in the medication book? 3

Name: Marisa Deleon

Date: 10/9/19

15. When would you NOT administer a medication?

- a. If HomeLife's medication record form and a legible pharmacy label were missing
- b. A person shows no change in status
- c. If there are any doubts about any of the 6 rights
- d. A person refuses to take a medication
- e. Only A, C, & D
- f. All of the above

16. Transcription is done after medication is administered.

True

False

17. All medication errors are potentially serious and should be reported immediately.

True

False

18. A medication error has occurred if any of the 6 rights are not followed.

True

False

19. How do you prevent medication errors?

- a. Stay alert and always observe the 6 rights
- b. Avoid distractions
- c. Be knowledgeable about medications
- d. Ask for help if unsure about any step in preparing, administering, or documenting medications
- e. All of the above

20. To dispose of a medication, only one person needs to be present.

True

False



Medication Training Skills Check

Staff Name: Marisa DeLeon

Home: Interlochen

Date: 10/9/19

Performance Measures		
Performance Measures	Passed	Date
Preparing to Administer Medication (Verbal)	✓	10/9/19
Administering Blister Pack Medication (Demonstration)	✓	10/9/19
Administering Liquid Medication (Verbal)	✓	10/9/19
Administering Eye Medication (Verbal)	✓	10/9/19
Administering Nose Medication (Verbal)	✓	10/9/19
Administering Ear Medication (Verbal)	✓	10/9/19
Administering Inhalant Medication (Verbal)	✓	10/9/19
Administering Topical Medication (Demonstration)	✓	10/9/19
Administering Suppositories (Verbal)	✓	10/9/19
Administering Transdermal Patches (Verbal)	✓	10/9/19
Documenting Medication Administration (Demonstration)	✓	10/9/19
Written Test (100%)	✓	10/9/19

The employee has successfully passed all performance standards for Medication Training:

Yes  No

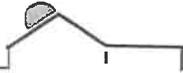
[Signature]  
Trainer Signature

10/9/19  
Date

[Signature]  
Employee Signature

10/9/19  
Date





*Handwritten signature*

Role of Direct Care Staff Test

Name: Marisa DeLeon

Date: 9/29/19

Trainer: Wick

1. De-institutionalization maximizes the opportunities for personal growth in an individual.
 

True       False
2. The process of returning individuals who were previously housed in large institutions to their communities where they could live cooperatively, grow and achieve independence is called:
  - a. Alternative living
  - b. De-institutionalization
  - c. Institutionalization
  - d. Person Centered Planning
3. Changes that occurred in the 1960's to help facilitate changes in the mental health system and the start of the de-institutionalization process include which of the following:
  - a. Economic growth
  - b. Civil rights movement and public pressures for change
  - c. A decrease in federal funding
  - d. All of the above
4. Which of the following are goals of community settings?
  - a. To build on a person's strengths and abilities
  - b. To give the individual the opportunity to experience "realistic consequences" such as involvement in the legal system
  - c. Help a person increase control over his/her own environment (autonomy)
  - d. To decrease property value in the neighborhood surrounding the AFC home
  - e. A and C
  - f. A and B
5. List one of your roles/responsibilities as a direct care staff: cooking, med administrator

6. A staff person verbally prompts a home member to change his food stained shirt and comb his hair before going on an outing to the mall. Which dimension of normalization is staff promoting?
- a. Community presence
  - b. Community participation
  - c. Skill enhancement
  - d. Image enhancement
  - e. Autonomy and empowerment
7. A staff person allows the home members to participate in decision making for the house. Which dimension of normalization is staff promoting?
- a. Community presence
  - b. Community participation
  - c. Skill enhancement
  - d. Image enhancement
  - e. Autonomy and empowerment
8. A staff person recognizes a "teachable moment" and teaches a home member how to make lemonade. Which dimension of normalization is staff promoting?
- a. Community presence
  - b. Community participation
  - c. Skill enhancement
  - d. Image enhancement
  - e. Autonomy and empowerment
9. Prejudiced beliefs about the capacities of people which lead to low expectations of what they can accomplish, withholding of opportunities, limits growth and development, and ultimately confirms the belief is called the vicious cycle of:
- a. Person Centered planning
  - b. Self- defeating behavior
  - c. Self-fulfilling prophecy
  - d. Expectation prophecy
10. Staff should do as much as possible for home members instead of encouraging home members to do things for themselves, as this will promote normalization. True  False
11. People with mental illnesses or developmental disabilities are generally more dangerous than the "normal" population. True  False

12. Autism is an example of:

- a. A mental illness
- b. A developmental disability
- c. Mental retardation
- d. A personality disorder

13-18. Match the term on the right with the correct definition on the left.

- |                             |  |
|-----------------------------|--|
| A. Mental illness           | <u>F</u> Out of touch with reality for a brief period of time  |
| B. Developmental Disability | <u>B</u> Long lasting condition caused by a mental or physical problem; occurs during childhood, is likely to occur for a long time  |
| C. Schizophrenia            | <u>D</u> Mood disorder category which includes Bipolar Disorder and Depression, may be acute or chronic  |
| D. Affective Disorders      | <u>C</u> Severe thought disorder which may include delusions, hallucinations, and disconnected speech  |
| E. Anxiety Disorders        | <u>A</u> A substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with ordinary demands of life |
| F. Acute Psychosis          | <u>E</u> Unreasonable fears, tensions, or anxieties of places, people, objects, and other things.  |

19. Mental illness diagnoses often tell us the cause of an individual's challenges. True False

20. The individual's record (home member binder) is a legal document. True False

21. Identify which type of writing the following sentence is an example of:

*Barry got really mad and went off during the meeting because Scott made a rude comment.*

- a. Evaluative
- b. Objective
- c. Sequential
- d. Informative
- e. Realistic

22. When documenting in an individual's record, which of the following should you NOT do?

- a. Use Nicknames
- b. Include personal opinions
- c. Erase or blot out errors
- d. Falsify an individual's record
- e. All of the above
- f. C and D

23. Which of the following is a HomeLife and AFC licensing document that staff use to describe a behavioral or medical event and to identify possible correlating variables?

- a. Resident record
- b. Incident report
- c. Weekly planner
- d. Progress note

24. Which item below does not require the completion of an Incident Report and IR Attachment?

- a. Elopement (leaving the home unsupervised and not returning with staff redirection)
- b. A resident complaining of illness with a 100° fever
- c. Physical aggression that requires the use of a MANDT technique
- d. Verbal aggression
- e. Medication refusal
- f. Progress toward a PCP goal

25. Writing that communicates what you actually see, hear, or physically feel and only includes what you observe and know to be fact is called:

- a. Situational writing
- b. Evaluative writing
- c. Progressive writing
- d. Descriptive writing

**Working with People Test**

Name: Marisa DeLeon

Date: 9/29/19

Trainer: Max

1-5 Match the 5 levels of Maslow's Hierarchy of needs with the appropriate examples:

- |                           |  |
|---------------------------|--|
| A. Physiology             | <u>B</u> Feel free from danger, to feel in control, a sense of trust       |
| B. Safety and Security    | <u>C</u> Intimacy, friends, attention, affection, interactions with others |
| C. Belongingness and Love | <u>D</u> Self-respect, achievement, competence, prestige, love of self     |
| D. Self Esteem            | <u>A</u> Food, shelter, air, rest, avoidance of pain, sex                  |
| E. Self-Actualization     | <u>E</u> Self-expression, new situations & experiences                     |

6. When a person with a disability is not accepted or appreciated by other members of society, the person is said to be:

- a. De-Valued
- b. Different
- c. Helpless
- d. Misfit

7. Michigan Law requires that individuals with disabilities be treated with dignity and respect at all times by those working with the individuals.  True  False

8. The U.S. law states any person having substantial developmental impairments in at least 3 (out of 7) of the living skills area is in need of special understanding and help from the government. Which of the following are included in those 7 skill areas?

- a. Self-care, receptive and expressive language, learning
- b. Mobility, self-direction, economic sufficiency
- c. Social interaction, integration, problem behavior
- d. All of the above
- e. A and B
- f. B and C

9. Service providers (such as HomeLife, Inc.) are legally obligated to act in a way that supports opportunities for growth and development.  True  False

10. When working with individuals, it is important to do as much as possible for them rather than encouraging them to do as much as possible for themselves in order to make their lives easier.

True

False

11. Behavior always serves a purpose.

True

False

12. Which of the following is NOT considered a staff responsibility?

- a. To know the purpose of an individual's behavior
- b. To assist the individual in communicating their needs in a constructive manner
- c. To do details of daily living for the person to ease stress
- d. TO recognize people staff work with are capable of initiating and participating in all activities in the residential community

13-16. Match the correct answer to each question

What to teach? B

A. In the community

Where to teach? A

B. Things that are important

How to teach? D

C. When doing the skill mean something

When to teach? C

D. So the person can master the skill and enjoy the experience...but also learn from some of their mistakes, so they "earn" mastery of a skill

17-19. Match the focus of each teaching pattern with the corresponding teaching pattern.

Focus

Teaching Pattern

A. The value of the person

B Institutional pattern

B. Challenging Behavior

C Educational pattern

C. The Task

A The Effective Teaching Pattern

20. Choose the answer below that best defines posture as defined in the WWP curriculum.

- a. How we stand and our body positioning in relation to the person we are working with.
- b. Our set of attitudes, values, and beliefs that guide and direct our actions in any life circumstance
- c. Our goals and objectives in life that guide our actions
- d. The underlying motivations for our behavior
- e. None of the above

21. Which of the following is NOT a true statement about the use of rewards:

- a. Rewards can be used to develop a positive relationship
- b. Rewards can be used to help a person maintain appropriate interactions
- c. Rewards should be given before behavior occurs
- d. Rewards should be varied
- e. None of the above

Fred would like to learn new skills and develop the skills he already has during shopping trips. For each item below, fill in the blank with applicable teaching strategy.

*Sensitive to tradeoffs*

*Natural cues and materials*

*integrate*

*Adaptation*

*Partial participation*

22. Staff take Fred to the local Meijer to integrate him into the community.

23. While shopping, Fred has difficulty finding the items he needs due to visual limitations. Fred can only find the items he needs by slowly walking through each aisle so he can see up close what he is looking for. Staff must realize Fred's **limitations** and allow him to accurately pick out his items versus rushing him through the store. This is an example of sensitive to trade offs.

24. Fred can recognize items he needs from his list but struggles with budgeting and cost effective shopping. Staff may need to "offer" suggestions for the cheaper items to assist Fred in managing his budget. This is an example of partial participation.

25. Fred seems to get tired easily and wants to stop five minutes into shopping. Staff suggest that Fred get a riding cart. In doing so, staff allow Fred to participate and complete the task with a physical ~~adaptation~~ adaptation.

26. Fred has learned to shop by using his own personal needs list, his own real money, and shopping at stores that have the items he needs. This learning process is an example of using natural cues + material

Staff are teaching Fred how to do laundry. Identify the correct component of effective teaching for each example below. Put the letter of the teaching component in the space provided.

A. Task Analysis    B. Assess (behavior patterns, cognitive processes)    C. Prompts    D. Reward

27. B Minutes before staff are to begin a teaching session with Fred, he becomes highly agitated at another home member. Staff are closely monitoring Fred and decide to wait until Fred has calmed down before starting the training session.

28. A Staff teach Fred one step of doing laundry at a time. First, staff teach him what kind of laundry and how much laundry to put in. Second, staff teach him how much detergent to put in. Third, staff teach him how to turn the dial and start the washer.

29. C Fred has been having difficulty putting the correct amount of detergent in the washer so staff put the correct amount of detergent into baggies for him.

30. D After each step Fred completes, staff have been giving Fred a variety of enthusiastic praise and recognition.



- 0 

### Building Rapport and Healthy Relationships Test

Name: Marisa DeLeon

Date: 9/29/19

Trainer: Nick

1. Staff's effectiveness at teaching and redirecting a home member often depends on the rapport (relationship) they have with that person.  True  False
2. Doing a functional analysis of behavior is not usually helpful in identifying intervention or treatment options.  True  False
3. Staff should only pre-teach the home member before an outing if they suspect that the person is going to have problems during the outing.  True  False
4. Punishment is the preferred method of intervention when dealing with challenging behavior.  True  False
5. When a home member is engaging in inappropriate or aggressive behavior staff should:
  - a. Always ignore the behavior as it is most likely attention seeking behavior
  - b. Assess the possible reasons for the behavior first and then respond accordingly
  - c. Tell the home member that their behavior is inappropriate and that they must stop immediately to avoid negative consequences
  - d. Restrict the person's outing for the rest of the day
6. Why is it important to document accurate, descriptive and objective observations when reporting behavior?
  - a. Because some documentation is used in doing functional assessments
  - b. Treatment decisions are often made based on staff reports
  - c. Because subjective and biased information may lead to poor treatment decisions
  - d. All of the above
7. The main focus of behavioral programming involves:
  - a. Eliminating problematic behavior
  - b. Replacing problematic behavior with more appropriate and functional behavior
  - c. Bribing the person into compliance
  - d. Punishment

8. Before teaching a home member a new skill, some things to consider are:

- a. The person's strengths
- b. Where the skill supports normalization
- c. The persons behavioral patterns and emotional condition
- d. All of the above

9. Antecedents occur \_\_\_\_\_ behavior. Before After

10. The two types of antecedents are discriminative stimuli establishing operations

11. Reinforcers will cause a behavior to increase in the future.

12. Aversive conditions will cause a behavior to decrease in the future.

13. Illness, pain, deprivation, medication changes, and diet are examples of establishing operations

14. List two examples of discriminative stimuli (triggers) setting limits, changes in schedule, residents behavior, shift change, time.

15. Match the words below with the corresponding definition:

Topography F

Intensity D

Frequency A

Duration E

Contingency G

Reinforcement B

Extinction C

A. How often a behavior occurs

B. A behavior followed by a reinforce, or by the prevention or removal of an aversive condition

C. A behavior no longer followed by a reinforce that used to perpetuate or strengthen the behavior

D. How noticeable a behavior is (impact)

E. How long a behavior lasts

F. What the behavior looks like

G. A relationship between a particular behavior and consequence

16. List 3 ways to develop a positive relationship with a home member.  
give attention for appropriate + positive behaviors  
read historical information  
engage home member in activities  
~~ask quest~~

17. List 3 key points when preparing a home member for an outing  
describe what, when, where, why of outing  
describe boundaries + behavioral expectations  
discuss money + appropriate purchases, limits on purchases

18. List 3 key points when making a request.  
asses level of functioning.  
provide choices.  
consider tone of voice, volume, facial expressions.

19. List 3 key points when responding to delusional/ dysfunctional behavior.  
do not engage in an argument.  
redirect to normalized conversation  
offer options

20. List 3 key points when responding to verbal aggression.  
use differential attention  
prompt resident to engage in alt. activity  
maintain rational detachment.

21.

(Antecedent)

Motivating Operations (setting events)
Stomach ache sugar caffeine

(Antecedent)

Discriminative stimulus (environmental stimulus)	Behavior	Consequence
new staff	VA	cigarette

**Scenario:** While on a movie outing, John sneaks to the concession stand and gets a 40oz pop and a bag of M&M's. About 1/2hr. later while coming home from the movie, John is complaining of a stomach ache. When he gets to the home, John sees a new staff person and immediately demands a cigarette. The new staff person tells John that he will have to wait 15mins until it is cigarette time. John then yells to the staff person "give me my F\*%&\$ cigarette now or I'll kick your a\$\$". The staff person then decides to give him the cigarette to calm John down.

Analyze John's behavior by filling out the behavioral contingency model above. Fill in the behavior box first with the problematic behavior that John displays, then work backwards filling in the discriminative stimulus box and the establishing operation box. The last box to fill in is the consequence box. Was there a consequence delivered that reinforced this behavior?



- 0 [Handwritten signature]

### Person-Centered Planning Test

Name: Marisa Pelecan  
Date: 9/29/19  
Trainer: Nick

1. Person-Centered Planning is the development of a treatment or support plan based upon the expressed needs and desires of the individual.
2. A Person-Centered Plan assists individuals in creating a personalized image of a desirable future.
3. Person-Centered Planning is focused on the individual's strengths and capabilities.  T  F
4. According to the philosophy of the Person-Centered Planning, plans are developed based on what caregivers determine is in the best interest of the individual.  T  F
5. Person-Centered Planning makes every effort to utilize community/family resources.  T  F
6. Name four aspects of the individual's daily needs in life that are considered in a Person-Centered Plan.  
legal and safety, daily activities  
finances, work
7. Direct care staff have no role in the Person-Centered Planning process.  T  F
8. Health and safety considerations are irrelevant as the individual's needs and desires are the only considerations when developing a Person-Centered Plan.  T  F
9. Resident Advisory meeting give opportunities to individuals to express his/her needs or desired outcomes.  T  F

10. Give 4 examples of limitations of the Person-Centered Planning Process:

guardians      effectiveness or cost of service, treatment or support  
urgent/emergent situations      basic standards of reasonableness

11. What are two of the roles Direct Care Staff have in the Person-Centered Planning Process:

assist the individual in communicating w/ professionals      giving the individual ongoing opportunities to express his/her needs.

12. In your own words, what is a definition of Person-Centered Planning?

an individualized plan ~~based on~~ based on the individuals wants and needs

13. Which of the following statements best describes the philosophy behind Person-Centered Planning?

- a. Mentally ill individuals deserve to be treated with dignity and respect.
- b. Each person receiving mental health services should have an individualized plan of service.
- c. Each individual's plan of service should reflect his or her needs and desires as much as is reasonable.
- d. Plans of service should focus on the individual's skills and abilities rather than their deficits.
- e. All of the above.

14. Which of the following people should be involved in the Person-Centered Planning Process?

- a. The individual being served
- b. Family members
- c. Professionals providing services to the individual
- d. Anyone the individual chooses to include
- e. All of the above

15. Which of the following is a true statement about Person-Centered Planning?

- a. A Person-Centered Plan is not static; rather, it can change as the individual's circumstances and functioning change.
- b. The individual who is the focus of the plan should never attend the planning meeting.
- c. An individual can choose the time and place for their Person-Centered Planning meeting.
- d. The planning process should focus on obstacles and deficits rather than gifts, talents, and skills.
- e. B and D
- f. A and C

## LEP Competency

1. LEP stands for Limited English Proficiency
2. LEP is covered under which Federal Policy? Title VI of the Civil Rights Act.
3. All entities that receive Federal funds are subject to LEP requirements.  
 True or False
4. Define "Covered Entities."  
any state or local agency, private institution or organization, or any public or private individual that operates, provides or engages in health or social service programs and activities and that receives federal financial assistance from HHS directly or through another recipient/covered entity.
5. Describe the type of person who is considered by law to be Limited English Proficient.  
an individual who cannot speak, read or write or understand the English language at a level that permits him/her to interact effectively with health care providers and social service agencies.
6. What is the most important basic requirement of LEP?  
language assistance to ensure access to services must be provided at no cost to the LEP person
7. List the 3 items that a provider must ensure the LEP person has
  1. adequate information
  2. ability to understand services
  3. ability to access services
8. Assuring appropriate language access includes
  1. oral language interpretation
  2. translation of written materials
  3. providing notice of the right to language assistance free of charge
  4. staff training
  5. program monitoring

## LEP Competency

9. Describe the circumstances under which a provider can use a family member or friend of an LEP person as an interpreter.
1. the LEP person has been offered & declined a free professional interpreter provided by the agency
  2. the use of a family member/friend will not compromise the effectiveness of services or violate the LEP person's confidentiality.
10. A Competent Interpreter is one who demonstrates
1. proficiency in English and the LEP person's language
  2. Orientation and training that includes skills and ethics of interpreting
  3. fundamental knowledge in both languages of any specialized terms or concepts
  4. sensitivity to the person's culture.
  5. ability to convey information accurately in both languages.
11. At a minimum, all vital documents must be translated to the language of the LEP group regardless of population size. True or False
12. In our county, the LEP group(s) that we must translate vital documents for include:
1. spanish (allegan & k200)
  2. none (woodlands & st Joe)
  3. \_\_\_\_\_
  4. \_\_\_\_\_
13. List 3 documents that KCMHS has translated into other languages
1. Rights Booklet
  2. grievance and Appeals Brochure
  3. Interpreter Poster
14. For documents to be considered "readable," they must be written at what grade level? 4<sup>th</sup>
15. If I have questions about LEP, the person in my County/ Agency/ Department I should call is Kalamazoo Community Mental Health member/customer services

Completed By: Marisa DeLeon

Date: 10/1/19

Reviewed By: [Signature]

Date: 10/1/19



**Emergency Preparedness Test**

Name Marisa DeLeon

Date: 10/11/19

Trainer: Nick

1. The most common cause of injury and death in a fire is the fire itself. True  False
  
2. What are the 3 sides of the fire triangle?  
fuel heat air
  
3. The most common cause of fire is
  - a.  Cooking equipment
  - b. Hot objects
  - c. Careless smoking
  - d. Matches
  - e. Misuse of electricity
  
4. List two ways to prevent residential fires.  
smoking hazards only smoke in designated areas  
discard cigarettes in proper place
  
5. Name 3 things the fire department will need to know when you call  
your name address cause of fire
  
6. What are the two main purposes of smoke detectors?  
used for rescue + escape
  
7. Extension cords are allowed to be used in residential community settings. True  False
  
8. How often should the lint trap of the dryer be cleaned?
  - a. Once a day
  - b.  Each time the dryer is used
  - c. Once a week
  - d. Once a month
  
9. How many escape routes should be taught to each resident? 2

10. You only use the alternate escape route in a fire when the primary route is blocked.  True  False

11. The purpose of a fire drill is:

- a. To see how fast everyone can evacuate the house
- b. To learn how to work the fire alarm
- c. To learn where the escape routes are
- d. For staff to practice what they would do to evacuate everyone in the case of a real fire
- e. To see how fast staff can evacuate the house

12. When would NOT be a good time to run a fire drill?

- a. During mealtimes
- b. During bathing activities
- c. When residents are experiencing temporary behavioral or physical problems
- d. During recreation periods
- e. All of the above

13. Fire extinguishers are used for what two purposes only?

fight your way out      rescue someone

14. What does a severe weather watch mean? conditions are right for severe weather to occur.

15. What does a severe weather warning mean? severe <sup>weather</sup> ~~watch~~ has been spotted in your area.

16. A person struck by lightning carries an electrical charge so they are not safe to be handled?

True

False

17. During a tornado warning where do you take shelter? designated safe area

18. Hypothermia results from freezing a part of the body?

True

False

19. You may induce vomiting whenever someone swallows a poisonous substance. True

False

20. Direct and assist all residents to the living rooms during sleeping hours when there is a power failure?

True

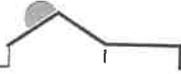
False

21. Where are all the HomeLife, Inc. emergency checklists located?

in the OJT manual & emergency binder

22. List 2 tips for safe driving.

use turn signals      must wear their seatbelt



Nutrition Test

Name: Marisa DeLeon  
Date: 9/28/19  
Trainer: WICK

1. Name two key nutrients:

proteins                      fats

2. Name the five MyPlate food groups:

proteins                      fruits                      grains  
dairy                      vegetables

3. Portion Sizes do not need to be followed as written on the menu.

T       F

4. A cycle menu is a series of written menus covering 3 to 6 weeks.

T       F

5. Unless requested otherwise by a physician, when do we record resident weights? once a month

6. Chewing or swallowing difficulties are also known as dysphagia.

T      F

7. What is aspiration?

food, liquid or other materials entering the airways

8. Fiber does not help to maintain regular bowel elimination.

T       F

9. Foods high in fiber include:

- a. Whole wheat bread
- b. All Bran
- c. Raisins
- d. Broccoli
- e. All of the above

10. Give an example of a modified diet. ~~diabetic~~ diabetic

11. Food can be served up to 30 minutes after it is prepared.

T       F

12. Direct care staff may implement a food reinforce/reward program without anyone else's approval. T  F

13. Meal times offer the opportunity to develop which of the following skills?

- a. Socialization
- b. Developing negative attitudes about food/eating
- c. Skill Development
- d. Community Integration
- e. Only A,C,D
- f. All of the above

14. Name two ways to teach independent living skills. clean-up portioning

15. A food-borne illness occurs when bacteria in food multiplies quickly and causes food poisoning.  T  F

16. Botulism is the deadliest and most common kind of food poisoning.  T  F

17. List the 3 ways to reduce the risk of food-borne illness.

handle food safely maintain proper temps wash hands frequently

18. The benefits to food storage are:

- a. Food will be safe to eat
- b. Flavor and texture will be ruined
- c. Nutrient content will be preserved
- d. Money is wasted on spoiled food
- e. Only A and C
- f. Only B and D
- g. All of the above

19. Recommended temperatures for the following:

Refrigerator storage 34° to 40°F

Freezer storage 0° or lower

Cupboard storage approximately 70°

20. Thermometers should be kept in the coolest part of the refrigerator or freezer. T  F

21. Menu substitutions do not need to be documented. T  F

22. It's okay to try to speed up the cooking process by increasing the recommended temperature. T  F

23. List one way to prevent each of the following:

Burns use pot holders

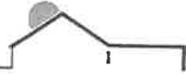
Falls use sturdy step stool

Cuts pick up knives by the handle

Electrical Shock no extension cords

24. Automatic dishwashers are recommended for washing dishes in residential settings.  T  F

25. What is the correct amount of bleach to add to a gallon of water? 1 1/2 tsp bleach



*[Handwritten signature]*

**Health Test**

Staff Name: Marisa DeLeon  
Date: 9/28/19  
Trainer: Nick

1. When taking a person's vitals, only abnormal readings should be recorded. T  F
2. A normal axillary (under the arm) temperature is one degree lower than the normal oral temperature.  T F
3. It is unnecessary to wash one's hand after removing gloves as the gloves keep your hands clean. T  F
4. To obtain an accurate measure of a person's pulse, it must be counted for a full 60 seconds.  T F
5. Under which of the following conditions should you wash your hands?
  - a. After removing gloves
  - b. Before and after administering medications
  - c. Before and after smoking
  - d. Before preparing food
  - e. All of the above
  - f. B and D
6. Which of the following should NOT be done when someone is having a convulsive seizure?
  - a. Place something in the persons mouth
  - b. Protect from nearby hazards
  - c. Restrain the person for protection
  - d. Time the seizure using a watch with a second hand
  - e. A and C
7. When should staff call on-call and/or emergency services for a home member who is having a convulsive seizure?
  - a. If the person has not regained consciousness after 5 minutes
  - b. If the person has multiple seizures
  - c. If the person does not have a history of seizure activity
  - d. All of the above

8. Anaphylactic shock is a life threatening condition which is caused by which of the following:

- a. An allergen such as a bee sting or antibiotic
- b. High levels of stress and anxiety
- c. A closed head injury
- d. A traumatic event

9. List one respiratory symptom of anaphylactic shock: wheezing

10. List one skin symptom of anaphylactic shock: hives, ~~swelling~~ turning blue

Match the corresponding letters of the examples and definitions to the Links of the Chain of Infection:

11. B Infectious Agent

~~A~~ Storage site: people, animals, water, food & soil, clothing. Environmental surfaces i.e. floors, doorknobs, countertops

12. A Reservoir

~~B~~ Fungus, Virus, Bacteria, Parasites

13. D Portal of Escape

~~C~~ Ways disease can enter a new host: breathing droplets, absorption through the skin, body openings, breaks in the skin, hands to mouth.

14. F Mode of Transmission

~~D~~ Ways disease can leave the reservoir: feces, urine, saliva, blood, perspiration & tears

15. C Portal of Entry

~~E~~ People, animals, insects, birds, plants

16. E Susceptible Host

~~F~~ Ways disease can transfer by direct contact: hands, environmental surfaces, coughing, sneezing, bites, scratches, sexual intercourse.

17. Normal range for oral temperature:

- a. 95-99
- ~~b~~ 96-98
- c. 96-99
- d. 97-100

18. Normal range for resting pulse (adult)

- a. 60-80
- b. 60-100
- c. 40-90
- d. 70-110

19. Normal range for respirations (adult)

- a. 12-16
- b. 16-30
- c. 12-20
- d. 8-30



20. Normal range for systolic blood pressure (top number)
- a. 90-140
  - b. 60-90
  - c. 80-120
  - d. 70-160
21. Normal range for diastolic blood pressure (bottom number)
- a. 80-120
  - b. 90-110
  - c. 40-70
  - d. 60-90
22. Frequent urination, excessive thirst, extreme hunger, fatigue, unexplained weight loss and susceptibility to certain infections are all symptoms of which condition:
- a. Hypertension
  - b. Diabetes
  - c. Urinary tract infection
  - d. Tuberculosis
23. The urge to urinate frequently, a burning sensation while urinating, a strong urine smell and occasionally fever are all possible symptoms of which condition:
- a. Hypertension
  - b. Diabetes
  - c. Urinary tract infection
  - d. Tuberculosis
24. Productive cough with blood in mucus, fever, loss of appetite, weakness, night sweats, and hoarseness are all symptoms of which condition:
- a. Hypertension
  - b. Diabetes
  - c. Urinary tract infection
  - d. Tuberculosis
25. Hepatitis B is NOT spread in which of the following ways:
- a. Through the air or by coughs and sneezes
  - b. Contact with feces of infected persons
  - c. Use of drinking fountains, swimming pools, and toilet seats
  - d. Social contact in schools, workshops, and similar social settings
  - e. All of the above
26. The most effective weapon to prevent infection is:
- a. Antibiotics
  - b. Cleanliness/hand washing
  - c. Wearing gloves
  - d. Staying inside
  - e. Wearing a space suit
27. An individual's bathing and hygiene habits are shaped (in part) by the culture in which they live.

T

F



### Health Skills Check

Name: Marisa DeLeon

Date: 9/28/19

Trainer: Nick

Performance Measures	Passed (trainer initials)	Date
Taking a temperature (verbal)	NB	9/26/19
Taking a pulse (demonstrate)	NB	
Taking a respiration (verbal)	NB	
Taking a blood pressure (demonstrate)	NB	
Hand washing (verbal)	NB	
Glove removal (demonstration)	m	
Written Test 100%	m	

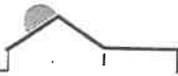
  
Trainer Signature

9/28/19  
Date

  
Employee Signature

9/28/19  
Date





**Safety Training Agenda**

Resident Safety Video

**OJT TRAINING MODULES** (written test or demonstration required for completion of each)

- Bomb Threat Procedure
- Fire Drill/ Alarm Procedure/Fire Evacuation
- Home Specific Evacuation/Emergency Evacuation and Relocation
- Power Failure
- Propane Leak
- Carbon Monoxide Alarms
- Severe Weather Procedures
- Conducting Outings
- Environmental Safety Checks
- Resident Supervision (examples of dropped supervision)
- Missing Home Member
- Assessing Injury, Illness and Coordinating Care
- Neuro-checks
- Working with High Risk Consumers
- Room and Belonging Searches
- Physical Aggression and Dangerous Behavior
- Emergency Supervision (15 minute checks)
- On-Call reporting
- Hot Water Burns
- Slips, Trips, & Falls
- Police Involvement
- Propane Grill
- Vehicle Safety
- Bio & Chemical Terrorism and Emergencies/Sheltering in Place
- Independent Community Access
- Locked Refrigerators
- Emergency Food and Water Supply

\*CMH Emergency Preparedness Training\*



Staff Signature

10/11/19

Date

Marisa DeLeon

Print Name



Trainer Signature

10/11/19

Date



Training 101: Safety and Fire Prevention Quiz

- 1) Sidewalks, fire escape routes and entrances must be kept free from:  
A) Ice  
B) Snow  
C) Debris  
 D) All of the above  
Select one: D
- 2) Cooking is the leading cause of home fires.  
 A) True  
B) False  
Select one: A
- 3) Carbon monoxide is an invisible, colorless gas with a strong odor.  
A) True  
 B) False  
Select one: B
- 4) Three of every four structure fires in residential board and care facilities are caused by cooking.  
 A) True  
B) False  
Select one: A
- 5) If a small grease fire starts in a pan:  
 A) Smother the flames by carefully sliding the lid over the pan (make sure you are wearing the oven mitt). Turn off the burner. Do not move the pan.  
B) Immediately extinguish with water.  
Select one: A
- 6) Never start a gas grill with the lid on the grill closed.  
 A) True  
B) False  
Select one: A
- 7) Before you throw away butts and ashes, make sure they are out. Dousing in water or sand is the best way to make sure they are extinguished.  
 A) True  
B) False  
Select one: A

- 8) The leading cause of kitchen fires is:  
 A) Unattended cooking  
B) Grease build up  
C) Wearing long loose sleeves while cooking

Select one:   A  

- 9) When outdoors and you hear thunder, seek shelter under large trees.  
A) True  
 B) False

Select one:   B  

- 10) If your clothes catch fire:  
A) Run, rinse and report  
 B) Stop, drop and roll

Select one:   B  

- 11) There is no place outside that is safe during a thunderstorm.  
 A) True  
B) False

Select one:   A  

- 12) Never smoke and never allow anyone to smoke where medical oxygen is used.  
 A) True  
B) False

Select one:   A

HomeLife, Inc.



*Residential solutions for people with challenging needs  
People Caring For People*

This certifies that

*Marisa Deleon*

Has completed Level I Classroom Training  
and is therefore awarded this

## *Certification of Completion*

Given this 10<sup>th</sup> of October 2019

A handwritten signature in blue ink, appearing to read 'M. J. Carroll-Bruns'.

*M. J. Carroll-Bruns, Vice President  
HomeLife, Inc.*



NAME Marisa DeLeon

DATE 9/29/19

HOME/PROGRAM Interlachen

-02

**Ethics of Touch Test**

1. People that have lived much of their lives in institutional settings may not have been taught about privacy.  
 a. True  b. False
2. "Off task behavior" should always be considered a behavioral issue not a privacy issue.  
 a. True  b. False
3. Staff usually notice when recipients violate their privacy but may not notice when they violate recipient's privacy.  
 a. True  b. False
4. High staff turnover in residential settings may teach recipients their body is "public".  
 a. True  b. False
5. There are three private zones of the body.  
 a. True  b. False
6. Individuals with Developmental Disabilities who require assistance for personal care may have a reduced sense of boundaries.  
 a. True  b. False
7. A front to front hug (bear hug) is generally not appropriate between staff and recipients.  
 a. True  b. False
8. There are cultural differences to consider for touch and boundaries.  
 a. True  b. False
9. It is staff's job to provide touch and affection to recipients who are not able to establish relationships on their own.  
 a. True  b. False
10. Some problem behaviors can come from wanting touch and affection.  
 a. True  b. False



## NEW TEAM MEMBER ORIENTATION CHECKLIST



*People Caring For People*

*Residential solutions for people with challenging needs*

<b>Employee:</b> <span style="font-size: 1.2em; font-family: cursive;">Marisa DeLeon</span>	<b>Hire Date:</b> <span style="font-size: 1.2em; font-family: cursive;">9/28/19</span>
--	---

**Instructions:** Using this orientation checklist with a mentor/trainer, the new employee should become “familiar” with where to locate items, or how to follow instructions that are represented in the checklist items below. This orientation checklist does not require the new employee to be “proficient” in any task represented below—that is the purpose of the OJT/Level System. The last section represents OJT Level 1 tasks that should be a priority for each new employee and completed as soon as possible after hire. Home specific tasks can be added to the very last box under “Home Specific Orientation and Training.”

**INTRODUCTIONS and TOUR**

Introduction to Staff Tour Premises	Introduction to Residents Review of Mission, Vision, Values
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**STAFF EXPECTATIONS**

Professionalism – Dress Code Clinical Documentation – Accuracy Customer Service – How to answer phone, greet visitors, home-like surveys, etc. Cleaning – Clean home is important OJT – Training expectations/goals (see chart, binder, and forms)	Punctuality - > 5 minutes is tardy Engagement of Residents – Stay Active Safety – Monitor Environment, Take actions when necessary 3 <sup>rd</sup> Shift – Awake and monitoring residents, detailed cleaning
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**RESIDENT DATA COLLECTION**

Resident Goals – Person Centered Plans (PCP) CMH Support Logs Night Time Recording	Weekly Planners/Progress Notes Menu Substitution Behavior Plans – Sign and Date after reviewing
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**STAFF COMMUNICATION BINDER**

Shift Debriefing Forms Outlook Calendar (appointments, info) Time Sheets	Work Schedule – Time posted/changes/holiday Staff communication logs/meeting actions Phone Lists
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**EMERGENCY PROCEDURE**

**REFER TO OJT BINDER AND HOUSE EMERGENCY PROCEDURES BINDER**

Review OJT Emergency Procedures- Level I Fire Drills/Resetting Fire Alarm System House On-Call – When to contact	What to do in case of an emergency Universal Precautions/Infection Control Admin On-Call – When to contact
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**INDIVIDUAL RESIDENT INFORMATION**

Special Diet Orders/Liquid Restrictions Money-Cash Management – Getting Receipts/NOT mixing envelopes	Smoking protocols/procedures/habits Bathing/Shower Schedules Special Therapy Plans (if applicable)
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## NEW TEAM MEMBER ORIENTATION CHECKLIST

### POSTINGS/SCHEDULES/CALENDARS

Activity & Skills Group Calendar Outing Specifications/Plans/Instructions House Rules ORR Board Employee Info Board	Menus, Special Diets, and Substitutions Snacks and Snack Times "Free" Fruit/Veggie Charts Drink/smoke charts and/or schedules Laundry – Resident and Bedding/Linens
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### RESIDENT ACTIVITIES and ENGAGEMENT

Conducting Community Outings (See OJT Policy) Conducting In-Home Activities (See OJT Policy)	Engaging Residents in ADL and Room Care Conducting Skills Training
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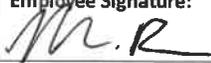
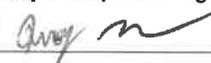
### NEW EMPLOYEE and SUPERVISOR COMPLETE WITHIN 2 WEEKS AFTER FIRST SHADOW SHIFT DATE ITEMS BELOW TO BE COMPLETED BY:

Four (4) Supervised Medication Passes Vehicle Orientation/Safety Test Drive Vehicle Wheelchair Lift (if applicable) Snow Blower Training (if applicable)	Conducting Community Outings (sign off after two supervised outings) Propane Gas Grill Training Special Training: Diabetic, G-Tube, Transfer, Special ADL care
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### HOME SPECIFIC ORIENTATION and TRAINING

<Add here> <Add here>	<Add here> <Add here>
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**SIGNATURE of Completion:** By signing and dating below, the supervisor/trainer indicates that he/she has reviewed or completed the checklist items above with the new employee.

Employee Signature: 	Date: 10/14/19
Supervisor/Trainer Signature 	Date: 10/14/19



# HomeLife, Inc.

Staff Name: Marisa DeLeon  
 Date of 1<sup>st</sup> Pass: 10/14/19

## Medication: 4 Supervised Passes

Key Objective: Skilled Caring Staff

Risk Rating: 9

**Policy Statement:** Administration and documentation of medications is one of the most important tasks performed by employees. Medication errors can be serious and even life-threatening and must be minimized or eliminated.

**Directions:** Employees are required to complete 4 successful supervised medication passes before they are cleared to pass medications on their own. One pass is all medications for all home members for a certain time frame (AM/N/PM/HS). 3 of the 4 passes should be supervised by a Shift Supervisor; the 4<sup>th</sup> must be supervised by the Home Manager or Lead Supervisor. Refer to Policy *Medication: Administration and Documentation* for further instruction and information regarding medication pass procedures.

**NOTE:** The Supervisor/Home Manager is responsible to supervise the entire medication pass and will also be held accountable for any errors that occur during a training pass. For this reason the supervising staff must pay close attention to catch and correct errors as they occur, and continue to train the importance proper procedures.

PERFORMANCE MEASURES (Steps):	PASSES:	1(SS)	2(SS)	3(SS)	4(LS)
	Write in the Date of Pass:	10/14/19	10/14/19	10/15/19	10/15/19
<b>Preparing the workspace:</b>					
1. Did they clean off their work area?		Aw	Aw	Aw	Aw
2. Did they wash their hands?		Aw	Aw	Aw	Aw
3. Did they check the time?		Aw	Aw	Aw	Aw
4. Did they check the client's med sheet to see if that particular resident receives medication at this particular time?		Aw	Aw	Aw	Aw
5. Are they aware of the location to look up medication information if they are not already familiar with medication effects?		Aw	Aw	Aw	Aw
6. Did they remove the correct resident's medication bin?		Aw	Aw	Aw	Aw
<b>Preparing medication from pill packs:</b>					
1. Did they remove all of the pill packs with the appropriate time of day indicated?		Aw	Aw	Aw	Aw
2. Did they check the medication label 3 times?		Aw	Aw	Aw	Aw
a. When taking the pill pack out of the bin?		Aw	Aw	Aw	Aw
b. When punching the medication into the med cup?		Aw	Aw	Aw	Aw
c. When putting the pill pack back into the bin?		Aw	Aw	Aw	Aw
3. Did they empty one pill on each pill pack, starting at the top left column and moving down?		Aw	Aw	Aw	Aw
4. Did they ensure the popped pill was in the med cup, not stuck to the pill pack?		Aw	Aw	Aw	Aw
5. Did they date and initial next to the punched out medication on the pill pack?		Aw	Aw	Aw	Aw
6. Did they put a dot in the upper right hand corner in each corresponding square of the med sheet?		Aw	Aw	Aw	Aw
7. Did they review the med. sheet and pill packs for any errors prior to passing?		Aw	Aw	Aw	Aw
8. Did they observe the <b>five rights</b> ?		Aw	Aw	Aw	Aw
a. Client? Medication? Dosage? Time? Route?		Aw	Aw	Aw	Aw
9. Did they follow any special instructions? (i.e. Take before or after meals, take with food or milk, etc.)		Aw	Aw	Aw	Aw
<b>Liquid/topical/ drops/ sprays/ inhalation medications:</b>					
1. Did they pour liquids from the unlabeled side of the bottle, palming the labeled side?		Aw	Aw	Aw	Aw
2. Did they measure liquid medications with a plastic metered med. cup?		Aw	Aw	Aw	Aw
3. Did they pour liquid medication at eye level?		Aw	Aw	Aw	Aw
4. Did they wear gloves if needed?		Aw	Aw	Aw	Aw
5. Did they follow the proper procedure for passing for topical, drops, sprays, and inhalation medications?		Aw	Aw	Aw	Aw
<b>Administering medications:</b>					
1. Did they prepare and administer one resident's medications at a time?		Aw	Aw	Aw	Aw



2. Did they positively identify the resident?	Aw	Aw	Aw	Aw
3. Did they know what to do if a resident refuses to take their meds? (Do not force them to take the meds, wait and try again, have another staff try, contact admin on-call, etc.)	Aw	Aw	Aw	Aw
4. Did they assist the resident to take their medications (provide plenty of water, administer in applesauce if needed, etc.)?	Aw	Aw	Aw	Aw
5. Did they remain with the client until they swallowed the medication?	Aw	Aw	Aw	Aw
6. Did they administer only medications that they have prepared?	Aw	Aw	Aw	Aw
7. Did they properly document the medication pass by initialing in all dotted boxes as prepared in the med. book?	Aw	Aw	Aw	Aw
8. Did they properly document any controlled medications passed on the correct form?	Aw	Aw	Aw	Aw
<b>PRN medication:</b>				
1. Are they able to locate the Physician's Standing Orders in the Medication Log?	Aw	Aw	Aw	Aw
2. Did they properly transcribe and/or prepare PRN medications?	Aw	Aw	Aw	Aw
3. Did they document the PRN pass in the correct space on the front of the med sheets and on the Nurse's notes on the back of the medication sheets?	Aw	Aw	Aw	Aw
4. Did they observe, record, and report the client's response to the PRN medication (1-2 hours after passing)?	Aw	Aw	Aw	Aw
<b>Safeguarding and security:</b>				
1. Did maintain remain with the medication pill packs and the medication cup the entire time? Never walk away from unsecured medications!	Aw	Aw	Aw	Aw
2. Did they lock up all medications and bins prior to walking away from the med area?	Aw	Aw	Aw	Aw
<b>Follow-up actions:</b>				
1. Did they follow proper procedures for taking and documenting vitals, weights, O2 levels, blood sugars, etc.?	Aw	Aw	Aw	Aw
2. Did they document any abnormalities with vitals, and other medical levels on a BMOF?	Aw	Aw	Aw	Aw
3. Can they verbalize how to document a med pass if a resident is LOA?	Aw	Aw	Aw	Aw
4. Did they ensure buddy checks were completed by the second staff in the 2 hour medication passing window?	Aw	Aw	Aw	Aw
5. Can they tell you what actions to take when a medication error affecting one of the 5 rights has occurred (med passed at wrong time, wrong day, med not passed at all, etc.)?	Aw	Aw	Aw	Aw
6. Did they replace all empty pill packs from the reserve medications?	Aw	Aw	Aw	Aw
7. Did they properly dispose of empty pill packs?	Aw	Aw	Aw	Aw
8. Did they sign the back of all medication sheets?	Aw	Aw	Aw	Aw

**1st Med. Pass with a Shift Supervisor:**

circle one: **PASS** REDO

Notes:

Staff Signature: *M. [Signature]*

Date: 10/14/19

Supervisor Signature: *[Signature]*

Date: 10/14/19

**2nd Med. Pass with a Shift Supervisor:**

circle one: **PASS** REDO

Notes:

Staff Signature: *M. [Signature]*

Date: 10/14/19

Supervisor Signature: *[Signature]*

Date: 10/14/19

**3rd Med. Pass with a Shift Supervisor:**

circle one: **PASS** REDO

Notes:

Staff Signature: *M. [Signature]*

Date: 10/15/19

Supervisor Signature: *[Signature]*

Date: 10/15/19

**4th Med. Pass with a Lead SS or Home Manager:**

circle one: **PASS** REDO

Notes:

Staff Signature: *M. [Signature]*

Date: 10/15/19

Supervisor Signature: *[Signature]*

Date: 10/15/19

**Subsequent Med Passes** (If any above not passed):

**Complete and attach a new 4 Supervised Medication Passes as needed for Subsequent med passes.**



# HomeLife, Inc.

Staff Name: Marisa DeLeon  
 Date of Training: 10/1/19

## Transfer Training

Key Objective: Skilled Caring Staff  
 Risk Rating: 9

**Policy Statement:** Transferring residents must be done correctly in order to maintain the health and safety of both the resident and staff. Errors or poor mechanics while transferring residents can cause injuries that could be very serious to both staff and residents and must be minimized or eliminated.

**Directions:** Employees are required to demonstrate understanding and proficiency in resident transfers prior to performing with residents. Home Managers/ Supervisors/ Nurses are responsible to train staff prior to performing and ensure they catch and correct errors as they occur.

	PERFORMANCE MEASURES (Steps):	Initials:
	Write in the Date of Training:	<u>10/1/19</u>
1.	Position the chair next to the head of the bed. Lock bed &/or chair wheels if possible. For a resident with one-sided weakness, position the chair on the resident's strong side.	<u>MD</u>
2.	Put non-skid slippers on the resident.	<u>MD</u>
3.	Place bed in low position.	<u>MD</u>
4.	Assist resident into a dangle position at the side of the bed.	<u>MD</u>
5.	Facing the resident, brace your feet & knees against the resident's feet & knees. Pay attention to any weakness. (If two staff are present, one staff should be on either side of the resident, and place your arm under the resident's arm.)	<u>MD</u>
6.	Bend your knees and at the hips.	<u>MD</u>
7.	Instruct the resident to place his/her arms around you between the shoulders and the waist. (The exact position depends on height.)	<u>MD</u>
8.	Ask the resident to stand as you stand into an upright position by straightening your legs and hips.	<u>MD</u>
9.	Allow the resident to steady him/her self for a moment.	<u>MD</u>
10.	Ask the resident to turn and pivot with the staff toward the chair.	<u>MD</u>
11.	Have the resident to flex hi/her knees and hips as he/she is lowered into the chair, guiding the way while having a firm hold on the resident.	<u>N</u>

Notes:

circle one: PASS REDO

Staff Signature: [Signature] Date: 10/1/19  
 Supervisor Signature: [Signature] Date: 10/1/19

Remedial Notes: circle one: PASS REDO

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Deficit Reduction Act**

**And**

**False Claim Act**

I (print name) Marisa DeLeon received training and information on the Deficit Reduction Act and False Claim Act (date) 10/1/19. A copy of these Acts and other related information will be kept at each program and on the server for HomeLife, Inc. for employee reference.

M.D.

Employee Signature

[Handwritten Signature]

Reviewer



# Initial HomeLife, Inc. Schedule

<b>Employee Name:</b>	Marisa DeLeon	<b>Date of Hire:</b>	9/28/2019
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**NOTE:** If you will be absent, tardy, or would like to request a change to this schedule, you must contact the Training Manager at 269-488-1577. Refer to the *HomeLife, Inc. Attendance During Initial Employment Period* for additional information.

**HomeLife Training Center Location: 5148 South Sprinkle Rd., Portage, MI. 49002**  
**269-488-1577**  
 Located south of I-94 on S. Sprinkle road, between Kilgore Rd, and Meredith St.

Date	Activity Name	Time	Location
9/28/2019	Health/Nutrition	9am-3pm	HomeLife Training Center
9/29/2019	Person Centered Planning	9am-5pm	HomeLife Training Center
10/1/2019	New Employee Orientation & Safety	9am-5pm	HomeLife Training Center
10/3/2019	Recipient Rights	1pm-4pm	KCMH Training Location #3
10/3/2019	TB test reading	at	HomeLife Training Center
10/6/2019	CPR/First Aid	9am-3pm	HomeLife Training Center
10/8/2019	Mandt Day 1	9am-5pm	HomeLife Training Center
10/9/2019	Medications	9am-5pm	HomeLife Training Center
10/10/2019	Mandt Day 2	9am-5pm	HomeLife Training Center
	Observation Shift #1		
	Observation Shift #2		

**FOR ALL KCMH TRAININGS:**

You will receive a certificate and must turn it in to Training Center Staff for payment of those hours.

BE EARLY TO THESE TRAININGS. DOORS WILL BE LOCKED PROMPTLY AT THE BEGINNING OF THE TRAINING AND THOSE WHO ARE TARDY WILL NOT BE ALLOWED TO ATTEND.

**KCMH Training Location #1:**

**KRESA Center: 1819 E. Milham Ave., Portage, MI. 49002**

**KCMH Training Location #2:**

**KCMHSAS: 418 W. Kalamazoo Ave, Conf Rm A, Kalamazoo, MI 49007**

**KCMH Training Location #3:**

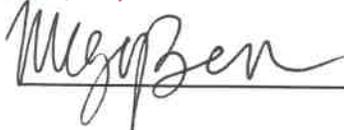
**KCMHSAS, 2030 Portage Street, Kalamazoo MI. 49001**

**Fingerprinting Appointment Location: The Aspen Building- 3030 S 9th St. Suite 2C Kalamazoo, MI. 49009**

Fingerprinting Appointment Date:

Home of Record		Unassigned <input type="checkbox"/>	
Interlochen	8038 Interlochen, Kalamazoo 49009		
Manager(s):	Megan	Office #:	(269) 353-6941
Email	HLInter@talkhome.net	Floor #:	(269) 353-6932
<b>Observation Shifts at the home:</b> [If scheduled at time of hire, put on calendar above; if to be scheduled later, indicate "TBD".]			

Documents needed (copies) and due dates:

Completed by: 

Date: 9/24/19

