

CERTIFICATE of COMPLETION

THIS CERTIFICATE IS PRESENTED TO

DeAnjelo McShan

FOR

Recipient Rights 2019
Online

September 26, 2019

This certificate expires one
year from the above date

KCMHSAS

McShan, DeAnjelo // Transcript

 **Transcript**

Print 

Code	Course	Credits	Course Status	Date Completed	Lesson	Status	Score
RR	Recipient Rights (#10486)		Completed	Aug 17, 2017 1:06 PM	Recipient Rights	Completed	



American Red Cross
Training Services

Certificate of Completion

DeAnjelo McShan

has successfully completed requirements for

Adult First Aid/CPR - valid 2 Years

conducted by

American Red Cross

Date Completed: **09/24/2019**

Instructors: **Nicholas Burrill**



ID: GYHVIS

To verify certificate, scan code or visit
redcross.org/digitalcertificate and enter 6-digit ID.

Learn and be inspired at LifesavingAwards.org



This certificate is awarded to
DeAnjelo McShan
 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 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
 Nicholas Burrill

David H. Mandt

Start Date: 09/23/2019

Student Mandt ID

S 19 MI 298557 T 0920

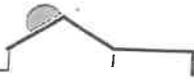
Expires on: 09/30/2020

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

HomeLife, Inc.
 Name of Organization



100%
mshon
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Infection Control Orientation

Name: DeAngele McShon Date 9/26/19

- 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

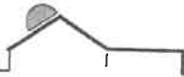
If you have an accidental exposure, immediately report the incident to your supervisor before cleaning up so that the contaminated material can be observed.

HomeLife, Inc. Annual Updates Training Agenda

- ✓ Fitness for Duty Exam
- ✓ TB test (as required every 3 years)
- ✓ Medication Performance Review (post-test)
- ✓ Infection Control and Universal Precautions (video & post-test)
- ✓ Recipient Rights Annual Update (power-point & post-test)
- ✓ OJT Handbook
 - Fire Safety & Additional Drills (review OJT policies)
 - Bio & Chemical Terrorism and Emergencies (review OJT policies)
 - Sheltering in Place (review OJT policies)
 - Emergency Food and Water Supply (review OJT policies)
 - Home Evacuation and Relocation (review OJT policies)
 - Severe Weather and Natural Disasters (review OJT policies)
 - Carbon Monoxide (review OJT policies)
 - Natural or Propane Leak (review OJT policies)
 - Power Failure (review OJT policies)
- ✓ Employee Handbook – I have received a copy of the employee handbook and have reviewed the following sections with employer:
 - 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)
 - Substance Abuse & Drug Free Workplace (review EHB policy)
 - Employee Dignity (Anti-Harassment) (video, review EHB policy)
- ✓ HIPAA - Health Insurance Portability & Accountability Act (post-test)
- ✓ Corporate Compliance Plan (post-test/receipt)
 - Code of Ethics & Professional Conduct (review EHB, distribute form)
 - Employee Grievance & Appeal Process (review corporate compliance plan, distribute form)
- ✓ Cultural Competency (power-point & post-test)
- ✓ LEP - Limited English Proficiency (post-test)
- ✓ Person Centered Plan – Level II (Level II PCP form)

DeAniolo McShan D. McShan 9/26/19
Print Name & Employee Signature Date

Jennifer Harris 9/26/19
Trainer Signature Date



HomeLife, Inc. New Employee Orientation Agenda

- Introduction to HomeLife, Inc.
- Infection Control and Universal Precautions (*video & post-test*)
- Fitness for Duty Exam, TB test, Hep B vaccination
- 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*)
- Cultural Diversity (*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 have reviewed the following sections with employer:
 - 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*)
- House Rules (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*)

DeAnjelo McShan

Print Name

7/25/17

Date

Employee Signature

7/25/17

Date

Trainer Signature

7/25/17

Date

Cultural Competency Written Test

Name:

DeAngelis McMan

Date:

9/26/19

Employer:

Humelife

- 10
Jan H.
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.

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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.

D. McLean
Employee's Signature

9/26/19
Date

Jennifer Harris
Instructor/Supervisor's Signature

9/26/19
Date

HomeLife, Inc.

Confidentiality and Privacy under HIPAA

TEST

Name:

DeAnjelb McShan

Date:

9/26/19

Jan H.

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

100%
medication

Name: DeAnjeb McShan
Date: 9/26/19
Trainer: Jenn

1. Common categories of medication would include seizure meds, antibiotics, diabetic meds and psychotropic meds. True False

2. All drugs given by HomeLife employees must have a prescription. T F

3. Match the effect of medication to its definition:

A. Therapeutic Effect B Any effect of a drug other than for which it was prescribed

B. Side Effect D Any reason, symptom or circumstance that would make the use of a drug inadvisable

C. Adverse Effect C A bad side effect

D. Contraindication A Obtaining the desired effect of the drug on the body system for which it was prescribed

4. What are the 5 major routes of medication administration?

Oral topical injection
rectal vaginal

5. 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.

6. Tablets may be crushed and capsules opened without a physician order or consultation with a pharmacist. True False

Name: DeAngelis, M
Date: 9/26/19

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 info 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.

med name resident name
time 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 dose
~~Time~~ Med ~~document~~ time route documentation

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

Name: DeAngelo, M
Date: 9/26/19

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 Test

Name: DeAnjelo McSham

Date: 7/20/17

Trainer: Memilee

1. Name two purposes of medication.

Treat disease maintaining function

2. All drugs given by HomeLife employees must have a prescription. T F

3. Match the effect of medication to its definition:

- | | |
|---|---|
| <input checked="" type="checkbox"/> A. Therapeutic Effect | <input checked="" type="checkbox"/> B. Any effect of a drug other than for which it was prescribed |
| <input checked="" type="checkbox"/> B. Side Effect | <input checked="" type="checkbox"/> D. Any reason, symptom or circumstance that would make the use of a drug inadvisable. |
| <input checked="" type="checkbox"/> C. Adverse Effect | <input checked="" type="checkbox"/> C. A bad side effect |
| <input type="checkbox"/> D. Contraindication | <input checked="" type="checkbox"/> A. Obtaining the desired effect of the drug on the body system for which it was prescribed. |

4. What are the 5 major routes of medication administration?

oral injection inhalation
anal topical

5. 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.

6. Tablets may be crushed and capsules opened without a physician order or consultation with a pharmacist. True False

7. In order for the physician to prescribe the best treatment and medication, what types of information should be provided?
- A. The persons 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. What are two of the things that should be known about the medication before it is administered?

dosage what it's used for
side effe cts

9. In an emergency situation, anyone may take an order over the phone from a physician.
 True False

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

name dosage
date expiration

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 5 rights of administering medications?

Person med Dose Time Route

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

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 5 rights
- d. A person refuses to take a medication
- e. Only A, C, & D
- f. All of the above

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- a. Stay alert and always observe the 5 rights
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 - 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

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

Guardian

Cost

Crisis

Basic standards

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

involved activities

Gathering sharing info

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

It's a plan written for the resident based on their wants and needs.

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

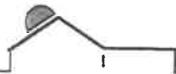
- a. Mentally ill individuals deserve to be treated with dignity and respect.
- b. Each person receiving mental health services should have an individualized plan of service.
- c. Each individual's plan of service should reflect his or her needs and desires as much as is reasonable.
- d. Plans of service 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



-0 W

Person-Centered Planning Test

Name: DeAngelo McShan

Date: 7/10/17

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.
Daily activities, social relationships
family, Health
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

Kalamazoo CMH Services Training Center
Level II PCP Training

Level II Training Requirement:

Any staff working with people who receive services from KCMHS must complete an annual PCP training event. Employees should be encouraged to choose events that will increase their knowledge of PCP. Supervisors may direct staff to specific training based on the individual needs of staff. An event must include the completion of this training form. The completed form is to then be filed in the employee personnel file as training evidence. *(All three sections must be completed to receive training credit.)*

Section one: review the basics of PCP

Indicate how you would summarize the Philosophy of Person Centered Planning:

PCP is a plan written for the residents based on their wants and needs.

Section two: (Requires staff to read a book or professional journal or interview a person who is receiving services.)

From an article, journal or book that you have read write a summary that reviews the key points, or if you interviewed someone receiving services ask them to identify three things they like about the PCP process:

Please list the name of the article, journal or book and the author's name:

Title: _____

Author's Name: _____

They like to see their family
They like to go get food

Kalamazoo CMH Services Training Center
Level II PCP Training

Section three: self audit

After working at-least one year with people who, with your support and assistance, are receiving services you should be able to answer the following questions:

- ◆ What have I and my team members and/or agency done to support the people I work with to:

1. Establish their presence in their own community?

I take them on outings to get food.
I take them for walks within neighborhood.

2. Participate in a variety of options of their own choosing?

-PCP Plans

3. Discover ways in which they can contribute to community?

They're going on outings in the community meeting ppl and spending money.

4. Experience opportunities to make choices about the way they are living life?

- Food choices - entertainment choices
- Outing choices
- Clothing choices

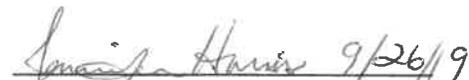
- ◆ What have we done that is creative or innovative?

- Take resident on outing

- ◆ What have we done to support someone that was a result of their interests, without controlling or dominating them?

- Ask them how they feel and what they like


Employee Signature Date


Supervisory Signature Date

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?

16. List 3 ways to develop a positive relationship with a home member.

Pay attention to resident
read historical info
ask question about interest.

17. List 3 key points when preparing a home member for an outing

What.
boundaries expectation
discuss money and limits on purchases

18. List 3 key points when making a request.

excess level of functions.
Provide choices
Facial expression

19. List 3 key points when responding to delusional/ dysfunctional behavior.

do not engage arguments
redirect conversation
offer options

20. List 3 key points when responding to verbal aggression.

use differential
maintain rational detachment
Set limits

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 before behavior. Before After

10. The two types of antecedents are discriminative ^{stimulation} 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) shift change, changing schedule.

15. Match the words below with the corresponding definition:

Topography F

A. How often a behavior occurs

Intensity D

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

Frequency A

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

Duration E

D. How noticeable a behavior is (impact)

Contingency F

E. How long a behavior lasts

Reinforcement B

F. What the behavior looks like

Extinction C

G. A relationship between a particular behavior and consequence

Building Rapport and Healthy Relationships Test

Name: DeAngelo McShan
Date: 7/8/17
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

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 tradeoffs

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.

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 and materials

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.

Working with People Test

Name: DeAnjeb Mcshain

Date: 07/18/17

Trainer: Nick

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

True

False

11. Behavior always serves a purpose.

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? | <u>B</u> | A. In the community |
| Where to teach? | <u>A</u> | B. Things that are important |
| How to teach? | <u>D</u> | C. When doing the skill mean something |
| When to teach? | <u>C</u> | 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.

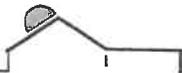
- | <u>Focus</u> | <u>Teaching Pattern</u> |
|----------------------------|---|
| A. The value of the person | <u>B</u> Institutional pattern |
| B. Challenging Behavior | <u>C</u> Educational pattern |
| C. The Task | <u>A</u> The Effective Teaching Pattern |

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



Role of Direct Care Staff Test

Name: DeAngelo McShan

Date: 7/18/17

Trainer: Nick

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: Role models

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

F Out of touch with reality for a brief period of time

B. Developmental Disability

B Long lasting condition caused by a mental or physical problem; occurs during childhood, is likely to occur for a long time

C. Schizophrenia

D Mood disorder category which includes Bipolar Disorder and Depression, may be acute or chronic

D. Affective Disorders

C Severe thought disorder which may include delusions, hallucinations, and disconnected speech

E. Anxiety Disorders

A 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

E 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

Medication Training Skills Check

Staff Name: DeAnjelo Meshan

Home: Interlochen

Date: 7/20/17

Performance Measures	Passed	Date
Preparing to Administer Medication (Verbal)	✓	7-20-17
Administering Oral Medication (Demonstration)	✓	7-20-17
Administering Eye Medication (Verbal)	✓	7/20/17
Administering Nose Medication (Verbal)	✓	7/20/17
Administering Topical Medication (Demonstration)	✓	7/20/17
Administering Suppositories (Verbal)	✓	7/20/17
Documenting Medication Administration (Demonstration)	✓	7/20/17
Written Test (100%)	✓	7-20-17
ear drops (Demonstration)	✓	7-20-17

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

Yes

No

Merrilee A. [Signature]
Trainer Signature

7-20-17
Date

[Signature]
Employee Signature

7/20/17
Date

LEP Competency

1. LEP stands for limited English proficiency
2. LEP is covered under which Federal Policy? Title VI of the Civil rights
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
5. Describe the type of person who is considered by law to be Limited English Proficient.
Describe individual who cannot speak, read, 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
2. interpreters provided by agency (the use of a family member / friend will not compromise the effectiveness of services or violate the LEP)

10. A Competent Interpreter is one who demonstrates

1. Proficiency in English and the LEP person language.
2. Orientation and training that includes skills and ethics of interpreting
3. Fundamental knowledge in both languages of key words/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. Allegan
2. Kzoo
3. St. Joe
4. Woodlands

13. List 3 documents that KCMHS has translated into other languages

1. Rights booklet
2. Appearance and Appeal brochure
3. Interpreter poster

14. For documents to be considered "readable," they must be written at what grade level? 4th grade

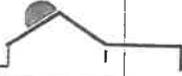
15. If I have questions about LEP, the person in my County/ Agency/ Department I should call is Kalamazoo community mental health member / customer service

Completed By: DeAnjiek McShon

Date: 9/26/19

Reviewed By: [Signature]

Date: 9/26/19



-6 *[Handwritten signature]*

Emergency Preparedness Test

Name: DeAngelo McShan
Date: 7/31/17
Trainer: Jenn

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?
air fuel Heat

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.
Stay in kitchen proper ash trays/no extension cords

5. Name 3 things the fire department will need to know when you call
Name address phone number/# of ppl

6. What are the two main purposes of smoke detectors?
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?

to fight way Rescue someone

14. What does a severe weather watch mean? There could be severe weather

15. What does a severe weather warning mean? Sever has been spotted take shelter immediately.

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?

O.J.T binder

22. List 2 tips for safe driving.

check mirror check blind spot



Nutrition Test

[Handwritten signature]

Name: De Anielo Meshan
Date: 11/31/17
Trainer: Jenn

1. Name two key nutrients:

Vitamins

proteins

2. Name the five MyPlate food groups:

Fruits

vegetables

protein

Grains

dairy

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

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

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

~~(T)~~ ~~(F)~~
~~(T)~~ ~~(F)~~
monthly

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

~~(T)~~ ~~(F)~~

7. What is aspiration?

Food or liquid entering the lungs.

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.

low sodium / lactose

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. Observe Hands on

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 safety wash hands Clean equipment

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°F

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 Oven Mitts

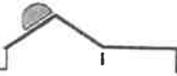
Falls Keep floor dry / Step stool.

Cuts Pick up knife by handle

Electrical Shock Make sure cords are in good condition.

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? 1/2 teaspoons



Health Test

[Handwritten initials]

Staff Name: DeAnjelo Mcshan
Date: 7/31/17
Trainer: Jenn Sanitilippa

- 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: weezing

10. List one skin symptom of anaphylactic shock: hives

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: DeAnjelo McShain

Date: 7/31/2017

Trainer: Jenn

Performance Measures	Passed (trainer initials)	Date
Taking a temperature (verbal)	passed	7/31/17
Taking a pulse (demonstrate)	Jenn	↓
Taking a respiration (verbal)		
Taking a blood pressure (demonstrate)		
Hand washing (verbal)		
Glove removal (demonstration)		
Written Test 100%	↓	↓

Jennifer Lundgren
Trainer Signature

7/31/17
Date

[Signature]
Employee Signature

7/31/17
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: _____

2) Cooking is the leading cause of home fires.

- A) True
- B) False

Select one: _____

3) Carbon monoxide is an invisible, colorless gas with a strong odor.

- A) True
- B) False

Select one: _____

4) Three of every four structure fires in residential board and care facilities are caused by cooking.

- A) True
- B) False

Select one: _____

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: _____

6) Never start a gas grill with the lid on the grill closed.

- A) True
- B) False

Select one: _____

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: _____

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

Select one: _____

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

Select one: _____

- 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: _____

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

Select one: _____



Safety Training Agenda

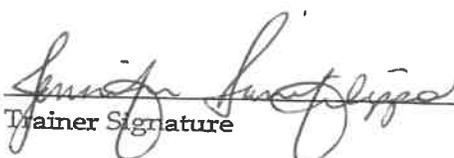
Resident Safety Video

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

- Fire Drill/ Alarm Procedure
- Fire Evacuation and Bomb Threat Procedure
- 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
- Propane Grills
- Vehicle Safety

CMH Emergency Preparedness Training

 7/31/17 DeAnjelo Mashon
 Staff Signature Date Print Name

 7/31/17
 Trainer Signature Date

HomeLife, Inc.

Staff Name: DeAnjelo McShan
 Date of 1st Pass: 8/3/17

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 4th 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: <u>8/3/17</u> <u>8/4/17</u> <u>8/8/17</u> <u>8/8/17</u>			
Preparing the workspace:				
1. Did they clean off their work area?	✓	✓	✓	✓
2. Did they wash their hands?	✓	✓	✓	✓
3. Did they check the time?	✓	✓	✓	✓
4. Did they check the client's med sheet to see if that particular resident receives medication at this particular time?	✓	✓	✓	✓
5. Are they aware of the location to look up medication information if they are not already familiar with medication effects?	✓	✓	✓	✓
6. Did they remove the correct resident's medication bin?	✓	✓	✓	✓
Preparing medication from pill packs:				
1. Did they remove all of the pill packs with the appropriate time of day indicated?	✓	✓	✓	✓
2. Did they check the medication label 3 times?	✓	✓	✓	✓
a. When taking the pill pack out of the bin?	✓	✓	✓	✓
b. When punching the medication into the med cup?	✓	✓	✓	✓
c. When putting the pill pack back into the bin?	✓	✓	✓	✓
3. Did they empty one pill on each pill pack, starting at the top left column and moving down?	✓	✓	✓	✓
4. Did they ensure the popped pill was in the med cup, not stuck to the pill pack?	✓	✓	✓	✓
5. Did they date and initial next to the punched out medication on the pill pack?	✓	✓	✓	✓
6. Did they put a dot in the upper right hand corner in each corresponding square of the med sheet?	✓	✓	✓	✓
7. Did they review the med. sheet and pill packs for any errors prior to passing?	✓	✓	✓	✓
8. Did they observe the five rights ?	✓	✓	✓	✓
a. Client? Medication? Dosage? Time? Route?	✓	✓	✓	✓
9. Did they follow any special instructions? (i.e. Take before or after meals, take with food or milk, etc.)	✓	✓	✓	✓
Liquid /topical/ drops/ sprays/ inhalation medications:				
1. Did they pour liquids from the unlabeled side of the bottle, palming the labeled side?	✓	✓	✓	✓
2. Did they measure liquid medications with a plastic metered med. cup?	✓	✓	✓	✓
3. Did they pour liquid medication at eye level?	✓	✓	✓	✓
4. Did they wear gloves if needed?	✓	✓	✓	✓
5. Did they follow the proper procedure for passing for topical, drops, sprays, and inhalation medications?	✓	✓	✓	✓
Administering medications:				
1. Did they prepare and administer one resident's medications at a time?	✓	✓	✓	✓

2. Did they positively identify the resident?	✓	✓	✓	✓
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.)	✓	✓	✓	✓
4. Did they assist the resident to take their medications (provide plenty of water, administer in applesauce if needed, etc.)?	✓	✓	✓	✓
5. Did they remain with the client until they swallowed the medication?	✓	✓	✓	✓
6. Did they administer only medications that they have prepared?	✓	✓	✓	✓
7. Did they properly document the medication pass by initialing in all dotted boxes as prepared in the med. book?	✓	✓	✓	✓
8. Did they properly document any controlled medications passed on the correct form?	✓	✓	✓	✓
PRN medication:				
1. Are they able to locate the Physician's Standing Orders in the Medication Log?	✓	✓	✓	✓
2. Did they properly transcribe and/or prepare PRN medications?	✓	✓	✓	✓
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?	✓	✓	✓	✓
4. Did they observe, record, and report the client's response to the PRN medication (1-2 hours after passing)?	✓	✓	✓	✓
Safeguarding and security:				
1. Did maintain remain with the medication pill packs and the medication cup the entire time? Never walk away from unsecured medications!	✓	✓	✓	✓
2. Did they lock up all medications and bins prior to walking away from the med area?	✓	✓	✓	✓
Follow-up actions:				
1. Did they follow proper procedures for taking and documenting vitals, weights, O2 levels, blood sugars, etc.?	✓	✓	✓	✓
2. Did they document any abnormalities with vitals, and other medical levels on a BMOF?	✓	✓	✓	✓
3. Can they verbalize how to document a med pass if a resident is LOA?	✓	✓	✓	✓
4. Did they ensure buddy checks were completed by the second staff in the 2 hour medication passing window?	✓	✓	✓	✓
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.)?	✓	✓	✓	✓
6. Did they replace all empty pill packs from the reserve medications?	✓	✓	✓	✓
7. Did they properly dispose of empty pill packs?	✓	✓	✓	✓
8. Did they sign the back of all medication sheets?	✓	✓	✓	✓

1st Med. Pass with a Shift Supervisor:

circle one:

PASS

REDO

Notes:

Staff Signature: A. Walker

Date: 8/3/17

Supervisor Signature: Christina Sullivan

Date: 8/3/17

2nd Med. Pass with a Shift Supervisor:

circle one:

PASS

REDO

Notes:

Staff Signature: A. Walker

Date: 8/4/17

Supervisor Signature: Christina Sullivan

Date: 8/4/17

3rd Med. Pass with a Shift Supervisor:

circle one:

PASS

REDO

Notes:

Staff Signature: A. Walker

Date: 8/5/17

Supervisor Signature: Christina Sullivan

Date: 8/5/17

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

circle one:

PASS

REDO

Notes:

Staff Signature: A. Mashan

Date:

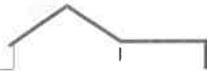
Supervisor Signature: Christina Sullivan

Date:

8/8/17

Subsequent Med Passes (If any above not passed):

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



July 23, 2018

DeAnjelo McShan
4484 Forest Hill Lane
Kalamazoo, MI 49006

Employment History

Position: Direct Care Staff

Start Date: 7/20/2017

Full-time Start: 8/16/2017

Program: 8038 Interlochen Road

RE: Completion of Level II Training and Experience Requirements

This letter is written in recognition and appreciation for your work in completing Level II training and experience requirements. This achievement shows that you have a minimum of six months experience working with individuals with mental illness, developmental disabilities, and/or neurological impairment. It also shows that you have completed the following training requirements:

Class Room or Instruction Training: Advanced Customer service, neurological impairment and neurobehavioral series training (1 of 5 modules), verbal skills training and advanced behavior analysis. In addition, annual recurrent training on infection control and universal precautions, medication performance review, reporting requirements, resident rights, confidentiality, employee dignity, HIPAA, corporate compliance, cultural diversity, limited English proficiency, person centered planning, CPR and first aid (every 2 years).

On-the-Job (OJT) Training: In addition to class room and instruction training you have demonstrated the following on-the-job skills under supervision during your daily work. **Safety:** Bio- terrorism and biological emergencies, chemical terrorism and chemical emergencies, home evacuation and relocation, Bio-hazardous medical waste, carbon monoxide alarm procedures, infection control, propane grill training, reporting and on-call procedures, risk assessment, and room/personal belongings search procedures. **Program:** case review meetings and objective/factual reporting, tours and inspections, working with high risk consumers, on-the-job training procedures (how to teach others OJT), supervisor expectations, advanced customer service, Preparing for tours and inspections, grievance procedure: home members, menu planning and grocery shopping, teamwork and demonstration of Mandt skills. **Medical:** medical appointment preparation and review, LOA medication procedures, and suppositories, advanced directives and DNR orders.

OJT Trainer: Also, in addition to the above classroom training and on-the-job training, you served as an OJT trainer for other employees working towards Level I certification. This required you to model, demonstrate, debrief, or review Level I training skills, tasks, and procedures with employees just starting their on-the-job training. As an OJT trainer you prepared and endorsed Level I employees for their final competency review by a HomeLife administrative reviewer.

Your attendance was rated as “exceeds expectations” and work performance as “meets expectations” by your supervisor. Please see attached work performance descriptions.



Please keep this letter and attached certificate for future reference as evidence of your accomplishments, and your contributions to the Vision, Mission, and Values of HomeLife, Inc. I look forward to reviewing your progress through Levels III. You are now qualified to train others on-the-job in Level I and Level II tasks and endorse them for administrative review. A copy of this letter and certificate will be filed in your personnel record. Thank you for your hard work and dedication to our consumers, their families, your co-workers, and for helping make HomeLife, Inc. a success.

Sincerely,

HomeLife, Inc.

A handwritten signature in black ink, appearing to read "Barry J. Bruns". The signature is written in a cursive style with a large initial "B".

Barry J. Bruns, M.S.
President

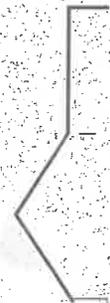
Attachment: Level II Certificate of Completion

cc: Personnel File

Attendance and Work Performance Ratings:

Rating	Attendance	Work Performance
Exceptional	No call-ins within the past three month period. Never tardy. Picks up shifts when requested by manager. Considered dependable and reliable. Employee sets example for others regarding attendance.	Employee works to improve skills, completes assigned training, meets due dates, seeks feedback to improve, flexible attitude, accomplishes assignments/duties in quality/timely manner, helps train others, dependable, checks quality of own work, makes few or no mistakes or errors (documentation/meds), responsive to manager or supervisor, engages residents in activities, follows behavior plans, communicates and gets along well with other employees, follows policies, cleans home, willing to help when needed, sets example for others. Confident in critical situations.
Exceeds Expectations	One excused call-in within past three month period. Never tardy. Always gives proper notice (2 or more hours before shift). Reliable during key shifts such as weekends and holidays. Picks up extra shifts when requested by manager. Considered dependable and reliable.	Works at completing training and assigned tasks. Flexible and willing to learn. May make errors but is responsive to feedback and correcting mistakes. Respectful towards manager/supervisor and other employees. Helps train others when asked. Initiates activities with residents, follows behavior plans, helps when asked. Good rapport with residents and confident in critical situations. Initiates duties/activities on own.
Meets Expectations	Two excused call-ins within past three month period. Tardy only once within past three month period. May have received reminder from manager to be to work on time. Gives proper notice (2 or more hours before shift). Picks up extra shifts when requested by manager but has limited availability.	Works at completing training but may not meet due dates. Shows some flexibility after discussion. Doesn't always check quality of work but corrects errors after feedback from supervisor. Responsive to manager/supervisor. Has good rapport with residents. May lack confidence or skills in critical situation.. Helps train others. May need structure and supervision at times to do a good job.
Below Expectations	Three call-ins within past three month period. Tardy more than once in past three months. May have been absent or tardy without proper notice (less than 2 hours notice) once or more within past three month period. May pick up extra shifts when needed but not always reliable. May have received feedback or counseling regarding attendance. Employee appears responsive to manager feedback about attendance.	Has completed some training but requires persistent reminders and counseling from supervisor to succeed. Inflexible and negative at times. Creates documentation errors and needs supervision to complete quality work, otherwise, quality of work (e.g., cleaning, activities) marginal. Needs reminders about policies and procedures. Needs structure and supervision to do a good job. Has received feedback or verbal counseling regarding work performance in past six months.
Needs Improvement	Four or more call-ins within past three month period. Absent or tardy without proper notice. Absent during key shifts such as a weekend or holiday once or more within past three month period. Received verbal or written warning regarding attendance, or fails to show improvement in attendance after feedback. Causes problems with scheduling due to frequent schedule changes, call offs, or dependability. Calls off extra shift employee agreed to fill once or more in past three months.	Fails to complete training after several reminders and established due dates. Fails to follow policies and procedures. Appears inflexible and/or argumentative with supervisor/manager. Fails to check work and take responsibility for errors or mistakes. Rapport with residents may cause problems or evoke behavioral incidents. May not show respect towards other employees or supervisor. May complain to others about personal or job situation. Fails to engage residents in activities without persistent supervision. Has received counseling or written warning to correct performance in past six months.

HomeLife, Inc.



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

This certifies that

DeAnjelo McShan

Has completed Level II requirements
and is therefore awarded this

Certification of Completion

Given this 23rd of July 2018

Barry J. Bruns

Barry J. Bruns, President
HomeLife, Inc.

LEVEL II: On-the-Job (OJT) Training Checklist (p. 1/2)

Employee Name: DeAngelo Mckinn

Hire Date: _____

Training Method

- CS = Correspondence
- DB = Debriefing
- GR = General Reference

Review Method

- R = Show where to find reference materials, checklists, instructions
- E = Explain all or important elements of procedure or concept
- D = Demonstrate performance either simulated or actual

LEVEL II PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HIM Review Initials	Complete/Incomplete (C/I)	Remedial Training Date	Trainer Initials	Adm. Review Initials	Complete/Incomplete (C/I)
HOME-LIKE ENVIRONMENT												
Bio-Terrorism and Biological Emergencies	CS/GR	8	E	1	10/23/17	AN	KZ	C				
Chemical Terrorism or Chemical Emergencies	CS/GR	8	E	1	10/23/17	AN		→				
Home Evacuation and Relocation	DB/SD/CS	7	E	1	10/23/17	AN		→				
Preparing for Tours and Inspections	TS/SD/CS/GR	5	D	1	10/23/17	AN		→				
Propane Grill Training	TS/SD/CS/GR	4	R	1	10/23/17	AN		→				
Safety: Carbon Monoxide Alarm	SD/DB/CS/GR	7	E	1	10/23/17	AN		→				
ACTIVE TREATMENT												
Bio-Hazardous Medical Waste	TS/SD/CS/GR	8	E	1	10/23/17	AN	KZ	C				
Case Review	TS/SD/CS/GR	5	E	1	10/23/17	AN		→				
Infection Control	DB/SD/CS	9	E	1	10/23/17	AN		→				
Medical: Advanced Directives & DNR Orders	CS/GR	7	E	1	10/23/17	AN		→				
Medical: Appointment Preparation and Review	TS/SD/DB/CS	6	E	1	10/23/17	AN		→				
Medication: LOA Procedures	TS/SD/CS/GR	8	D	1	10/23/17	AN		→				
Nail Care Guidelines	CS/GR/SD/TS	5	E	1	10/23/17	AN		→				
Working with High Risk Consumers	TS/SD/DB/CS	8	E	1	10/23/17	AN		→				
LIFE EXPERIENCES												
Grievance Procedure: Home Member	CS/GR	4	R	1	5/17/14	AN	KZ	C				
House Guidelines and Rules	CS/GR	3	E	1	5/17/14	AN		→				
Menu Planning, Grocery and Supply Shopping	TS/SD/DB/CS	6	E	1	5/17/14	AN		→				
Safety: Room & Personal Belonging Searches	TS/SD/DB/CS	7	D	1	5/17/14	AN		→				
SKILLED CARING STAFF												
Code of Ethics	CS/GR	6	E	1	5/17/14	AN	KZ	C				
Customer Service - Advanced	SD/DB/CS/GR	6	D	1	5/17/14	AN		→				
Death of a Resident	CS/DB/GR	7	E	1	5/17/14	AN		→				
Medication: Administering Rectal Suppositories	TS/SD/DB/CS	6	E	1	5/17/14	AN		→				
Medication: Administering Vaginal Suppositories	TS/SD/DB/CS	6	E	1	5/17/14	AN		→				
Reporting to On-Call	TS/SD/DB/CS	5	D	1	5/17/14	AN		→				
Supervisor: Expectations	SD/DB/CS	3	E	1	5/17/14	AN		→				
Teamwork	TS/SD/DB/CS	5	D	1	5/17/14	AN		→				
Tx Procedure: Correspondence	TS/DB/CS/GR	2	E	1	5/17/14	AN		→				
Tx Procedure: Debriefing	TS/DB/CS/GR	2	E	1	5/17/14	AN		→				
Tx Procedure: General Reference	TS/DB/CS/GR	2	E	1	5/17/14	AN		→				

LEVEL II: On-the-job (OJT) Training Checklist (p. 1/2)

Employee Name:

DeAnjeb Masran

Hire Date:

Review Method
R = Show where to find reference materials, checklists, instructions
E = Explain all or important elements of procedure or concept
D = Demonstrate performance either simulated or actual

SD = Self Evaluation & Debriefing
TS = Tell-Show-Practice-Test

Training Method
CS = Correspondence
DB = Debriefing
GR = General Reference

Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete (CM)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete (CM)
LEVEL II PROCEDURES/TASKS											
HOME-LIKE ENVIRONMENT											
CS/GR	8	E		10/23/17		KZ	C				
CS/GR	8	E		10/23/17							
DB/SD/CS	7	E		10/23/17							
TS/SD/CS/GR	5	D		10/23/17							
TS/SD/CS/GR	4	R		10/23/17							
SD/DB/CS/GR	7	E		10/23/17							
ACTIVE TREATMENT											
TS/SD/CS/GR	6	E		10/23/17		KZ	C				
TS/SD/CS/GR	5	E		10/23/17							
DB/SD/CS	9	E		10/23/17							
CS/GR	7	E		10/23/17							
TS/SD/DB/CS	6	E		10/23/17							
TS/SD/CS/GR	8	D		10/23/17							
CS/GR/SD/TS	6	E		10/23/17							
TS/SD/DB/CS	9	E		10/23/17							
GENERAL REFERENCE											
CS/GR	4	R		5/17/14		KZ	C				
CS/GR	3	E		5/17/14							
TS/SD/DB/CS	5	E		5/17/14							
TS/SD/DB/CS	7	D		5/17/14							
SKILLED CARING STAFF											
CS/GR	6	E		5/17/14		KZ	C				
SD/DB/CS/GR	6	D		5/17/14							
CS/DB/GR	7	E		5/17/14							
TS/SD/DB/CS	6	E		5/17/14							
TS/SD/DB/CS	5	D		5/17/14							
SD/DB/CS	3	E		5/17/14							
TS/SD/DB/CS	5	D		5/17/14							
TS/DB/CS/GR	2	E		5/17/14							
TS/DB/CS/GR	2	E		5/17/14							
TS/DB/CS/GR	2	E		5/17/14							

LEVEL II: On-the-job (OJT) Training Checklist (p. 1/2)

Employee Name:

Hire Date:

Training Method

- CS = Correspondence
- DB = Debriefing
- GR = General Reference

Review Method

- R = Show where to find reference materials, checklists, instructions
- E = Explain all or important elements of procedure or concept
- D = Demonstrate performance either simulated or actual

LEVEL II PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete (C)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Compete (C)
SYSTEMATIC APPROACH												
Tx Procedure: Self-Eval. & Debriefing	TS/DB/CS/GR	2	D	1	5/17/18	AVN	KZ	C				
Tx Procedure: Tell-Show-Practice-Test	TS/DB/CS/GR	2	D	1	5/17/18	AVN	KZ	C				
SYSTEMATIC APPROACH												
Risk Assessment	TS/DB/CS/GR	5	E	1	5/17/18	AVN	KZ	C				
BUSINESS RESULTS												
Media Relations: Home Level Staff	CS/GR	5	E	1	5/17/18	AVN	KZ	C				

REQUIRED TRAININGS for LEVEL II:
(Check off when completed)

- Advanced Customer Service
- Advanced Behavior Modification
- 1 Neuro Behavioral or Autism Training

- MANDT Practice
- Verbal Skills Training

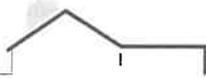
HOME MANAGER RATINGS:
(Check one box for each rating)

- Exceptional (5)
- Exceeds Expectations (4)
- Meets Expectations (3)
- Below Expectations (2)
- Needs Improvement (1)

- Exceptional (5)
- Exceeds Expectations (4)
- Meets Expectations (3)
- Below Expectations (2)
- Needs Improvement (1)

Date Level II Completed: 7/19/18

Home Manager Signature: Kathryn Johnson Date: 7/19/18



October 23, 2017

DeAnjelo McShan
4484 Forest Hill Lane
Kalamazoo, MI 49006

Employment History

Position: Direct Care Staff
Start Date: 7/20/2017
Full-time Start: 8/16/2017
Program: 8038 Interlochen Road

RE: Completion of Level I Training and Experience Requirements

This letter is written in recognition and appreciation for your work in completing Level I training and experience requirements. This achievement shows that you have a minimum of **three months** experience working with individuals with mental illness, developmental disabilities, and/or neurological impairment. It also shows that you have completed the following training requirements:

Class Room or Instruction Training: CPR and First Aid, Mandt crisis intervention, Health, Nutrition, Safety, Person Centered Planning, Role of Direct Care, Working with People, Medication Administration, Emergency Preparedness, Recipient Rights, Infection Control, Reporting Requirements, Confidentiality, HIPAA, Corporate Compliance, Cultural Diversity, Limited English Proficiency, employee dignity, conducting outings and activities.

Safety Training: Fire alarm system, emergency evacuation and bomb threats, home evacuation and relocation, severe weather, power failure, propane or gas leak, carbon monoxide alarms, assessing injury illness and coordinating care, missing resident, emergency supervision, neuro checks, seizure care, environmental safety, propane grill safety, working with high risk consumers, physical aggression and other dangerous behavior procedures, on-call reporting procedures, and room search procedures.

On-the-Job (OJT) Training: In addition to class room and instruction training you have demonstrated the following on-the-job skills under supervision during your daily work: Safety: Fire alarm system operation, emergency evacuation, food handling and preparation, power failure, propane/gas leak, vehicular accident procedures and severe weather and natural disaster procedures. Documentation: incident and accident reports, weekly planners/progress notes, time sheets, bowel and bladder tracking and medication sheets. Medical: assessing injury, illness and coordinating care, baseline and emergency vitals, neuro checks, seizure care, medical appointment records, taking blood pressure, pulse, temperature, respirations, and blood sugar, administering ear drops, eye ointment, nasal sprays, and topical medications. Program: Home cleanliness and room care, emergency supervision, missing home member, prevention of workplace violence, resident supervision, conducting outings and activities, activity calendars and percentages, managing physical aggression and dangerous behavior, hand washing, removing gloves, and teamwork. You have also demonstrated Mandt skills, verbal intervention skills, of four supervised medication passes, and vehicle safety with a road test.

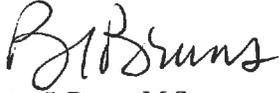
Your attendance was rated as “**meets expectations**” and work performance as “**meets expectations**” by your supervisor. Please see attached work performance descriptions.



Please keep this letter for future reference and to show others your accomplishments if needed. I look forward to reviewing your progress through Level II, and III. You are now qualified to train others on-the-job in Level I tasks. A copy of this letter and certificate will be filed in your personnel record. Thank you for your hard work and dedication to our consumers, their families, your co-workers, and for helping make HomeLife, Inc. a success.

Sincerely,

HomeLife, Inc.

A handwritten signature in black ink that reads "Barry J. Bruns". The signature is written in a cursive style with a large, prominent initial "B".

Barry J. Bruns, M.S.
President

Attachment: Level I Certificate of Completion

cc: Personnel File

Attendance and Work Performance Ratings:

Rating	Attendance	Work Performance
Exceptional	No call-ins within the past three month period. Never tardy. Picks up shifts when requested by manager. Considered dependable and reliable. Employee sets example for others regarding attendance.	Employee works to improve skills, completes assigned training, meets due dates, seeks feedback to improve, flexible attitude, accomplishes assignments/duties in quality/timely manner, helps train others, dependable, checks quality of own work, makes few or no mistakes or errors (documentation/meds), responsive to manager or supervisor, engages residents in activities, follows behavior plans, communicates and gets along well with other employees, follows policies, cleans home, willing to help when needed, sets example for others. Confident in critical situations.
Exceeds Expectations	One excused call-in within past three month period. Never tardy. Always gives proper notice (2 or more hours before shift). Reliable during key shifts such as weekends and holidays. Picks up extra shifts when requested by manager. Considered dependable and reliable.	Works at completing training and assigned tasks. Flexible and willing to learn. May make errors but is responsive to feedback and correcting mistakes. Respectful towards manager/supervisor and other employees. Helps train others when asked. Initiates activities with residents, follows behavior plans, helps when asked. Good rapport with residents and confident in critical situations. Initiates duties/activities on own.
Meets Expectations	Two excused call-ins within past three month period. Tardy only once within past three month period. May have received reminder from manager to be to work on time. Gives proper notice (2 or more hours before shift). Picks up extra shifts when requested by manager but has limited availability.	Works at completing training but may not meet due dates. Shows some flexibility after discussion. Doesn't always check quality of work but corrects errors after feedback from supervisor. Responsive to manager/supervisor. Has good rapport with residents. May lack confidence or skills in critical situation.. Helps train others. May need structure and supervision at times to do a good job.
Below Expectations	Three call-ins within past three month period. Tardy more than once in past three months. May have been absent or tardy without proper notice (less than 2 hours notice) once or more within past three month period. May pick up extra shifts when needed but not always reliable. May have received feedback or counseling regarding attendance. Employee appears responsive to manager feedback about attendance.	Has completed some training but requires persistent reminders and counseling from supervisor to succeed. Inflexible and negative at times. Creates documentation errors and needs supervision to complete quality work, otherwise, quality of work (e.g., cleaning, activities) marginal. Needs reminders about policies and procedures. Needs structure and supervision to do a good job. Has received feedback or verbal counseling regarding work performance in past six months.
Needs Improvement	Four or more call-ins within past three month period. Absent or tardy without proper notice. Absent during key shifts such as a weekend or holiday once or more within past three month period. Received verbal or written warning regarding attendance, or fails to show improvement in attendance after feedback. Causes problems with scheduling due to frequent schedule changes, call offs, or dependability. Calls off extra shift employee agreed to fill once or more in past three months.	Fails to complete training after several reminders and established due dates. Fails to follow policies and procedures. Appears inflexible and/or argumentative with supervisor/manager. Fails to check work and take responsibility for errors or mistakes. Rapport with residents may cause problems or evoke behavioral incidents. May not show respect towards other employees or supervisor. May complain to others about personal or job situation. Fails to engage residents in activities without persistent supervision. Has received counseling or written warning to correct performance in past six months.

HomeLife, Inc.



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

This certifies that

DeAnjelo McShan

Has completed Level I requirements
and is therefore awarded this

Certification of Completion

Given this 23rd of October 2017

Barry J. Bruns

Barry J. Bruns, President
HomeLife, Inc.

LEVEL I: On-the-job (OJT) Training Checklist (p. 1/2)

Employee Name: DeAnjo McLean Hire Date: 7/20/17

Review Method
 R = Show where to find reference materials, checklists, instructions
 E = Explain all or important elements of procedure or concept
 D = Demonstrate performance either simulated or actual

SD = Self Evaluation & Debriefing
 TS = Tell-Show-Practice-Test
 GR = General Reference

LEVEL I PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete (CM)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete (CM)
Fire Drill/Alarm Procedure - Home Specific	TS/SD/CS/GR	5	D	111	8/16/17			C			MB	C
Fire Evacuation & Bomb Threat Procedure	DB/SD/CS	7	E	111	8/16/17			C			MB	C
Food Handling, Safety & Storage	TS/SD/DB/CS	6	D	111	8/16/17			C			MB	C
Home Cleaning Shift Responsibilities (cleaning checklists)	TS/SD/DB/CS	3	E	111	8/16/17			C			MB	C
Home Specific Emergency Evacuation Plans (Home Specific Evacuation directions and Evaluation Maps)	DB/SD/CS	7	D	111	8/16/17			C			MB	C
Power Failure	DB/SD/CS	4	E	111	8/16/17			C			MB	C
Safety: Environmental Checks / Monthly Safety Checks	DB/SD/CS/GR	9	E	111	8/16/17			C			MB	C
Safety: Propane (Gas) Leak	DB/SD/CS/GR	7	E	111	8/16/17			C			MB	C
Safety: Severe Weather & Natural Disaster Emergency Procedures	DB/SD/CS	8	E	111	8/16/17			C			MB	C
Documentation: Bowel & Bladder Tracking	TS/SD/DB/CS	8	D	111	8/16/17			C			MB	C
Documentation: Incident and Accident Reports	TS/SD/DB/CS	9	D	111	8/16/17			C			MB	C
Documentation: Weekly Planners & Progress Notes	TS/SD/DB/CS	6	D	111	8/16/17			C			MB	C
Emergency Supervision	TS/SD/CS/GR	8	E	111	8/16/17			C			MB	C
Medical: Assessing Illness, Injury & Coordinating Care	CS/DB/GR	9	E	111	8/16/17			C			MB	C
Medical: Baselines & Emergency Vitals	CS/DB/GR/TS	8	D	111	8/16/17			C			MB	C
Medical: Neuro Checks	TS/SD/CS/GR	7	E	111	8/16/17			C			MB	C
Medical: Seizure Care	TS/SD/CS/GR	7	E	111	8/16/17			C			MB	C
Missing Home Member Procedure	SD/DB/CS/GR	7	E	111	8/16/17			C			MB	C
Resident Specific Information	DB/CS/GR	3	E	111	8/16/17			C			MB	C
Resident Supervision	CS/SD	9	E	111	8/16/17			C			MB	C
Activity Calendars and Percentages	TS/SD/DB/CS	6	E	111	8/16/17			C			MB	C
Conducting Outings	TS/SD/DB/CS	7	E	111	8/16/17			C			MB	C
Initiating and Conducting Activities	TS/SD/DB/CS	3	E	111	8/16/17			C			MB	C
Documentation: Time Sheets	TS/SD/DB/CS	6	D	111	8/16/17			C			MB	C
Dress Code Policy and Appearance	DB/GR/CS	2	E	111	8/16/17			C			MB	C
Hand Washing	SD/DB/CS	6	E	111	8/16/17			C			MB	C
Managing Physical Aggression/Dangerous Behavior	TS/DB/CS/GR	8	D	111	8/16/17			C			MB	C

H.C.I. RADAR

07/20/17
 Hire Date: 10/23/17

Employee Name: De Anelo Moshm

LEVEL I: On-the-job (OJT) Training Checklist (p. 2/2)

Review Method
 R = Show where to find reference materials, checklists, instructions
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Training Method
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Risk Rating
 SD = Self Evaluation & Debriefing
 TS = Tell-Show-Practice-Test

LEVEL I PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer	HM Review	Complete (C/I)	Remedial Training Date	Trainer	Admin. Review	Complete (C/I)
MANDT RATINGS STATE (continued)												
Medical: Appointment Record Checklist	TS/SD/DB/CS	8	E	1/1	8/16/17							
Medical: Taking a Blood Pressure	TS/SD/DB/CS	6	D	1/1	8/16/17							
Medical: Taking a Blood Sugar	TS/SD/DB/CS	6	E	1/1	8/16/17							
Medical: Taking a Pulse	TS/SD/DB/CS	6	D	1/1	8/16/17							
Medical: Taking Respirations	TS/SD/DB/CS	6	D	1/1	8/16/17							
Medical: Taking a Temperature	TS/SD/DB/CS	6	D	1/1	8/16/17							
Medication: Administering Ear Drops	TS/SD/DB/CS	6	E	1/1	8/16/17							
Medication: Administering Eye Drops/Ointments	TS/SD/DB/CS	6	E	1/1	8/16/17							
Medication: Administering Nasal Sprays	TS/SD/DB/CS	6	E	1/1	8/16/17							
Medication: Administering Topical Medications	TS/SD/DB/CS	6	E	1/1	8/16/17							
Medication: Administration and Documentation (ref.)	CS/DB/GR	9	E	1/1	8/16/17							
Medication: 4 Supervised Passes	TS/SD/DB/CS	9	D	1/1	8/16/17							
Medication: Insulin Administration and Documentation	TS/DB/CS/GR	9	D/E	1/1	8/16/17							
Medication: Supervised Diabetic Insulin Injection	TS/DB/CS/GR	9	D/E	1/1	8/16/17							
Prevention of Workplace Violence	GR	5	E	1/1	8/16/17							
Removing Gloves	SD/DB/CS	6	E	1/1	8/16/17							
Safety: Vehicular Accidents	CS/DB/GR	9	E	1/1	8/16/17							
Social Media Policy/Cell Phones Policy (from EHB)	CS/GR	6	R/E	1/1	8/16/17							
Teamwork	TS/SD/DB/CS	5	E	1/1	8/16/17							
Vehcle Safety with On-The-Road Test	TS/SD/DB/CS	9	D	1/1	8/16/17							

HOME MANAGER RATINGS:
 (Check one box for each rating)

Performance:

<input type="checkbox"/>	Exceptional (5)
<input checked="" type="checkbox"/>	Exceeds Expectations (4)
<input type="checkbox"/>	Meets Expectations (3)
<input type="checkbox"/>	Below Expectations (2)
<input type="checkbox"/>	Needs Improvement (1)
<input type="checkbox"/>	MANDT Practice

Attendance:

<input type="checkbox"/>	Exceptional (5)
<input checked="" type="checkbox"/>	Exceeds Expectations (4)
<input type="checkbox"/>	Meets Expectations (3)
<input type="checkbox"/>	Below Expectations (2)
<input type="checkbox"/>	Needs Improvement (1)
<input type="checkbox"/>	Verbal Skills Rating Form

Date Level 1 Completed: 10/23/17 Home Manager Signature: [Signature]
 Date: 10/23/17

LEVEL I: On-the-job (OJT) Training Checklist (p. 1/2)

Employee Name: DeAngelo McSman Hire Date: _____

Training Method

CS = Correspondence
 DB = Debriefing
 GR = General Reference

Review Method

R = Show where to find reference materials, checklists, instructions
 E = Explain all or important elements of procedure or concept
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LEVEL I PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete/Incomplete (C/I)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete/Incomplete (C/I)
HOME-LIKE ENVIRONMENT												
Fire Drill/Alarm Procedure - Home Specific	TS/SD/CS/GR	5	D		8/16/17		TS	C			MS	C
Fire Evacuation & Bomb Threat Procedure	DB/SD/CS	7	E		8/16/17		TS	C			MS	C
Food Handling, Safety & Storage	TS/SD/DB/CS	6	D		8/16/17		TS	C			MS	C
Home Cleaning Shift Responsibilities (Cleaning checklists)	TS/SD/DB/CS	3	E		8/16/17		TS	C			MS	C
Home Specific Emergency Evacuation Plans (Home Specific Evacuation directions and Evacuation Maps)	DB/SD/CS	7	D		8/16/17		TS	C			MS	C
Power Failure	DB/SD/CS	4	E		8/16/17		TS	C			MS	C
Safety: Environmental Checks / Monthly Safety Checks	DB/SD/CS/GR	9	E		8/16/17		TS	C			MS	C
Safety: Propane (Gas) Leak	DB/SD/CS/GR	7	E		8/16/17		TS	C			MS	C
Safety: Severe Weather & Natural Disaster Emergency Procedures	DB/SD/CS	8	E		8/16/17		TS	C			MS	C
ACTIVE TREATMENT												
Documentation: Bowel & Bladder Tracking MOM	TS/SD/DB/CS	8	D		8/16/17		TS	C				
Documentation: Incident and Accident Reports	TS/SD/DB/CS	9	D		8/16/17		TS	C				
Documentation: Weekly Planners & Progress Notes	TS/SD/DB/CS	6	D		8/16/17		TS	C				
Emergency Supervision	TS/SD/CS/GR	8	E		8/16/17		TS	C			MS	C
Medical: Assessing illness, Injury & Coordinating Care	CS/DB/GR/TS	9	E		8/16/17		TS	C				
Medical: Baseline & Emergency Vitals	TS/SD/CS/GR	7	E		8/16/17		TS	C				
Medical: Neuro Checks	TS/SD/CS/GR	7	E		8/16/17		TS	C				
Medical: Seizure Care	SD/DB/CS/GR	7	E		8/16/17		TS	C				
Missing Home Member Procedure	DB/CS/GR	3	E		8/16/17		TS	C				
Resident Specific Information	CS/SD	9	E		8/16/17		TS	C			MS	C
Resident Supervision												
LIFE EXPERIENCES												
Activity Calendars and Percentages	TS/SD/DB/CS	6	E		8/16/17		TS	C				
Conducting Outings	TS/SD/DB/CS	7	E		8/16/17		TS	C			MS	C
Initiating and Conducting Activities	TS/SD/DB/CS	3	E		8/16/17		TS	C			MS	C
SKILLED CARING STAFF												
Documentation: Time Sheets .25 .50 .75	TS/SD/DB/CS	6	D		8/16/17		TS	C			MS	C
Dress Code Policy and Appearance	DB/GR/CS	2	E		8/16/17		TS	C			MS	C
Hand Washing	SD/DB/CS	6	E		8/16/17		TS	C			MS	C
Managing Physical Aggression/Dangerous Behavior	TS/DB/CS/GR	9	D		8/16/17		TS	C			MS	C

H.C.I. **RADAR**

07/20/17
Hire Date: 10/12

Employee Name: De Anabelo McShan

LEVEL I: On-the-job (OJT) Training Checklist (p. 2/2)

Training Method
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LEVEL I PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete (C/)	Incomplete (C/)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete (C/)	Incomplete (C/)
SKILLED CARING STAFF (continued)														
Medical: Appointment Record Checklist	TS/SD/DB/CS	8	E	///	8/16/17									
Medical: Taking a Blood Pressure	TS/SD/DB/CS	6	D	///	8/14/17									
Medical: Taking a Blood Sugar	TS/SD/DB/CS	6	E	///	8/16/17									
Medical: Taking a Pulse	TS/SD/DB/CS	6	D	///	8/16/17									
Medical: Taking Respirations	TS/SD/DB/CS	6	D	///	8/16/17									
Medical: Taking a Temperature	TS/SD/DB/CS	6	D	///	8/16/17									
Medication: Administering Ear Drops	TS/SD/DB/CS	6	E	///	8/16/17									
Medication: Administering Eye Drops/Ointments	TS/SD/DB/CS	6	E	///	8/16/17									
Medication: Administering Nasal Sprays	TS/SD/DB/CS	6	E	///	8/16/17									
Medication: Administering Topical Medications	TS/SD/DB/CS	6	E	///	8/16/17									
Medication: Administration and Documentation (ref.)	CS/DB/GR	9	E	///	8/16/17									
Medication: 4 Supervised Passes	TS/SD/DB/CS	9	D	///	8/16/17									
Medication: Insulin Administration and Documentation	TS/DB/CS/GR	9	D/E	///	8/16/17									
Medication: Supervised Diabetic Insulin Injection	TS/DB/CS/GR	9	D/E	///	8/16/17									
Prevention of Workplace Violence	GR	5	E	///	8/16/17									
Removing Gloves	SD/DB/CS	6	E	///	8/16/17									
Safety: Vehicular Accidents	CS/DB/GR	9	E	///	8/16/17									
Social Media Policy/Cell Phones Policy (from EHB)	CS/GR	5	R/E	///	8/16/17									
Teamwork	TS/SD/DB/CS	5	E	///	8/16/17									
Vehicle Safety with On-The-Road Test	TS/SD/DB/CS	9	D	///	8/16/17									

HOME MANAGER RATINGS:
 (Check one box for each rating)

Performance:
 Exceptional (5)
 Exceeds Expectations (4)
 Meets Expectations (3)
 Below Expectations (2)
 Needs Improvement (1)
 MANDT Practice

Attendance:
 Exceptional (5)
 Exceeds Expectations (4)
 Meets Expectations (3)
 Below Expectations (2)
 Needs Improvement (1)
 Verbal Skills Rating Form

DATE LEVEL I COMPLETED: 10/23/17
HOME MANAGER SIGNATURE: [Signature]
DATE: 10/23/17

Vehicle Safety Orientation & On-the-Road Test

Key Objective: Skilled Caring Staff

Risk Rating: 9

Approval Date _____

Approval Signature _____

Directions: Employees are required to complete 1 successful supervised driving test with a supervisor before they are cleared to drive the HomeLife, Inc. vehicles on their own. One drive is a round trip to and from a location. The employee should be able to demonstrate safe driving procedures and be able to verbalize how to handle individual emergency situations that may occur when operating the vehicle.

PERFORMANCE MEASURES (Steps):	DRIVING TESTS:	Initial	Remedial
	Write in the Date of Drive:		
1. The company vehicles are routinely checked and maintained by an assigned staff at each home. However, all staff need to be able to report any safety situations or vehicle problems to a supervisor as they arise.		aw	
2. Daily checks prior to operating the vehicle, are as follows:			
a. Tires appear properly inflated.		aw	
b. Fire extinguisher is present and charged.		aw	
c. Emergency bag with 1 st aid kit is present.		aw	
d. Check for dings/scratches to the exterior and cleanliness of interior.		aw	
e. Rear of the vehicle is clear of obstruction.		aw	
f. Vehicle contains an ample amount of fuel for the trip.		aw	
g. All passengers are wearing seatbelts.		aw	
h. All resident and vehicle information and the van log are present.		aw	
3. Staff can locate the following:			
a. Vehicle mileage sheets		aw	
b. Emergency procedures		aw	
c. Resident information/photos		aw	
d. Emergency information/numbers		aw	
e. Insurance and registration cards		aw	
4. Staff can demonstrate how to do the following:			
a. Turn on the headlights/ high beams		aw	
b. Use the turn signals		aw	
c. Turn on windshield wipers and use washer fluid		aw	
d. Turn on Emergency hazard/ 4 way lights		aw	
e. Open the hood		aw	
5. Staff can verbalize the following steps to deal with Roadside Emergency:			
a. Staff does not stop on a freeway except for an emergency.		aw	
b. When stopping, staff turns on the emergency hazard lights.		aw	
c. Staff should slow down gradually and pull all the way off the road as safely and as soon as possible.		aw	
d. Staff should remain alert for approaching or passing vehicles and stay clear of the roadway.		aw	
e. Staff should use their personal cell phone to contact the home and/or Roadside Assistance for any roadside emergency including flat tire, stalled vehicle, etc.		aw	
f. Staff and residents should remain in the vehicle until alternate transportation arrives.		aw	
g. If staff must leave a disabled vehicle, the hood should be closed and the vehicle locked.		aw	
h. Staff reports incident to the supervisor and completes an IR.		aw	
6. Staff can verbalize the following steps when dealing with resident aggression in the vehicle:			

a. Staff should pull the vehicle over as safely and quickly as possible.	aw	
b. Staff should turn the hazard lights on and intervene as necessary to stop the resident incident.	aw	
c. Once staff has intervened, residents should be repositioned to help prevent further conflict.	aw	
d. When repositioning residents, staff should never place an angry, disturbed, confused, and/or dangerous resident directly behind or next to the driver.	aw	
e. Staff who are trained and capable of performing physical intervention should be placed in between residents in conflict.	aw	
f. If the situation continues to be volatile, staff should cancel the trip and return home.	aw	
g. Staff should contact the home to arrange back up support if safe driving cannot be accomplished.	aw	
h. When transporting a highly confused or aggressive resident ensure there is adequate staffing to maintain control in the vehicle. If staff are unsure of the level of control then police or an ambulance should be called to transport the resident.	aw	
7. Staff can verbalize the following steps when braking:		
a. Staff uses a steady pressure on the brakes without locking them, if wheels lock release pressure and apply brakes again.	aw	
b. When driving in snow or slippery weather, staff will slow the vehicle more gradually and allow at least twice the following distance.	aw	
c. Staff should test brakes lightly to check road conditions periodically, being aware that some parts may be slippery while others are not.	aw	
d. Staff should use more caution during the first half-hour after it begins to rain, due to oil deposits on the roadways, especially at intersections.	aw	
e. After driving through deep water or heavy rain the brakes should be tested, carefully and lightly, as the vehicle may pull to one side or the other, or may not work at all. Staff should slow and continue to apply pressure on the pedal until brakes function properly.	aw	
f. In the event that the vehicle's brakes fail completely the parking brake should be slowly applied.	aw	
8. Staff can verbalize the following steps when driving in foggy conditions:		
a. Staff will use low beam headlights during foggy conditions.	aw	
b. Staff will reduce speed and be prepared to make a sudden stop.	aw	
c. In the event that the fog becomes too thick to see, staff will pull off the pavement and turn on the 4-way emergency flashers until the fog lifts.	aw	
9. Staff can verbalize the following steps to deal with a skidding vehicle:		
a. Staff should avoid skids by driving cautiously in bad weather.	aw	
b. When weather is severe staff will cancel outings and all transportation, except in emergency situations.	aw	
c. In the event the vehicle begins to skid staff will apply steady pressure with out locking the brakes.	aw	
d. To steer out of a skid staff should: <ul style="list-style-type: none"> 1) Take foot off the accelerator. 2) Turn front wheels only enough to keep them pointed in the direction you want to go. 3) Be prepared for secondary skid in the opposite direction. 4) Straighten the wheels to bring the vehicle under control. 	aw	
10. Staff can verbalize the following steps to deal with a Deer/Animal Collision:		
a. At night, be alert for shining eyes at the roadside.	aw	
b. If a deer or animal is spotted on or near the road, slow down, be ready to stop.	aw	
c. Try not to swerve if a deer or animal enters the roadway.	aw	
d. If one deer is visible, others may be nearby.	aw	
e. If you hit a deer or animal, report it to the local police. Also, complete an IR and report the incident to your supervisor immediately.	aw	
11. Staff can verbalize the following steps to ensure OTHER SAFETY:		
a. Always lock your vehicle and facility vehicle when parked.	aw	
b. Never leave keys in a vehicle. Residents may start or take the vehicle.	aw	
c. Never pick up hitchhikers.	aw	
d. Always keep a safe distance behind other vehicles.	aw	
e. Be careful when passing other vehicles. Oncoming vehicles cannot	aw	

see you when you start to pass.		
f. Remember commercial vehicles have four blind spots: CLOSE BEHIND, CLOSE IN FRONT, LEFT SIDE, and RIGHT SIDE. Avoid driving in blind spot areas.	CW	
g. Never drive a vehicle when the engine, oil, or temperature light comes on during a trip. Pull over immediately and turn the engine OFF. Wait for assistance. Driving the vehicle with one of these lights on could damage the engine.	CW	
12. Staff can verbalize what type of vehicle situations require REPORTING:		
a. Report the following situations to your supervisor immediately or as soon as possible:	CW	
1) Report low gas, engine lights, low tires, and any other unusual vehicle safety situation immediately	CW	
2) Report any scratches or dents to the vehicle.	CW	
3) Report all resident incidents that occur in the vehicle.	CW	
4) Report any accidents see <i>Vehicular Accidents policy</i>	CW	
5) Report police assistance or tickets to the supervisor.	CW	
6) Report all resident community involvement incidents to the supervisor.	CW	
b. With the exception of low gas, also report all above situations on an IR.	CW	
13. In order to successfully pass the driving test, Staff MUST DEMONSTRATE the following while driving:		
a. Must safely pull in and out of a gas station.	CW	
b. Must successfully back the van out of parking spaces.	CW	
c. Must successfully park the van in a busy parking lot and/or driveway.	CW	
d. Must follow all traffic laws.	CW	
e. Must use caution while backing out or pulling into tight spaces. i.e. garage	CW	
f. Must utilize all mirrors and physically check behind vehicle before backing up.	CW	

1st On-the-Road Test with a Shift Supervisor:

circle one:

PASS

REDO

Notes:

Staff Signature: [Signature]

Date: 8/3/17

Supervisor Signature: [Signature]

Date: 08/03/17

2nd On-the-Road Remedial Test with a Shift Supervisor:

circle one:

PASS

REDO

Notes:

Staff Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

NAME

DeAnielo McShan

DATE

7/18/2017

HOME/PROGRAM

interlochen

-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

Employee: De Angelo Mc Shan	Hire Date: 7/20/17
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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

<input checked="" type="checkbox"/> Introduction to Staff <input checked="" type="checkbox"/> Tour Premises	<input checked="" type="checkbox"/> Introduction to Residents <input checked="" type="checkbox"/> Review of Mission, Vision, Values
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STAFF EXPECTATIONS

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

<input checked="" type="checkbox"/> Resident Goals – Person Centered Plans (PCP) <input checked="" type="checkbox"/> CMH Support Logs <input checked="" type="checkbox"/> Night Time Recording	<input checked="" type="checkbox"/> Weekly Planners/Progress Notes <input checked="" type="checkbox"/> Menu Substitution <input checked="" type="checkbox"/> Behavior Plans – Sign and Date after reviewing
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STAFF COMMUNICATION BINDER

<input checked="" type="checkbox"/> Shift Debriefing Forms <input type="checkbox"/> Outlook Calendar (appointments, info) <input checked="" type="checkbox"/> Time Sheets	<input checked="" type="checkbox"/> Work Schedule – Time posted/changes/holiday <input checked="" type="checkbox"/> Staff communication logs/meeting actions <input checked="" type="checkbox"/> Phone Lists
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EMERGENCY PROCEDURE

REFER TO OJT BINDER AND HOUSE EMERGENCY PROCEDURES BINDER

<input checked="" type="checkbox"/> Review OJT Emergency Procedures- Level I <input checked="" type="checkbox"/> Fire Drills/Resetting Fire Alarm System <input checked="" type="checkbox"/> House On-Call – When to contact	<input checked="" type="checkbox"/> What to do in case of an emergency <input checked="" type="checkbox"/> Universal Precautions/Infection Control <input checked="" type="checkbox"/> Admin On-Call – When to contact
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INDIVIDUAL RESIDENT INFORMATION

<input checked="" type="checkbox"/> Special Diet Orders/Liquid Restrictions <input checked="" type="checkbox"/> Money-Cash Management – Getting Receipts/NOT mixing envelopes	<input checked="" type="checkbox"/> Smoking protocols/procedures/habits <input checked="" type="checkbox"/> Bathing/Shower Schedules <input type="checkbox"/> Special Therapy Plans (if applicable)
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NEW TEAM MEMBER ORIENTATION CHECKLIST

POSTINGS/SCHEDULES/CALENDARS

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

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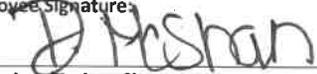
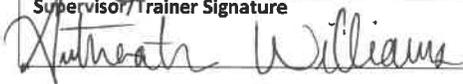
NEW EMPLOYEE and SUPERVISOR COMPLETE WITHIN 2 WEEKS AFTER FIRST SHADOW SHIFT DATE ITEMS BELOW TO BE COMPLETED BY:

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

<input type="checkbox"/> <Add here> <input type="checkbox"/> <Add here>	<input type="checkbox"/> <Add here> <input type="checkbox"/> <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:
Supervisor/Trainer Signature: 	Date: 8/8/17

HomeLife, Inc.



5420A Beckley Road, PMB 360, Battle Creek, MI 49015

Residential solutions for people with challenging needs

Ph: (269) 660-0854 Fax: (269) 660-0964

Deficit Reduction Act

And

False Claim Act

I (print name) DeAnjelo McShan received training and information on the Deficit Reduction Act and False Claim Act (date) 7/25/17. 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.

Employee Signature

Reviewer

HomeLife, Inc. Interlochen **Initial Training Schedule** Home Manager: AJ
8038 Interlochen Lead Supervisor: Katie
Kalamazoo, MI 49009 Employee Name: De Anjelo McShan
Office: 269.353.6941 Date of Hire: 7/20/17
Floor: 269.353.6932
Fax: 269.375.7969
Email: HLInter@talkhome.net

New Employee Orientation (Physical, TB, Hep Shots) 9am-3pm on: 7/25/17 ✓
Medication Training 9am-5pm on: 7/20/17 ✓
CPR/First Aid 9am - 3pm on: 7/24/17 ✓
MANDT: Day 1 9am-5pm on: 7/26/17 ✓ Day 2 9am-5pm on: 7/27/17 ✓
Person Centered Planning/Role of Direct Care Staff/Working with People 9am-5pm on: 7/18/17 ✓
Health, Nutrition & Safety 9am-5pm on: 7/31/17 ✓

All Trainings listed Above will be at the *HomeLife Training Center located @ 5148 Sprinkle Road, Portage, MI 49002.*

➤ Located south of I-94 on Sprinkle road, between Kilgore Rd, and Meredith St.

TB Reading (Date and Location) 7/27/17 @ MANDT 2 ✓
Recipient Rights 8/8 @ 1p-4p ✓

Recipient Rights Training will be at *Transformations Spirituality Center, 3427 Gull Rd, Lacy AB meeting room. (Green awning over door)*

- Follow W. Main St (MI-43) East.
- Turn Right on Gull Rd.
- Turn Left on Nazareth Rd.
- Turn Left into the Nazareth Center property.
- Go past the 4-way stop and you will see the Transformations Center ahead (low building with green canopy). Follow the sign to the Transformations parking area.

Finger Print Appointment: _____ Manager will call to schedule within 10 days from Hire Date _____
(*The ASPEN Building 3030 S 9th St. Ste. 2C Kalamazoo MI, 49009*)

Observation shift at the home _____

Documents needed (copies) and due date _____

1st Timesheet due date (fax from training center or bring to house) _____

OJT 1 due: _____ OJT 2 due: _____ OJT 3 due: _____

