

CERTIFICATE of COMPLETION

THIS CERTIFICATE IS PRESENTED TO

Brandi Ferguson

FOR

Recipient Rights 2019

Online

December 04, 2019

KCMHSAS

This certificate expires one
year from the above date

Recipient Rights :

CERTIFICATE OF ATTENDANCE

Awarded to:

Brandi Ferguson

FOR ATTENDING AND PASSING: RECIPIENT RIGHTS
Based on "Providing Residential Services in Community Settings: A Training Guide" Module B
SCHEDULED FOR 3 HOURS

Sponsored by:

Training Unit- Southwest Michigan Affiliation PIHP -
Regional Division of Kalamazoo Community Mental Health and Substance Abuse Services
418 Kalamazoo Ave | Kalamazoo, MI | 49007
Phone 269-553-7148 | Fax 269-553-7144

Martie Great
Instructor's Printed Name

Martie Great
Instructor's Signature

8/6/15
Date

KALAMAZOO COMMUNITY
Mental Health
& Substance Abuse
Services

"Empowering people to succeed"



**American
Red Cross**

Certificate of Completion

Brandi Ferguson

has successfully completed requirements for

Adult First Aid/CPR - valid 2 Years

conducted by
American Red Cross

Date Completed: **12/15/2017**

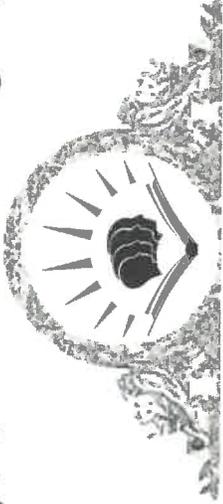
Instructors: **Tom Skane**



Certificate ID: GVIMO

To verify, scan code or visit:
redcross.org/confirm

The Mandt System®



2018

2018

This Certificate is awarded to
Brandi Robinson

for having satisfactorily completed the requirements for student training in

Relational

Healthy Relationships
Healthy Communication
Healthy Conflict Resolution

Conceptual

Trauma Informed Services

Technical

Assisting and Supporting

Written Test - Assist & Support
5 Stances
Step - Slide forward
Staff be pushed-pulled
3 person assist-floor
Walking with-Accomp
Escort
1 arm support L
1 person side B-hug L
2 person side B-hug
2 arm support R

Separating

Written Test - Separating
Turn and Step
6 variations of arm-clothing releases
Finger Release
Bite Release
Hair Pull Short-Long Hair
2 Person Release of 2 People

Restraining

Written Test - Restraining
1 person side B hug from L
1 arm stand restraint
1 arm stand restraint with side B hug
2 person 1 arm stand moving restraint

Technical Supplement

Following person to floor

Dates Trained: Dec 18, Dec 19 2018

The Mandt System® "Putting People First" is a unique training program designed to effectively and safely support all people by using a system of graded alternatives designed to protect all individuals from injury by using the least restrictive alternatives. The Mandt System® teaches that all people have the right to be treated with dignity and respect; that all individuals should be seen as people first; and that everyone is entitled to a personal identity and the least restrictive, most appropriate environment.

T r a i n e r s

Jennifer Samfilippo
08 MI 21157 S 0220

Expires
29 Feb, 2020

Thomas Skane
16 MI 28778 S 0220

Expires
29 Feb, 2020

Student ID

18 S 911999 MI 311219

Expires: 31 Dec, 2019
Annual recertification is required. Any alteration or falsification of the information contained on this training certificate will result in civil action by The Mandt System®.

David H. Mandt, Sr.

Author and Developer, David Mandt Sr.

CERTIFICATE OF COMPLETION

HomeLife, Inc.
Battle Creek, MI

HomeLife, Inc.

Staff Name: Brandi Ferguson
 Date of 1st Pass: _____

Medication: Supervised Diabetic Insulin Injection (Insulin Pens & Vials)

Key Objective: Skilled Caring Staff

Risk Rating: 9

Policy Statement: Proper administration and documentation of insulin, when required by some individuals with diabetes, is an important and critical medication administration task. Insulin injection errors can be serious and even life-threatening. Proper documentation is an important component of preventing insulin administration errors. Every effort should be made to minimize and avoid errors.

Directions: Employees are required to complete 1 successful supervised diabetic insulin pass before they are cleared to pass medications on their own. This insulin med pass MUST be supervised by the Home Manager or Lead Supervisor.
 NOTE: The Lead Supervisor/Home Manager is responsible to supervise the entire insulin preparation and witness the injection and will also be held accountable for any errors that occur during a training pass, so they must pay close attention and catch any errors as they occur and train on corrections as they are needed. **This document is used to train both insulin vial injections and insulin pen injections. If both are used in the same home, staff must complete one successful pass of each. If a staff member does not pass their initial test out, they MUST complete a remedial pass before being cleared to prepare insulin for injection.**

PERFORMANCE MEASURES (Steps):	PASSES:	Vial	Remedial	Pen	Remedial
Write in the Date of Pass:					
PREPARING THE WORKSPACE:					
1. Did they clean off their work area?		W		W	
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 insulin at this particular time?					
5. Did they remove the correct resident's insulin supplies?					
FOR INSULIN INJECTION PREPARATION:					
1. Did they get all necessary materials? (I.e. blood sugar meter, lancets, test strips, test pen, alcohol swabs, sharps container, insulin vials, insulin pens, pen needles)					
2. Did they correctly follow the procedure for taking a blood sugar?					
a. Did they check to see if the resident is on a doctor ordered sliding scale?					
b. If so, did they follow the prescribing doctor's sliding scale to the appropriate amount of insulin?					
3. Did they dispose of blood sugar testing materials properly? (sharps, test strips only, NO paper)					
4. Did they record the resident's blood sugar results onto the med sheet and/or tracking sheets?					
5. Did they check the medication log to verify how much insulin is to be given before preparing the vials or pens?					
FOR INSULIN PREPARED BY SYRINGES & VIALS ONLY:					
1. Did staff write initials and date if they opened a new vial?		W		W	
2. Did staff verify they were administering the right type of insulin (short acting vs. long acting)?					
3. Did they verify the 5 Rights?					
4. Did they verify how many units the syringe can hold and each increment on the barrel?					
5. Did they verify the insulin vial was refrigerated, if needed, and not expired?					
6. Did they gently roll the vial between their hands if the insulin was cloudy?					
a. Can they verbalize what to do if the insulin is expired or does not lose its cloudiness?					
7. Did they wipe the vial cap with an alcohol swab?					
8. Did they verify the appropriate amount of insulin needed?					
a. Did they follow a sliding scale, if applicable?					
9. Did they draw the correct amount of air into the syringe before inserting the needle into the vial?					

10. Did they insert the needle into the vial correctly?	NA	NA
a. Did they hold vial upside down at eye level?		
b. Did they insert syringe needle straight into the rubber top?		
c. Did they make sure the syringe needle did not bend?		
11. Did they push all of the air into the vial?		
12. Did they correctly draw the right amount of liquid into the syringe?		
13. Did they ensure they syringe was free of air bubbles?		
a. Did they flick the syringe barrel to get rid of air bubbles?		
b. Did they restart Syringe and Vial steps 1-8 if unable to get rid of air bubbles?		
14. Did they Buddy Check with shift worker to verify proper amount?		
15. Did they secure the insulin vial back in its original spot in the refrigerator?		
FOR INSULIN PREPARED BY INSULIN PENS ONLY:		
1. Did staff write their initials and date when they opened a new pen?	NA	NA
2. Did they verify the 5 Rights?		
3. Did they verify how many units the pen can hold and how much insulin is dispensed for each turn of the dose selector?		
4. Did they verify that the insulin pen is not expired?		
5. Did they gently roll the pen between their hands if the insulin was cloudy?		
6. Did they verify the appropriate amount of insulin needed?		
a. Did they follow a sliding scale, if applicable?		
7. Did they portion enough insulin based on the number of clicks (turns of the dose selector)?		
8. Did they Buddy Check with shift worker to verify proper amount?		
9. Did they attach an Insulin Pen Needle with safety cap to the insulin pen?		
10. Did they prime the pen as needed based on brand of pen? (Dial 2 units, and then press the push button to make sure at least 2 drops of liquid leak from the pen.)		
11. Did they know what actions to take if the pen does not prime properly?		
FOR ADMINISTERING INSULIN ONLY:		
1. Did they verbalize the acceptable spots for injection? (Abdomen, Quads or Triceps)	NA	NA
2. Did they properly document the injection site so it can be monitored and to ensure the same site isn't being used repeatedly?		
3. Did they provide an alcohol swab for the resident to clean the injection site?		
4. Did they know that the resident is responsible for their own injection? Staff are NOT to complete an injection.		
5. Did they verify that the resident has bunched skin while injecting the insulin?		
6. Did they ensure the needle was inserted into the skin at a 90° angle?		
7. Did they verify that the resident received the full amount of insulin?		
8. Did they prompt the resident to hold the needle in place for at least 5 seconds to prevent insulin from leaking?		
9. Did they have the resident place the safety cap back on the syringe or pen? (for safety reasons, staff should not place the cap on themselves)		
10. Did they properly dispose of materials?		
a. Did they put only the syringe or pen needle in the sharps container?		
b. Did they put insulin pen back into the medication bin, if applicable?		
FOR POST-INJECTION ONLY:		
1. Did they know what to do if a client refuses to take their insulin? (Do not force them to take the meds, wait a little while and try again, have another staff try, etc.)	NA	NA
2. Did they assist the client to take their insulin (provide plenty of verbal prompting)?		
3. Did they remain with the client until they finished the injection?		
4. Did they ensure the injection was fully completed? Never record an injection as passed unless you see the client inject the medication.		
5. Did they administer only medication that they had prepared?		
6. Did they properly document the injection in the Medication log and/or tracking sheets?		
7. Did they wash their hands?		
8. Did they observe, record, and report the client's response to the medication?		
9. Can they tell you what actions to take when a medication error has occurred, i.e. too much or not enough insulin?		
10. Can they tell you what actions to take when a medication is missed?		

1st Insulin Vial Pass with a Home Manager or Lead SS:

circle one:

PASS

REDO

Notes:

Staff Signature: Brandi Teper

Date: 6/23/16

Supervisor Signature: [Signature]

Date: 6/24/16

Remedial Insulin Vial Pass (If any above not passed):

circle one:

PASS

REDO

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

1st Insulin Pen Pass with a Home Manager or Lead SS:

circle one:

PASS

REDO

Notes:

Staff Signature: Brandi Teper

Date: 6/23/16

Supervisor Signature: [Signature]

Date: 6/24/16

Remedial Insulin Pen (PR) Passes (If any above not passed):

circle one:

PASS

REDO

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Nurse Approval: _____

HomeLife, Inc.

Use of Snow Blower

Conditions: When snow cannot be properly removed using shovel.

Criteria for Success: That the snow has been removed providing a safe environment for anyone needing access to and from the home.

Rationale: To maintain a safe environment even during inclement weather.

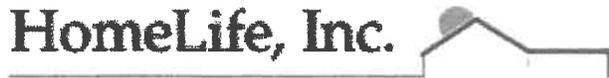
Performance Measures (Steps):	YES	NO								
1. Remove the snow blower from storage at the beginning of winter don't wait until we have a snowstorm.	✓									
2. Make the following checks and perform the service required before each start up.	✓									
a. Check guards, chutes, deflectors and covers to make sure all are in place and securely tightened. b. Check auger (handle that controls the movement of the snow blower) control to insure it works freely. c. Check chute operation. Rotate chute to insure smooth rotation throughout its range. d. Mix fresh good quality unleaded gasoline and 2-cycle engine oil or equivalent. Mix fuel and oil to a 32:1 ratio. e. Add premix fuel to tank after pushing the machine outside where fumes can safely dissipate. Make sure cap is tightened after refueling. f. Check auger housing, must be free of all obstructions. Clean engine of any accumulation of spilled fuel, dirt, etc.	✓									
4. Use approved fuel container. DO NOT smoke near open fuel container. DO NOT fill fuel tank indoors or when engine is running. Allow engine to cool for at least ten minutes before refilling. Wipe off any spilled fuel before starting engine. DO NOT run engine indoors.	✓									
5. STANDARD FUEL MEASUREMENTS (32:1 ratio) <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>GASOLINE (Gallons)</th> <th>2 CYCLE OIL (Ounces)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0.50</td> <td style="text-align: center;">2.00</td> </tr> <tr> <td style="text-align: center;">1.00</td> <td style="text-align: center;">4.00</td> </tr> <tr> <td style="text-align: center;">2.00</td> <td style="text-align: center;">8.00</td> </tr> </tbody> </table>	GASOLINE (Gallons)	2 CYCLE OIL (Ounces)	0.50	2.00	1.00	4.00	2.00	8.00	✓	
GASOLINE (Gallons)	2 CYCLE OIL (Ounces)									
0.50	2.00									
1.00	4.00									
2.00	8.00									
*NOT USING THE PROPER MIXTURE WILL DESTROY THE ENGINE.										
6. Once mixture is prepared store in a locked area so residents do not have access to the fuel.	✓									
7. Once winter has ended store the snow blower for the winter.	✓									

References:

Staff Signature: *Brandi Ferguson*

Supervisor Signature: *[Signature]*

NEW TEAM MEMBER ORIENTATION CHECKLIST



People Caring For People

Residential solutions for people with challenging needs

Employee: Brandi Ferguson	Hire Date: 8/03/15
-------------------------------------	------------------------------

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

STAFF EXPECTATIONS

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

RESIDENT DATA COLLECTION

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

STAFF COMMUNICATION BINDER

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

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"/> What to do in case of an emergency
<input checked="" type="checkbox"/> Fire Drills/Resetting Fire Alarm System	<input checked="" type="checkbox"/> Universal Precautions/Infection Control
<input checked="" type="checkbox"/> House On-Call – When to contact	<input checked="" type="checkbox"/> Admin On-Call – When to contact

INDIVIDUAL RESIDENT INFORMATION

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

NEW TEAM MEMBER ORIENTATION CHECKLIST

POSTINGS/SCHEDULES/CALENDARS

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

RESIDENT ACTIVITIES and ENGAGEMENT

<input checked="" type="checkbox"/> Conducting Community Outings (See OJT Policy)	<input checked="" type="checkbox"/> Engaging Residents in ADL and Room Care
<input checked="" type="checkbox"/> Conducting In-Home Activities (See OJT Policy)	<input checked="" type="checkbox"/> Conducting Skills Training

**NEW EMPLOYEE and SUPERVISOR COMPLETE WITHIN 2 WEEKS AFTER FIRST SHADOW SHIFT DATE
ITEMS BELOW TO BE COMPLETED BY:**

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

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>

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: <i>Brandon Leifer</i>	Date: <i>8/17/2015</i>
Supervisor/Trainer Signature: <i>Jaylene King</i>	Date: <i>08/17/2015</i>

HLInter

From: HLBCBA
Sent: Tuesday, June 05, 2018 3:59 PM
To: HLTraining; HLInter
Subject: RE: Supervisor Training

Hi Katie- It is not necessary to send Brandi and Tria through the Supervisor Training. They may have become supervisors before that training ever existed but either way since they are veteran supervisors with no performance issues it would not be necessary to send them through at this time. I would double check with Charmaine and Anthony and if they indicate they have not had this training then send them both through. If they say they have then try to narrow down a time frame and we may have to look back through the attendance records.

Thanks! Emily

From: HLTraining
Sent: Monday, June 4, 2018 3:31 PM
To: HLBCBA <HLBCBA@talkhome.net>
Subject: Fw: Supervisor Training
Importance: High

From Katlyn.

MJ

From: HLInter
Sent: Monday, June 4, 2018 12:59 PM
To: HLTraining
Subject: RE: Supervisor Training

I need Charmaine Hopkins, Brandi Ferguson, Tria Williams, and Anthony Wilburn. And then I will forward Jessica's to you when she gets it to me ☺ Thank you!

HomeLife, Inc.
Katlyn Zehner, BS
Assistant Home Manager
8038 Interlochen
Kalamazoo, MI 49009
Phone (269)353-6941 Fax (269)375-7969

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From: HLTraining
Sent: Monday, June 04, 2018 12:41 PM
To: HLInter <HLInter@talkhome.net>
Subject: RE: Supervisor Training

Hi Katlyn –

Thanks for checking on this. Could you reply with the names of those you want to go through this training and I will share with Emily? Also, if you can get the staff Jessica has identified, that would be helpful as well.

Thanks!

MJ

HomeLife, Inc.
MJ Carroll-Bruns, Ed.M.
Training Manager
5148 S. Sprinkle Rd.
Portage, MI 49002
Phone: (269) 488-1577 Fax: (269) 488-3734

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From: HLInter
Sent: Monday, June 04, 2018 11:35 AM
To: HLTraining <HLTraining@talkhome.net>
Subject: Supervisor Training
Importance: High

Hi MJ,

I was just curious about how you guys schedule Supervisor Trainings? I didn't see one for June and July so I didn't know if they are just scheduled more when you have enough people to run one? I have like 4 people I needed to get through it! I think Jessica at 10th street also found some supervisors who had not gone through yet either. Just let me know! Thanks!

HomeLife, Inc.
Katlyn Zehner, BS
Assistant Home Manager
8038 Interlochen
Kalamazoo, MI 49009
Phone (269)353-6941 Fax (269)375-7969

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HomeLife, Inc.

Staff Name: Brandi Ferguson
 Date of 1st Drive: 9/20/15

Vehicle Safety Orientation & On-the-Road Tests

Key Objective: Skilled Caring Staff
 Risk Rating: 9

Directions: Employees are required to complete 1 successful supervised driving tests with a supervisor before they are cleared to drive the HomeLife, Inc. vehicles on their own. One drive is the full distance to or home 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:	1	2
	Write in the Date of Drive:	9/20/15	9/20/15
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.			
2. Daily checks prior to operating the vehicle, are as follows:			
a. Tires appear properly inflated.		N/A	N/A
b. Fire extinguisher is present and charged.		N/A	
c. 1 st aid kit is present.		N/A	
d. Check for dings/scratches to the exterior and cleanliness of interior.		N/A	
e. Rear of the vehicle is clear of obstruction.		N/A	
f. Vehicle contains an ample amount of fuel for the trip.		N/A	
g. All passengers are wearing seatbelts.		N/A	
h. All resident and vehicle information and the van log are present.		N/A	
3. Staff can locate the following:			
a. Vehicle mileage sheets		N/A	
b. Emergency procedures		N/A	
c. Resident information/photos		N/A	
d. Emergency information/numbers		N/A	
e. Insurance and registration cards		N/A	
3. Staff can demonstrate how to do the following:			
a. Turn on the headlights/ high beams		N/A	
b. Use the turn signals		N/A	
c. Turn on windshield wipers and use washer fluid		N/A	
d. Turn on Emergency hazard/ 4 way lights		N/A	
e. Open the hood		N/A	
4. Staff can verbalize the following steps to deal with Roadside Emergency:			
a. Staff does not stop on a freeway except for an emergency.		N/A	
b. When stopping, staff turns on the emergency hazard lights.		N/A	
c. Staff should slow down gradually and pull all the way off the road as safely and as soon as possible.		N/A	
d. Staff should remain alert for approaching or passing vehicles and stay clear of the roadway.		N/A	
e. Staff should use the van cell or their personal cell phone to contact the home and/or Roadside Assistance for any roadside emergency including flat tire, stalled vehicle, etc.		N/A	
f. Staff and residents should remain in the vehicle until alternate transportation arrives.		N/A	
g. If staff must leave a disabled vehicle, the hood should be closed and the vehicle locked.		N/A	
h. Staff reports incident to the supervisor and completes a BMOF.		N/A	
5. Staff can verbalize the following steps when dealing with an Accident:			
a. When an accident occurs staff should stop and stay at the scene.		N/A	
b. Staff should help to secure medical aid to anyone injured in the vehicle.		N/A	
c. If possible, staff should move the vehicle off the roadway and/or out of the path of traffic.		N/A	
d. If possible, staff should have residents stand or sit well off of the road		N/A	

	and away from the damaged vehicle.	N/A	N/A
e.	Staff should notify the police regardless of injuries or property damage and obtain a police report for insurance purposes.	N/A	
f.	Staff should exchange names, addresses, drivers license numbers, registration and insurance information with all parties involved. Staff should not give out the insurance and registration cards themselves, only the information.	N/A	
g.	Staff immediately reports the incident to their supervisor and completes a BMOF.	N/A	
6.	Staff can verbalize the following steps when dealing with resident aggression in the vehicle:	N/A	
a.	Staff should pull the vehicle over as safely and quickly as possible.	N/A	
b.	Staff should turn the hazard lights on and intervene as necessary to stop the resident incident.	N/A	
c.	Once staff has intervened, residents should be repositioned to help prevent further conflict.	N/A	
d.	When repositioning residents, staff should never place an angry, disturbed, confused, and/or dangerous resident directly behind or next to the driver.	N/A	
e.	Staff who are trained and capable of performing physical intervention should be placed in between residents in conflict.	N/A	
f.	If the situation continues to be volatile, staff should cancel the trip and return home.	N/A	
g.	Staff should contact the home to arrange back up support if safe driving cannot be accomplished.	N/A	
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.	N/A	
7.	Staff can verbalize the following steps when braking:	N/A	
a.	Staff uses a steady pressure on the brakes without locking them, if wheels lock release pressure and apply brakes again.	N/A	
b.	When driving in snow or slippery weather, staff will slow the vehicle more gradually and allow at least twice the following distance.	N/A	
c.	Staff should test brakes lightly to check road conditions periodically, being aware that some parts may be slippery while others are not.	N/A	
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.	N/A	
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.	N/A	
f.	In the event that the vehicle's brakes fail completely the parking brake should be slowly applied.	N/A	
8.	Staff can verbalize the following steps when driving in foggy conditions:	N/A	
a.	Staff will use low beam headlights during foggy conditions.	N/A	
b.	Staff will reduce speed and be prepared to make a sudden stop.	N/A	
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.	N/A	
9.	Staff can verbalize the following steps to deal with a skidding vehicle:	N/A	
a.	Staff should avoid skids by driving cautiously in bad weather.	N/A	
b.	When weather is severe staff will cancel outings and all transportation, except in emergency situations.	N/A	
c.	In the event the vehicle begins to skid staff will apply steady pressure with out locking the brakes.	N/A	
d.	To steer out of a skid staff should:	N/A	
	1) Take foot off the accelerator.	N/A	
	2) Turn front wheels only enough to keep them pointed in the direction you want to go.	N/A	
	3) Be prepared for secondary skid in the opposite direction.	N/A	

4) Straighten the wheels to bring the vehicle under control.	NA	NA
10. Staff can verbalize the following steps to deal with a Deer/Animal Collision:	NA	
a. At night, be alert for shining eyes at the roadside.	NA	
b. If a deer or animal is spotted on or near the road, slow down, be ready to stop.	NA	
c. Try not to swerve if a deer or animal enters the roadway.	NA	
d. If one deer is visible, others may be nearby.	NA	
e. If you hit a deer or animal, report it to the local police. Also complete a BMOF /IR and report the incident to your supervisor immediately.	NA	
10. Staff can verbalize the following steps to ensure OTHER SAFETY:	NA	
a. Always lock your vehicle and facility vehicle when parked.	NA	
b. Never leave keys in a vehicle. Residents may start or take the vehicle.	NA	
c. Never pick up hitchhikers.	NA	
d. Always keep a safe distance behind other vehicles.	NA	
e. Be careful when passing other vehicles. Oncoming vehicles cannot see you when you start to pass.	NA	
f. Remember commercial vehicles have four blind spots: CLOSE BEHIND, CLOSE IN FRONT, LEFT SIDE, and RIGHT SIDE. Avoid driving in blind spot areas.	NA	
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.	NA	
11. Staff can verbalize what type of vehicle situations require REPORTING:	NA	
a. Report the following situations to your supervisor immediately or as soon as possible:	NA	
1) Report low gas, engine lights, low tires, and any other unusual vehicle safety situation immediately	NA	
2) Report any scratches or dents to the vehicle.	NA	
3) Report all resident incidents that occur in the vehicle.	NA	
4) Report any accidents, police assistance, or tickets to the supervisor.	NA	
5) Report all resident community involvement incidents to the supervisor.	NA	
11. In order to successfully pass the driving test, Staff MUST DEMONSTRATE the following while driving:	NA	
1. Must safely pull in and out of a gas station.	NA	
2. Must successfully back the van out of parking spaces.	NA	
3. Must successfully park the van in a busy parking lot and/or driveway.	NA	
4. Must follow all traffic laws.	NA	
5. Must use caution while backing out or pulling into tight spaces. i.e. garage	NA	
6. Must utilize all mirrors and physically check behind vehicle before backing up.	NA	

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

circle one:

PASS

REDO

Notes:

Staff Signature:

Brandi Ferguson

Date:

8/20/15

Supervisor Signature:

William Bush

Date:

8/20/15

Brandi Ferguson 8/27/15

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

circle one:

PASS

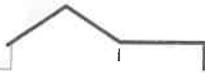
REDO

Notes:

Staff Signature:

William Bush

Date:



September 26, 2016

Brandi Ferguson
2168 Jacamar Ct.
Portage, MI 49024

Employment History

Position: Shift Supervisor

Start Date: 8/3/15

Full-time Start: 9/16/15

Program: 8038 Interlochen Road

RE: Completion of Level III Training and Experience Requirements
Behavioral Technician Designation and Expectations

This letter is written in recognition and appreciation for your work in completing Level III training and experience requirements. This achievement shows that you have a minimum of **one year** 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: Neurological impairment and traumatic brain injury series (5 modules) including: (1) Brain function, brain imaging, and correlative behavioral and psychological disorders; (2) Limbic system, motivation, emotions, and behavior; (3) Sleep and behavior—understanding brain behavior states and disorders; (4) Frontal lobe disorders and correlative behavior; and (5) Autism.

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: Medication ordering, documentation, and management; behavior plan implementation and documentation procedures; code of ethics review; computer security procedures; corporate compliance plan; planning, preparing, and conducting a meeting; organization quality plan; weekly home inspections; resident hospitalization and return procedures.

Behavioral Technician Training: This training focused on improving your behavioral observation, data recording, and reporting skills under the supervision of a Behavior Analyst. You completed an in depth *Behavioral Assessment* on two residents. This *Behavioral Assessment* included completing a behavioral questionnaire and checklist that reviewed the resident's history, behavior patterns, medical issues, psychological issues, medications, medication side effects, allergies, diet, sleep patterns, daily habit patterns, and other correlates of target behaviors. As part of this project you were required to operationally define one or more target behaviors, collect data on these behaviors and related antecedent events, and report your findings for both case studies at the bi-monthly case review meeting.

OJT Trainer: You served as an OJT trainer for employees working towards Level I and II certification. This required you to model, demonstrate, debrief, or review Level I and II training skills, tasks, and procedures with employees seeking certification. As an OJT trainer you prepared and endorsed Level I and II employees for their final competency review by a HomeLife administrative reviewer.



Your attendance was rated as “**exceeds expectation**” and work performance as “**exceptional**” by your supervisor. Please see attached work performance descriptions.

You are now qualified as a **Behavioral Technician** for HomeLife, Inc. and will have this designation added to your current job title. As a Behavioral Technician, you’ll be expected to ensure observations, situation reports, incident reports, and data recording of behavior are factual, accurate, and complete. Furthermore, you will be expected to track and report antecedent events and other correlates of resident target behaviors as assigned by management or the Behavior Analyst, and report these observations, findings, and/or data to the Behavior Analyst, Management and the Case Review Committee. You will be expected to attend Case Review Meetings or review your observations, data, or findings, with your Manager or the Behavior Analyst if you are unable to attend.

Please keep this letter and attached certificate for future reference as evidence of your accomplishments, and your contributions to the Vision, Mission, Values, and key objectives of HomeLife, Inc. You are now qualified to train others on-the-job in Level I, II, and III tasks and endorse them for administrative review.

A copy of this letter and certificate will be filed in your personnel record. Congratulations and 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 cursive script, appearing to read "Barry J. Bruns".

Barry J. Bruns, M.S.
President

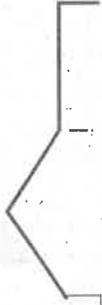
Attachment: Level III Certificate of Completion

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

Brandi Ferguson

Has completed Level III (BEHAVIORAL TECHNICIAN)
requirements and is therefore awarded this

Certification of Completion

Given this 26th of September 2016

Barry J. Bruns

Barry J. Bruns, President
HomeLife, Inc.

Received Time: Sep. 26, 2016 2:12 PM No. 490

Safety Plans - last year 12/11/15
 Behavior Plans - depends on person and date on the person safety to nurse social his
 Behavior Plans Released on 11/14 by admin

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

- Training (Tx) Method
- CS = Correspondence
- DB = Debriefing
- GR = General Reference

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

Employee Name:

Brandon Ferguson Hire Date: 8/3/15

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

LEVEL III 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)
Weekly Home Inspections	TS/SD/DB/ES	0	E	1/1	2/16/16	MS	AT	C			DX	C
Behavior Treatment Plans	DB/GR/TS/SD/DB/ES	4	E	1/1	2/6/16	MS	AT	C			DX	C
Safety Plans and Crisis Intervention	CS/GR	0	1/1	1/1	2/16/16	MS	AT	C			DX	C
Resident Hospitalization and Return	DB/SD/CS/GR	7	E	1/1	7/12/16	MS	AT	C			DX	C
Code of Ethics	CS/GR	0	E	1/1	12/11	MS	AT	C			DX	C
Corporate Compliance Plan	CS/GR	0	R	1/1	12/21	MS	AT	C			DX	C
Medications, Ordering	TS/DB/CS/GR	8	D	1/1	12/21	MS	AT	C			DX	C
Teamwork	PR/DB/CS/GR	5	D	1/1	12/21	MS	AT	C			DX	C
Computer Security	CS/GR	7	E	1/1	12/21	MS	AT	C			DX	C
Planning, Prep, & Conducting a Meeting	TS/SD/DB/CS	2	E	1/1	7/12/16	MS	AT	C			DX	C
Quality Plan	CS/GR	4	R	1/1	7/12/16	MS	AT	C			DX	C
Media Relations: Home Level Staff	CS/GR	5	R	1/1	7/12/16	MS	AT	C			DX	C

BEHAVIOR ASSESSMENTS

(To be checked off by Behavior Analyst when completed)
 Includes presenting the materials at Case Review.

Date Behavior Assessments Completed: 8/16/16

Behavior Analyst Signature: [Signature]
 Behavior Assessment (Case #1)
 Behavior Assessment (Case #2)

Behavior Data Recording Project
 Behavior Data Recording Forms

Corporate Compliance Plan - Staff on staff staff on staff staff on staff for home rule, No neglect or abuse (sent to network - Positive work ethic and environment Body check Debriefing Computer Security - Protected every calendar's personal changes Planning, Prep - Data material time recreation, sign in sheet Quality Plan - Purpose Value Mission, Safety Plans Safety, Reduction etc. is set of values and beliefs - Home rule, Prt ing care - following Home rule OJT Tx Checklist Version: 2014

Purpose Mission Value Head

Brandon Ferguson
 and sent from H

LEVEL III: On-the-job (OJT) Training Checklist (p. 27)

Employee Name:

Brand, Ferguson

Hire Date:

8/3/15

REQUIRED TRAININGS for LEVEL III:

(Check off when completed)

Must complete at least 5 trainings plus a supervised skillclass for Level III Completion.

<input checked="" type="checkbox"/>

TBI: Brain Injng

TBI: Emotions

TBI: Frontal Lobe

TBI: Sleep Patterns

MANDT Practices

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Autism (I)

Autism (II)

TBI: Gender Differences

Home Mgr: Supervised Skills Class

HOME MANAGER RATINGS:

(Check one box for each rating)

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Performance:

Exceptional (5)

Exceeds Expectations (4)

Meets Expectations (3)

Below Expectations (2)

Needs Improvement (1)

Attendance:

Exceptional (5)

Exceeds Expectations (4)

Meets Expectations (3)

Below Expectations (2)

Needs Improvement (1)

Date Level III Completed:

9/23/16

Home Manager Signature

[Signature]

Date:

9/23/16

Plan Do Check Act

Plan Do Check Act

Steps OJT w/ids

Systematic Approach
Life Experience Results
Business Treatment Environment
Active Client Engagement Skilled Staff

Plan Do Check Act

Safety Plans - Last report is Month
 Behav. Plans - Depends on Person and Dr. on the person - section 6 nurse - use worker documents and scripts from hospital
 Home Manager and
 Purpose Mission Values Handbook

Home Manager and
 Purpose Mission Values Handbook

Employee Name: Brandi Ferguson Hire Date: 8/3/15

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

Training (Tx) Method
 CS = Correspondence
 DB = Debriefing
 GR = General Reference

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

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

LEVEL III PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete/Incomplete (C/I)	Remedial Date	Trainer Initials	Admin. Review Initials	Complete/Incomplete (C/I)
HOME-LIKE ENVIRONMENT Weekly Home Inspections	TS/SD/DB/CS	4	E	111	2/16/16	MS	AT	C			et	C
ACTIVE TREATMENT Behavior Treatment Plans	TS/GR/DB/CS/GR	4	E	111	2/16/16	MS	AT	C			et	C
Safety Plans and Crisis Intervention = May 2011	CS/GR	6	E	111	7/12/16	MS	AT	C			et	C
LIFE EXPERIENCES Resident Hospitalization and Return	DB/SD/CS/GR	7	E	111	12/21	MS	AT	C			et	C
SKILLED CARING STAFF Code of Ethics	CS/GR	6	E	111	12/21	MS	AT	C			et	C
Corporate Compliance Plan	CS/GR	6	R	111	12/21	MS	AT	C			et	C
Medications: Ordering from Pharmacy	TS/DB/CS/GR	8	D	111	12/21	MS	AT	C			et	C
Teamwork Every week across the shift	TS/DB/CS/GR	5	D	111	12/21	MS	AT	C			et	C
SYSTEMATIC APPROACH Computer Security	CS/GR	7	E	111	7/12/16	MS	AT	C			et	C
Planning, Prep., & Conducting a Meeting	TS/SD/DB/CS	2	E	111	7/12/16	MS	AT	C			et	C
Quality Plan	CS/GR	4	R	111	7/12/16	MS	AT	C			et	C
BUSINESS RESULTS Media Relations: Home Level Staff	CS/GR	5	R	111	7/12/16	MS	AT	C			et	C

BEHAVIOR ASSESSMENTS (To be checked off by Behavior Analyst when completed) *Includes presenting the materials at Case Review.	Behavior Assessment (Case #1) <input checked="" type="checkbox"/> Behavior Data Recording Project	Behavior Assessment (Case #2) <input checked="" type="checkbox"/> Behavior Data Recording Forms
Date Behavior Assessments Completed: 8/16/16	Behavior Analyst Signature: <u>Emily Taylor</u>	

Staff on staff - following all the rules for Homelevel, No neglect or abuse (Scott)
 Corporate Compliance Plan - following all the rules for Homelevel, No neglect or abuse (Scott)
 Teamwork - Positive work ethic and environment Buddy check Debriefing
 Computer Security - Protected even 10 days pass word changed
 Planning, Prep - Date material, time location, sign in sheet
 Quality Plan - Purpose Value Mission, Safety Plans
 Media Relations
 ethics set of values and beliefs - Homelevel, providing care - following policies, respect honesty, Handbook

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

Employee Name: Brandi Ferguson

Hire Date: 8/3/15

REQUIRED TRAININGS for LEVEL III:

(Check off when completed)

*Must complete at least 5 trainings plus a supervised skills class for Level III Completion.

<input checked="" type="checkbox"/>	TBI: Brain Image	<input checked="" type="checkbox"/>	Autism (I)
<input checked="" type="checkbox"/>	TBI: Emotions	<input type="checkbox"/>	Autism (II)
<input checked="" type="checkbox"/>	TBI: Frontal Lobe	<input type="checkbox"/>	TBI: Gender Differences
<input checked="" type="checkbox"/>	TBI: Sleep Patterns	<input type="checkbox"/>	Home Mgr. Supervised Skills Class
<input checked="" type="checkbox"/>	MANDT Practice		

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

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

Date Level III Completed: 9/23/16 Home Manager Signature: [Signature] Date: 9/23/16

Plan
Do
Check
Act

Plan
Do
Check
Act

Steps
OST
Meds

Systematic Approach

Life Experience Results

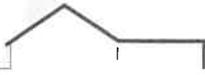
Business Treatment

Active Friendly Environment

Clean Staff

Skilled Staff

Plan
Do
Check
Act



December 22, 2015

Brandi Ferguson
2168 Jacamar Ct.
Portage, MI 49024

Employment History

Position: Assistant Shift Supervisor
Start Date: 08/03/2015
Full-time Start: 09/16/2015
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 traumatic brain injury series training (1 of 5 modules), and advanced behavior analysis. In addition, annual recurrent training on infection control and universal precautions, medication performance review, reporting requirements, resident rights, confidentiality, anti-harassment, HIPAA, corporate compliance, cultural diversity, limited English proficiency, person centered planning, CPR and first aid (CPR recurrent training is every 2 years, first aid recurrent training is required every three 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-hazardous medical waste, carbon monoxide alarm procedures, environmental checks/monthly safety checks, 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, and demonstration of Mandt skills. Medical: medical appointment preparation and review, LOA medication procedures, and suppositories.

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 expectation**” and work performance as “**exceeds expectation**” 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 "B. 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

Brandi Ferguson

Has completed Level II requirements
and is therefore awarded this

Certification of Completion

Given this 22nd of December 2015

Barry J. Bruns

Barry J. Bruns, President
HomeLife, Inc.

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

Employee Name: Brandi F

Hire Date: 8/3/15

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 of concept
 D = Demonstrate performance either simulated or actual

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

LEVEL II PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Qty)	Date	Trainer Initials	HM Review Initials	Complete (C) / Incomplete (CI)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete (C) / Incomplete (CI)
Propane Grill Training	TS/SD/CS/GR	4	R		11/23/15 KB		MA	C			MA	C
Safety: Carbon Monoxide Alarm	SD/DB/CS/GR	7	E									
Preparing for Tours and Inspections	TS/SD/CS/GR	6	D									
Bio-Hazardous Medical Waste	TS/SD/CS/GR	6	E				MB	C			MA	C
Case Review	TS/SD/CS/GR	5	E				MB	C			MA	C
Infection Control	DB/SD/CS	9	E				MB	C			MA	C
Medical: Advanced Directives & DNR Orders	CS/GR	7	E				MB	C			MA	C
Medical: Appointment Preparation and Review	TS/SD/DB/CS	6	E				MB	C			MA	C
Medication: LOA Procedures	TS/SD/CS/GR	8	D				MB	C			MA	C
Working with High Risk Consumers	TS/SD/DB/CS	9	E				MB	C			MA	C
Grievance Procedure: Home Member	CS/GR	4	R				MB	C			MA	C
Safety: Room & Personal Belonging Searches	TS/SD/DB/CS	7	D				MB	C			MA	C
Customer Service - Advanced	SD/DB/CS/GR	6	D				MB	C			MA	C
Death of a Resident	CS/DB/GR	7	E				MB	C			MA	C
Medication: Administering Vaginal Suppositories	TS/SD/DB/CS	6	E				MB	C			MA	C
Medication: Administering Rectal Suppositories	TS/SD/DB/CS	6	E				MB	C			MA	C
Reporting to On-Call	TS/SD/DB/CS	5	D				MB	C			MA	C
Supervisor: Expectations	SD/DB/CS	3	E				MB	C			MA	C
Teamwork	TS/SD/DB/CS	5	D				MB	C			MA	C
Tx Procedure: Correspondence	TS/DB/CS/GR	2	E				MB	C			MA	C
Tx Procedure: Debriefing	TS/DB/CS/GR	2	E				MB	C			MA	C
Tx Procedure: General Reference	TS/DB/CS/GR	2	E				MB	C			MA	C
Tx Procedure: Self-Eval. & Debriefing	TS/DB/CS/GR	2	D				MB	C			MA	C
Tx Procedure: Tell-Show-Practice-Test	TS/DB/CS/GR	2	D				MB	C			MA	C
Risk Assessment	TS/DB/CS/GR	5	E				MB	C			MA	C
Media Relations: Home Level Staff	CS/GR	6	E				MB	C			MA	C

Received Time Dec. 21, 2015 12:27PM No. 1943

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

Employee Name: Brandi Ferguson

Hire Date: 8/3/15

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

<input checked="" type="checkbox"/>	Advanced Customer Service
<input checked="" type="checkbox"/>	Advanced Behavior Modification
<input checked="" type="checkbox"/>	1 TBI or Autism Training

<input checked="" type="checkbox"/>	MANDT Practice
<input checked="" type="checkbox"/>	Verbal Skills Training

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

Performance:

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

Attendance:

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

Date Level II Completed: 12/21/15

Home Manager Signature: 

Date: 12/21/15

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

Employee Name: Brandi F

Hire Date: 8/3/15

Training Method

CS = Correspondence

DB = Debriefing

GR = General Reference

SD = Self Evaluation & Debriefing

TS = Tell-Show-Practice-Test

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/I)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete (C/I)
HOME-LIKE ENVIRONMENT												
Propane Grill Training	TS/SD/CS/GR	4	R		11/23/15 KB		NR	C			et	C
Safety: Carbon Monoxide Alarm	SD/DB/CS/GR	7	E				NR	C			et	C
Preparing for Tours and Inspections	TS/SD/CS/GR	5	D				NR	C			et	C
ACTIVE TREATMENT												
Bio-Hazardous Medical Waste	TS/SD/CS/GR	6	E				NR	C			et	C
Case Review	TS/SD/CS/GR	5	E				NR	C			et	C
Infection Control	DB/SD/CS	9	E				NR	C			et	C
Medical: Advanced Directives & DNR Orders	CS/GR	7	E				NR	C			et	C
Medical: Appointment Preparation and Review	TS/SD/DB/CS	6	E				NR	C			et	C
Medication: LOA Procedures	TS/SD/CS/GR	8	D				NR	C			et	C
Working with High Risk Consumers	TS/SD/DB/CS	9	E				NR	C			et	C
LIFE EXPERIENCES												
Grievance Procedure: Home Member	CS/GR	4	R				NR	C			et	C
Safety: Room & Personal Belonging Searches	TS/SD/DB/CS	7	D				NR	C			et	C
SKILLED CARING STAFF												
Customer Service - Advanced	SD/DB/CS/GR	5	D				NR	C			et	C
Death of a Resident	CS/DB/GR	7	E				NR	C			et	C
Medication: Administering Vaginal Suppositories	TS/SD/DB/CS	6	E				NR	C			et	C
Medication: Administering Rectal Suppositories	TS/SD/DB/CS	6	E				NR	C			et	C
Reporting to On-Call	TS/SD/DB/CS	5	D				NR	C			et	C
Supervisor: Expectations	SD/DB/CS	3	E				NR	C			et	C
Teamwork	TS/SD/DB/CS	5	D				NR	C			et	C
Tx Procedure: Correspondence	TS/DB/CS/GR	2	E				NR	C			et	C
Tx Procedure: Debriefing	TS/DB/CS/GR	2	E				NR	C			et	C
Tx Procedure: General Reference	TS/DB/CS/GR	2	E				NR	C			et	C
Tx Procedure: Self-Eval. & Debriefing	TS/DB/CS/GR	2	D				NR	C			et	C
Tx Procedure: Tell-Show-Practice-Test	TS/DB/CS/GR	2	D				NR	C			et	C
SYSTEMATIC APPROACH												
Risk Assessment	TS/DB/CS/GR	5	E				NR	C			et	C
BUSINESS RESULTS												
Media Relations: Home Level Staff	CS/GR	5	E				NR	C			et	C

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

Employee Name: Bandi Ferguson

Hire Date: 8/3/15

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

<input checked="" type="checkbox"/>	Advanced Customer Service
<input checked="" type="checkbox"/>	Advanced Behavior Modification
<input checked="" type="checkbox"/>	1 TBI or Autism Training

<input checked="" type="checkbox"/>	MANDT Practice
<input checked="" type="checkbox"/>	Verbal Skills Training

HOME MANAGER RATINGS:

(Check one box for each rating)

Performance:

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

Attendance:

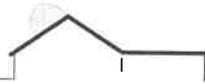
<input checked="" type="checkbox"/>	Exceptional (5)
<input type="checkbox"/>	Exceeds Expectations (4)
<input type="checkbox"/>	Meets Expectations (3)
<input type="checkbox"/>	Below Expectations (2)
<input type="checkbox"/>	Needs Improvement (1)

Date Level II Completed: 12/21/15

Home Manager Signature



Date: 12/21/15



October 12, 2015

Brandi Ferguson
2168 Jacamar Ct.
Portage, MI 49024

Employment History

Position: Direct Care Staff
Start Date: 08/03/2015
Full-time Start: 11/01/2015
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, Anit-Harrasment, Counting 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, missing resident, emergency supervision, neuro checks, seizure care, environmental safety, propane grill safety, 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, and severe weather. Documentation: Behavioral/Medical observation, incident and accident reports, weekly planners/progress notes, time sheets, and medication. Medical: Emergency medical checks, advanced directives and DNR orders, neuro checks, seizure care, medical appointment records, taking blood pressure, pulse, temperature, and respirations, Administering ear drops, eye ointment, nasal sprays, and topical medications. Program: Home cleanliness and room care, emergency supervision, missing home member, resident supervision, conducting outings and activities, menu planning, 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 “**exceeds expectation**” and work performance as “**meets expectation**” 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, appearing to read "Barry J. Bruns". The signature is written in a cursive style with a long horizontal stroke at the end.

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

Brandi Ferguson

Has completed Level I requirements
and is therefore awarded this

Certification of Completion

Given this 12th of October 2015

Barry J. Bruns

Barry J. Bruns, President
HomeLife, Inc.

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

Employee Name:

Brandi Ferguson

Hire Date:

9/13/15

- Training Method
- CS = Correspondence
- DB = Debriefing
- GR = General Reference
- SD = Self Evaluation & Debriefing
- TS = Tell-Show-Practice-Test

- 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 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)
Evacuation Plan - Home Specific	DB/SD/CS	7	D	1/1	9/4/15	TS MB	MB	C			JK	C
Fire Drill/Alarm Procedure - Home Specific	TS/SD/CS/GR	5	D	1/1	9/2/15	TS MB	MB	C			JK	C
Fire Evacuation & Bomb Threat Procedure	DB/SD/CS	7	E	1/1	9/4/15	TS MB	MB	C			JK	C
Food Handling, Safety & Storage	TS/SD/DB/CS	8	D	1/1	9/2/15	TS MB	MB	C			JK	C
Home Cleaning Shift Responsibilities (Cleaning checklist)	TS/SD/DB/CS	3	E	1/1	9/4/15	TS MB	MB	C			JK	C
Home Evacuation and Relocation	DB/SD/CS	7	E	1/1	9/16/15	TS MB	MB	C			JK	C
Power Failure	DB/SD/CS	4	E	1/1	9/2/15	TS MB	MB	C			JK	C
Safety: Environmental Checks / Monthly Safety Checks	DB/SD/CS/GR	9	E	1/1	9/2/15	TS MB	MB	C			JK	C
Safety: Propane (Gas) Leak	DB/SD/CS/GR	7	E	1/1	9/16/15	TS MB	MB	C			JK	C
Safety: Severe Weather	DB/SD/CS	8	E	1/1	9/2/15	TS MB	MB	C			JK	C
Documentation: Behavior/Medical Observation Form	TS/SD/DB/CS	9	D	1/1	9/2/15	TS MB	MB	C			JK	C
Documentation: Incident and Accident Reports	TS/SD/DB/CS	9	D	1/1	9/2/15	TS MB	MB	C			JK	C
Documentation: Weekly Planners & Progress Notes	TS/SD/DB/CS	5	D	1/1	9/2/15	TS MB	MB	C			JK	C
Emergency Medical Checks	TS/SD/CS/GR	8	E	1/1	9/2/15	TS MB	MB	C			JK	C
Emergency Supervision	TS/SD/CS/GR	8	E	1/1	9/2/15	TS MB	MB	C			JK	C
Medical: Neuro Checks	TS/SD/CS/GR	7	E	1/1	9/2/15	TS MB	MB	C			JK	C
Medical: Seizure Care	TS/SD/CS/GR	7	E	1/1	9/2/15	TS MB	MB	C			JK	C
Medical: Suture Care	TS/SD/CS/GR	7	E	1/1	9/2/15	TS MB	MB	C			JK	C
Missing Home Member	SD/DB/CS/GR	7	E	1/1	9/2/15	TS MB	MB	C			JK	C
Resident Specific Information	DB/CS/GR	3	E	1/1	9/2/15	TS MB	MB	C			JK	C
Resident Supervision	CS/SD	9	E	1/1	9/2/15	TS MB	MB	C			JK	C
Conducting Outings	TS/SD/DB/CS	7	E	1/1	9/4/15	TS MB	MB	C			JK	C
Initiating and Conducting Activities	TS/SD/DB/CS	3	E	1/1	9/16/15	TS MB	MB	C			JK	C
Menu Planning: Grocery & Supply Shopping	TS/SD/DB/CS	5	E	1/1	9/4/15	TS MB	MB	C			JK	C
Documentation: Medication Sheets	TS/SD/DB/CS	5	D	1/1	9/4/15	TS MB	MB	C			JK	C
Documentation: Time Sheets	TS/SD/DB/CS	5	D	1/1	9/11/15	TS MB	MB	C			JK	C
Dress Code Policy and Appearance	DB/GR/CS	2	E	1/1	9/4/15	TS MB	MB	C			JK	C
Hand Washing	SD/DB/CS	8	E	1/1	9/4/15	TS MB	MB	C			JK	C
Managing Physical Aggression/Dangerous Behavior	TS/DB/CS/GR	9	D	1/1	9/4/15	TS MB	MB	C			JK	C

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

Employee Name:

Brandi Ferguson

Hire Date:

9/13/15

Training Method: _____ Review Method: _____

CS = Correspondence
 DB = Debriefing
 GR = General Reference

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

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

LEVEL 1 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)
Medical: Appointment Record Checklist	TS/SD/DB/CS	1	E		9/11/15	MS	MS	C				C
Medical: Taking Blood Pressure	TS/SD/DB/CS	1	D		9/11/15	MS	MS	C				C
Medical: Taking A Pulse	TS/SD/DB/CS	1	D		9/11/15	MS	MS	C				C
Medical: Taking Respiration	TS/SD/DB/CS	1	D		9/11/15	MS	MS	C				C
Medical: Taking a Temperature	TS/SD/DB/CS	1	D		9/11/15	MS	MS	C				C
Medical: Administering Ear Drops	TS/SD/DB/CS	1	E		9/11/15	MS	MS	C				C
Medical: Administering Eye Drops/Ointments	TS/SD/DB/CS	1	E		9/11/15	MS	MS	C				C
Medical: Administering Nasal Sprays	TS/SD/DB/CS	1	E		9/11/15	MS	MS	C				C
Medical: Administering Topical Medications	TS/SD/DB/CS	1	E		9/11/15	MS	MS	C				C
Medical: Preparation, Administration & Documentation of Workplace Violence	GR	1	E		9/11/15	MS	MS	C				C
Removing gloves	SD/DB/CS	1	E		9/11/15	MS	MS	C				C
Teamwork	TS/SD/DB/CS	1	E		9/11/15	MS	MS	C				C
Vehicle Safety with On-The-Road Test	TS/SD/DB/CS	1	D		9/11/15	MS	MS	C				C

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)

Attendance:

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

Date Level 1 Completed: 10/5/15

Home Manager Signature: [Signature]

Date: 10/5/15

MANDT Practice

Verbal Skills Rating Form

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

Employee Name: Brandi Ferguson

Hire Date: 8/3/15

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 I PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete (C)/Incomplete (CI)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete (C)/Incomplete (CI)
HOME-LIKE ENVIRONMENT												
Evacuation Plan - Home Specific	DB/SD/CS	7	D	11	9/4/15	TS	MB	C				
Fire Drill/Alarm Procedure - Home Specific	TS/SD/CS/GR	5	D	11	9/2/15	TS	MB	C				
Fire Evacuation & Bomb Threat Procedure	DB/SD/CS	7	E	11	9/4/15	TS	MB					
Food Handling, Safety & Storage	TS/SD/DB/CS	6	D	11	9/2/15	TS	MB					
Home Cleaning Shift Responsibilities (Cleaning checklists)	TS/SD/DB/CS	3	E	11	9/4/15	TS	MB					
Home Evacuation and Relocation	DB/SD/CS	7	E	11	9/10/15	MB	MB					
Power Failure	DB/SD/CS	4	E	11	9/2/15	TS	MB	C				
Safety: Environmental Checks / Monthly Safety Checks	DB/SD/CS/GR	9	E	11	9/2/15	TS	MB	C				
Safety: Propane (Gas) Leak	DB/SD/CS/GR	7	E	11	9/10/15	MB	MB	C				
Safety: Severe Weather	DB/SD/CS	8	E	11	9/2/15	TS	MB					
ACTIVE TREATMENT												
Documentation: Behavior/ Medical Observation Form	TS/SD/DB/CS	9	D	11	9/2/15	TS	MB	C				
Documentation: Incident and Accident Reports	TS/SD/DB/CS	9	D	11	9/2/15	TS	MB	C				
Documentation: Weekly Planners & Progress Notes	TS/SD/DB/CS	6	D	11	9/2/15	TS	MB	C				
Emergency Medical Checks	TS/SD/CS/GR	8	E	11	9/2/15	TS	MB					
Emergency Supervision	TS/SD/CS/GR	8	E	11	9/2/15	TS	MB	C				
Medical: Neuro Checks	TS/SD/CS/GR	7	E	11	9/2/15	TS	MB	C				
Medical: Seizure Care	TS/SD/CS/GR	7	E	11	9/2/15	TS	MB	C				
Missing Home Member	SD/DB/CS/GR	7	E	11	9/2/15	TS	MB	C				
Resident Specific Information	DB/CS/GR	3	E	11	9/10/15	MB	MB					
Resident Supervision	CS/SD	9	E	11	9/2/15	TS	MB					
LIFE EXPERIENCES												
Conducting Outings	TS/SD/DB/CS	7	E	11	9/7/15	TS	MB	C				
Initiating and Conducting Activities	TS/SD/DB/CS	3	E	11	9/10/15	MB	MB					
Menu Planning: Grocery & Supply Shopping	TS/SD/DB/CS	5	E	11	9/4/15	TS	MB					
SKILLED CARING STAFF												
Documentation: Medication Sheets	TS/SD/DB/CS	6	D	11	9/4/15	TS	MB	C				
Documentation: Time Sheets	TS/SD/DB/CS	6	D	11	9/4/15	TS	MB	C				
Dress Code Policy and Appearance	DB/GR/CS	2	E	11	9/4/15	TS	MB	C				
Hand Washing	SD/DB/CS	6	E	11	9/4/15	TS	MB	C				
Managing Physical Aggression/Dangerous Behavior	TS/DB/CS/GR	9	D	11	9/4/15	TS	MB	C				

Employee Name: _____

Hire Date: _____

Training Method

Review Method

CS = Correspondence
 DB = Debriefing
 GR = General Reference

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

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 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)
SKILLED CARING STAFF (continued)												
Medical: Appointment Record Checklist	TS/SD/DB/CS	8	E	11	9/4/15	TS	MB	C			et	C
Medical: Taking Blood Pressure	TS/SD/DB/CS	6	D	11	9/4/15	TS	MB	C				
Medical: Taking A Pulse	TS/SD/DB/CS	6	D	11	9/4/15	TS	MB	C				
Medical: Taking Respirations	TS/SD/DB/CS	6	D	11	9/4/15	TS	MB	C				
Medical: Taking a Temperature	TS/SD/DB/CS	6	D	11	9/4/15	TS	MB	C				
Medical: Administering Ear Drops	TS/SD/DB/CS	6	E	11	9/4/15	TS	MB	C				
Medical: Administering Eye Drops/Ointments	TS/SD/DB/CS	6	E	11	9/4/15	TS	MB	C				
Medical: Administering Nasal Sprays	TS/SD/DB/CS	6	E	11	9/4/15	TS	MB	C				
Medical: Administering Topical Medications	TS/SD/DB/CS	6	E	11	9/4/15	TS	MB	C				
Medical: Preparation, Administration & Documentation	TS/SD/DB/CS	9	D	11	9/4/15	TS	MB	C				
Prevention of Workplace Violence	GR	5	E	11	9/4/15	TS	MB	C				
Removing Gloves	SD/DB/CS	6	E	11	9/4/15	TS	MB	C				
Teamwork	TS/SD/DB/CS	5	E	11	9/4/15	TS	MB	C				
Vehicle Safety with On-The-Road Test	TS/SD/DB/CS	9	D	11	9/4/15	TS	MB	C				
SYSTEMATIC APPROACH												
BUSINESS RESULTS												

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)

Attendance:

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

MANDT Practice

Verbal Skills Rating Form

Date Level I Completed: 10/5/15

Home Manager Signature: *[Signature]*

Date: 10/9/15

HomeLife, Inc.

Staff Name: Brandi F
 Date of 1st Pass: 8/20/15

Preparation, Administration, and Documentation of Medications (4 Supervised Med. Passes)

Key Objective: Skilled Caring Staff

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.

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, so they must pay close attention and catch any errors as they occur and train on corrections as they are needed.

PERFORMANCE MEASURES (Steps):	PASSES: 1 (SS) 2 (SS) 3 (SS) 4 (HM)			
	Write in the Date of Pass: <u>8/26/15</u> <u>8/21/15</u> <u>8/21/15</u> <u>8/26/15</u>			
1. Did they use correct med sheet/ go to correct section of med book?	N/A	N/A	TK	TS
2. Did they transcribe the client name correctly?	N/A	N/A	NETF	NA
3. Did they transcribe the order correctly and accurately, exactly as it appeared on the Med. label?	N/A	N/A	TK	NA
4. Did they check the time?	N/A	N/A	TK	TS
5. Did they check the client's med record to see if that particular client receives medication at this particular time?	N/A	N/A	TK	TS
6. Did they look up information concerning the desired effects and possible side effects, etc. of this particular medication in the PDR, Medication Information binder, or other source if they are not already familiar with this medication?	N/A	N/A	TK	TS
7. Did they clean off their work area?	N/A	N/A	TK	TS
8. Did they wash their hands?	N/A	N/A	TK	TS
9. Did they check the medication label 3 times?	N/A	N/A	TK	TS
a. When taking the bubble pack out of the bin?	N/A	N/A	TK	TS
b. When punching the medication into the med. cup?	N/A	N/A	TK	TS
c. When putting the bubble pack back into the bin? (If using administering topical medications or eye/ear drops, make the 3 rd check before administering.)	N/A	N/A	TK	TS
10. Did they use the dot method?	N/A	N/A	TK	TS
a. Did they remove all of the bubble packs with the appropriate time of day indicated?	N/A	N/A	TK	TS
b. Did they empty one bubble on each bubble pack, counting backwards?	N/A	N/A	TK	TS
c. Did they put a dot in the upper right hand corner in each corresponding square of the med. sheet?	N/A	N/A	TK	TS
d. Did they date and initial next to the punched out med. on the bubble pack?	N/A	N/A	TK	TS
e. Did they review the med. sheet and bubble packs for any errors?	N/A	N/A	TK	TS
11. Did they observe the five rights?	N/A	N/A	TK	TS
a. Client?	N/A	N/A	TK	TS
b. Medication?	N/A	N/A	TK	TS
c. Dosage?	N/A	N/A	TK	TS
d. Time?	N/A	N/A	TK	TS
e. Route?	N/A	N/A	TK	TS
12. Did they follow any special instructions? (I.e. Take before or after meals, shake well; take with food or milk, etc.)	N/A	N/A	TK	TS
13. Did they pour liquids from the unlabeled side of the bottle, palming the labeled side?	N/A	N/A	TK	TS
14. Did they measure liquid medications with a plastic metered med. cup?	N/A	N/A	TK	TS

15. Did they pour liquid medication at eye level?	NA	NO	TK	NA
16. Did they prepare and administer one home member's medications at a time?	NA	NA	TK	TS
17. Did they positively identify the client?	NA	NA	TK	TS
18. Did they know what to do if a client refuses to take their meds? (Do not force them to take the meds, wait a little while and try again, have another staff try, etc.)	NO	NA	TK	TS
19. Did they assist the client to take their medications (provide plenty of water, administer in applesauce if needed, etc.)?	NA	NA	TK	TS
20. Did they remain with the client until they swallowed the med?	NA	NA	TK	TS
21. Did they talk with the client to ensure the medications were swallowed? Never record a medication as passed unless you see the client swallow the medication.	NA	NA		TS
22. Did they administer only medication that they had prepared?	NA	NA	TK	TS
23. Did they properly document the med. pass in the med. book?	NA	NA	TK	TS
24. Did they wash their hands?	NA	NA	TK	TS
25. Did they observe, record, and report the client's response to the medication?	NA	NA	TK	TS
26. Did they complete the medication counts, or check off sheets?	NA	NA	TK	TS
27. Can they tell you what actions to take when a medication error has occurred?	NA	NA	TK	TS
28. Can they tell you what actions to take when a medication is missed?	NA	NA	TK	TS

1st Med. Pass with a Shift Supervisor:

circle one:

PASS

REDO

Notes:

Staff Signature: Brandi Ferguson

Date: 8/21/15

Supervisor Signature: Michael Brown

Date: 8/20/15

2nd Med. Pass with a Shift Supervisor:

circle one:

PASS

REDO

Notes:

Staff Signature: Brandi Ferguson

Date: 8/21/15

Supervisor Signature: Michael Brown

Date: 8/21/15

3rd Med. Pass with a Shift Supervisor:

circle one:

PASS

REDO

Notes:

Staff Signature: Brandi Ferguson

Date: 8/26/15

Supervisor Signature: Michael Brown

Date: 8/26/15

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

circle one:

PASS

REDO

Notes:

Staff Signature: Brandi Ferguson

Date: 8/26/15

Supervisor Signature: Michael Brown

Date: 8/26/15

Subsequent Med Passes (If any above not passed):

circle one:

PASS

REDO

Staff Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Staff Signature: _____

circle one:

PASS

REDO

Supervisor Signature: _____

Date: _____

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: _____

- 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

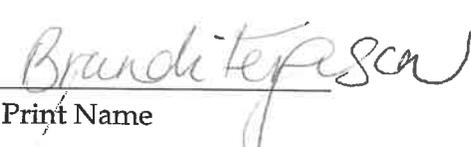
Hot Water Burns

Slips, Trips, & Falls

Propane Grills

Vehicle Safety

CMH Emergency Preparedness Training

 8/7/15 
Staff Signature Date Print Name

 8/7/15
Trainer Signature Date

Health Skills Check

Name: Brandi Ferguson
 Date: 8/7/15
 Trainer: Jenn

Performance Measures	Passed (trainer initials)	Date	
Taking a temperature (verbal)	passed	8/7/15	
Taking a pulse (demonstrate)	Jenn	8/7/15	
Taking a respiration (verbal)		8/7/15	
Taking a blood pressure (demonstrate)		8/7/15	
Hand washing (verbal)		8/7/15	
Glove removal (demonstration)		8/7/15	
Written Test 100%		✓	8/7/15

This employee has successfully passed all performance measures for Health Skills Check.

Yes No

Jenn Ferguson 8/7/15
 Trainer Signature Date

Brandi Ferguson 8/7/15
 Employee Signature Date

Health Test



Staff Name: Brandi Ferguson
Date: 8/7/15
Trainer: Jenn

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:
- An allergen such as a bee sting or antibiotic
 - High levels of stress and anxiety
 - A closed head injury
 - A traumatic event
9. List one respiratory symptom of anaphylactic shock: Wheezing
10. List one skin symptom of anaphylactic shock: Rash

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

- | | |
|-------------------------------|---|
| 11. <u>B</u> Caustic Agent | A. Storage site: people, animals, water, food & soil, clothing, Environmental surfaces i.e. floors, doorknobs, countertops |
| 12. <u>A</u> Reservoir | B. Fungus, Virus, Bacteria, Parasites |
| 13. <u>D</u> Mode 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. <u>F</u> Mode of Transfer | D. Ways disease can leave the reservoir: feces, urine, saliva, blood, perspiration & tears |
| 15. <u>C</u> Mode of Entry | E. People, animals, insects, birds, plants |
| 16. <u>F</u> 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:

- 95-99
- 96-98
- 96-99
- 97-100

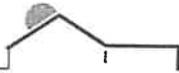
18. Normal range for resting pulse (adult)

- 60-80
- 60-100 56-100
- 40-90
- 70-110

19. Normal range for respirations (adult)

- 12-16
- 16-30
- 12-20
- 8-30

20. Normal range for systolic blood pressure (top number)
- a. 90-150
 - 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



Nutrition Test

Jenn

Name: Brandi Ferguson

Date: 8/7/15

Trainer: Jenn

1. Name two key nutrients:

Protein Carbs

2. Name the six food groups:

Bread Veggies Fruit
Dairy Meat Fats

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

T F

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

T F

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

Monthly

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

T F

7. What is aspiration?

Food or liquid entering 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

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. Observation 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 Food Safely Food Test wash Hands

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 70

Cupboard storage approximately 70

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

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

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

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

Burns Dry Oven Holders

Falls Clean & Dry

Cuts Pick Knife by Handle

Electrical Shock Dry Counters

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 tsp per
Gallon

Emergency Preparedness Test

James

Name Brandi Fejersen
Date: 8/4/15
Trainer: Jim

1. The most common cause of injury and death in a fire is the fire itself. True False

2. What are the 3 sides of the fire triangle?
Fuel heat air

3. The most common cause of fire is
 - a. Heating/cooking equipment
 - b. Hot objects
 - c. Careless smoking
 - d. Matches
 - e. Misuse of electricity

4. Name 3 things the fire department will need to know when you call
address location name
number

5. What are the two main purposes of smoke detectors?
Rescue Escape

6. Extension cords are allowed to be used in residential community settings. True False

7. Flammable materials need to be kept locked up inside the home. 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. You should NOT put foam rubber in the dryer. True False

10. How many escape routes should be taught to each resident? 2

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

12. 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

13. 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

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

fight way out Rescue
of fire

15. What does a severe weather watch mean? Severe weather

16. What does a severe weather warning mean? Spotted, take shelter
asap

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

True

False

18. During a tornado warning where do you take shelter?

~~Basement~~ Secure
shelter

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

True

False

20. What are the three heat related emergencies?

Heat stroke Heat Exhaustion Heat rump

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

False

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

True

False

23. Where are all the HomeLife, Inc. emergency checklists located? The OJT BOOK

LEP Competency

1. LEP stands for Limited English Proficiency
2. LEP is covered under which Federal Policy? Title VI of the Civil Rights Act
3. All entities that receive Federal funds are subject to LEP requirements.
True or False
4. Define "Covered Entities."
any state or local agency, private institution or organization or any public or private individual that operates, poses or engages in health or social services programs and activities and that receives federal financial assistance from it directly or through another recipient covered entity
5. Describe the type of person who is considered by law to be Limited English Proficient. An individual who cannot speak, read, write and understand the English language at a level that permits him/her to interact effectively with health care providers and social services agencies
6. What is the most important basic requirement of LEP?
language assistance to ensure assistance to service 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. Profiling monitoring

LEP Competency

9. Describe the circumstances under which a provider can use a family member or friend of an LEP person as an interpreter.

1. The LEP person has been offered and declined a free professional interpreter.
2. The use of a family member friend will not compromise the effectiveness of services or violate the LEP person confidentiality. provided by the agency

10. A Competent Interpreter is one who demonstrates

1. Proficiency in English and the LEP person language
2. Orientation and things that involves skills and ethics of interpreting
3. Fundamental knowledge in both languages of any specialized terms or concepts
4. Sensitivity to the person culture
5. Ability to convey information accurately in both languages

11. At a minimum, all vital documents must be translated to the language of the LEP group regardless of population size. True or False

12. In our county, the LEP group(s) that we must translate vital documents for include:

1. Spanish
2. _____
3. _____
4. _____

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

1. Rights Booklet
2. grievance and Appeals B
3. Interpreter Poster

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

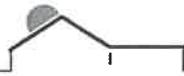
15. If I have questions about LEP, the person in my County/ Agency/ Department I should call is County/Agency/Dept.

Completed By: Brenda Bolansi

Date: 10/4/19

Reviewed By: [Signature]

Date: 12/4/19



Person-Centered Planning Test

Jenn

Name: Brandi Ferguson
Date: 8/3/15
Trainer: Jenn

- 1. Person-Centered Planning is the development of a treatment or support plan based upon the expressed needs and desires of the resident.
- 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, Health
Finances, School
- 7. Direct care staff have no role in the Person-Centered Planning process. T F
- 8. Health and safety considerations are irrelevant as the individual's needs and desires are the only considerations when developing a Person-Centered Plan. T F
- 9. Resident Advisory meeting give opportunities to individuals to express his/her needs or desired outcomes. T F

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

Guardian Cost Cost of Service
Crisis Reasonableness Urgent/Crisis

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

Gather/Share Info Choices for Resident

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

Best Plan written for Resident based on resident 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

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:

Person centered planning is part of Section 7.12 Individualized Written
Plan of services of the Mental Health Code. Defined as a process for planning
and supporting the individual receiving services that takes into the individual's
capacity to engage in activities, choices and abilities.

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: Person Centered Planning

Author's Name: Ramela Werner

Person centered planning is asking consumers what they want and need
Each individual listens to what they want to be then plan. Case
managers are present but there is some information the client
may not want to discuss. everyone gets together and work
together to help to consumer get what they want.

Consumers can also ask for support on making decision about
work and their life in general. for example is consumers
need help with finances or getting a job in the community.
PCP is all about making the consumer has a plan that fits them.

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?

Going out into the communities and setting small goals to accomplish.

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

Giving each resident on different option such as skill class and outings.

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

Residents can recycle from the home which help out the environment and community.

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

Helping each residents set small goals. Such as quitting smoking. Instead of quitting smoking all together the resident and staff can make small goals to slowly stop smoking.

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

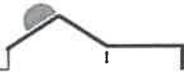
- Creating Home member meals
- Skill class that helps them earn money and motor skills

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

By giving them residents options to choose what they want to do. No resident is forced to eat, drink, forced on outings etc.

Bianca Robinson 10/4/19
Employee Signature Date

[Signature] 12/4/19
Supervisory Signature Date



Working with People Test

Name: Brandi Ferguson

Date: 8/3/13

Trainer: Jenn

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

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

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

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

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

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

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

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

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

True

False

11. Behavior always serves a purpose.

True

False

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

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

13-16. Match the correct answer to each question

What to teach? B

A. In the community

Where to teach? A

B. Things that are important

How to teach? D

C. When doing the skill mean something

When to teach? C

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

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

Focus

Teaching Pattern

A. The value of the person

B Institutional pattern

B. Challenging Behavior

C Educational pattern

C. The Task

A The Effective Teaching Pattern

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

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

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

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

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

Sensitive to tradeoffs

Natural cues and materials

integrate

Adaptation

Partial participation

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

23. While shopping, Fred has difficulty finding the items he needs due to visual limitations. Fred can only find the items he needs by slowly walking through each isle 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.

Building Rapport and Healthy Relationships Test

Handwritten signature in blue ink

Name: Brandi Ferguson
Date: 8/3/15
Trainer: Jenn

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

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

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

9. Antecedents occur _____ behavior. Before After

10. The two types of antecedents are establishing operation/Discriminative Stim.

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) New staff, setting limit
Changing Schedules

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 G

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

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

- introduce yourself
- hear their history
- engage in activities

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

- Tell them the purpose of the outing
- Pre-teach 3 times
- Describe behavioral expectations

18. List 3 key points when making a request.

- Provide choices (as many choices)
- Body language
- Team approach
- Don't get side track

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

- Don't engage in argument
- Change Topic
- offer options

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

- use differential attention
- Poker face
- set forceable limits

21.

(Antecedent)

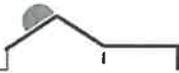
Motivating Operations (setting events)
sugar caffeine stomach ache

(Antecedent)

Discriminative stimulus (environmental stimulus)	Behavior	Consequence
Saw a new staff.	Verbal aggressive	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?



Role of Direct Care Staff Test

Jenn

Name: Brandi Ferguson

Date: 8/3/15

Trainer: Jenn

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 Model, Intervener

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

12. Autism is an example of:

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

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

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

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

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

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

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

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

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

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

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

- a. Behavioral/Medical Observation Form
- b. Incident report
- c. Weekly planner
- d. Progress note

24. Which item below does not require an AFC incident report?

- a. Elopement (leaving the home unsupervised and not returning with staff redirection)
- b. Injury requiring immediate medical attention or hospitalization
- c. Physical aggression that requires the use of a MANDT technique
- d. Verbal aggression
- e. Police involvement
- f. Aggression in the community

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 Test

10090

Name: Brandi Ferguson

Date: 8/5/15

Trainer: Merrilee
W. Anderson

1. Name two purposes of medication.

Balance Behavior Relieve Pain

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~~ 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 Vaginal Inhaler
topical Suppositories Injection
oral

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 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. What are two of the things that should be obtained before a medication is administered?

Why you giving the medication the side affects of the medication

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

T F

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

Name address
Quantity Description

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

T F

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

T F

13. What are the 5 Rights of administering medications?

Person Meds Dosage 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
16. Transcription is done after medication is administered. T F
17. All medication errors are potentially serious and should be reported immediately. T F
18. A medication error has occurred if any of the 5 Rights are not followed. T F
19. How do you prevent medication errors?
- A. Stay alert and always observe the 5 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. T F

Medication Training Skills Check

Staff Name: Brandi Ferguson

Home: Inter

Date: 8/5/15

Performance Measures	Passed (trainer initials)	Date
Preparing to Administer Medication (Verbal)	mp Brandi F	8/6/15
Administering Oral Medication (Demonstration)	mp Brandi F	8/5/15
Administering Eye Medication (Verbal)	mp Brandi F	8/5/15
Administering Nose Medication (Verbal)	mp Brandi F	8/5/15
Administering Topical Medication (Demonstration)	mp Brandi F	8/5/15
Administering Suppositories (Verbal)	mp Brandi F	8/5/15
Documenting Medication Administration (Demonstration)	mp Brandi F	8/5/15
Written Test (100%)	mp	

Ear Drops

Brandi F 8/8/15

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

Yes

No


Trainer Signature

8-5-15
Date

Brandi Ferguson
Employee Signature

8/5/15
Date

Medication Test

*100%
on Makjoo*

Name: Buneli Robinson

Date: 10-4-19

Trainer: Nick B.

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 Inhalation
Injection Rectal

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: Bkundi Kobusa

Date: 12-4-19

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.

Name Doseage
Route Time

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

True

False

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

True

False

13. What are the 6 rights of administering medications?

Person Medication Doseage Documentation Time Route

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

Name: Bundi Robinson

Date: 12-4-19

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

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

MANDT Practice Coach

As a certified MANDT Instructor, I acknowledge that Brandi Ferguson has demonstrated the skills to become a MANDT Practice Coach. This person is able to practice both verbal and physical skills with other staff.

Joel Pacisk
MANDT Instructor Name(Printed)

Joel Pacisk
MANDT Instructor Signature

12/28/15
Date

HomeLife, Inc.

Confidentiality and Privacy under HIPAA TEST

-03 ✓

Name: Brandi Robinson

Date: 12.4.11

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

HomeLife, Inc.

Corporate Compliance/Complaint & Appeal Process Test of your Knowledge

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

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

Brandi Robinson
Employee's Signature

12-4-19
Date

[Signature]
Instructor/Supervisor's Signature

12/4/19
Date

- 0 2

Cultural Competency Written Test

Name: Brandi Robinson

Date: 10-4-09

Employer: Honolulu JHA

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. New Employee Orientation Agenda

- Introduction to HomeLife, Inc.
- Infection Control and Universal Precautions (*video & post-test*)
- Physical, 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 Networking (*review EHB policy*)
 - Health and Safety (*review EHB policy-securing personal belongings*)
 - Dress Code (*review EHB policy*)
 - Anti-Harassment (*video, review EHB policy*)
- House Rules (Resident & Family Handbook)
- Home Member Supervision in Home
- Timesheets/ Payroll (*review policy & samples- payroll dates, on-call pay, shift switching, attendance and tardiness, overtime, time off requests, schedules*)

Brandi Ferguson 8/11/15

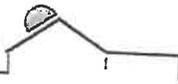
 Print Name Date

Brandi Ferguson 8/11/15

 Employee Signature Date

Gene Samfilippo 8/11/15

 Trainer Signature Date
 Gene Samfilippo 8/11/15



HomeLife, Inc. Annual Updates Training Agenda

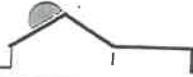
- ✓ Fitness for Duty Exam
- ✓ TB test (as required every 3 years)
- ✓ Medication Performance Review (post-test)
- ✓ Infection Control and Universal Precautions (video & post-test)
- ✓ Recipient Rights Annual Update (power-point & post-test)
- ✓ OJT Handbook
 - Fire Safety & Additional Drills (review 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)

Brandi Robinson
Print Name & Employee Signature

Brandi Robinson 10.4.19
Date

[Signature]
Trainer Signature

12/4/19
Date



10090
Mark
R

Infection Control Orientation

Name: Bruno Robinson Date 12-4-19

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.

Deficit Reduction Act

And

False Claim Act

I (print name) Brandi Ferguson received training and information on the Deficit Reduction Act and False Claim Act (date) 8/11/15. 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.

Brandi Ferguson 8/11/15
Employee Signature

Jennifer S. [Signature] 8/11/15
Reviewer

Initial Training Schedule

Employee Name: Brandi FergusonDate of Hire: 8/3/15

- ✓ New Employee Orientation (Physical, TB, Hep Shots) 8/11 @ 9a-2p ✓
- ✓ Medication Training 8/5 @ 9a-5p ✓
- ✓ CPR/First Aid 8/12 @ 9a-2p ✓
- ✓ MANDT: Day 1 8/13 @ 9a-5p (Read TB) ✓ Day 2 8/14 @ 9a-5p ✓
- ✓ Person Centered Planning/Role of Direct Care Staff/Working with People 8/3 @ 9a-5p ✓
- ✓ Health, Nutrition & Safety 8/7 @ 9a-5p ✓

All Trainings listed Above will be at the *HomeLife Training Center located in the 8th St. Pole Barn @ 5359 N. 8th St, Kalamazoo, MI 49009.*

- Follow W. Main St. (M-43) West (toward Meijer on 9th St and W. Main)
- Turn Right onto 10th St - the first light after the 131 overpass.
- Follow 10th St North. 10th St. will take a hard left and turn into G Ave. Continue on this road and turn Right on 8th St.
- It is a Brown House on the left and the Pole Barn driveway is before the driveway for the house.

TB Reading (Date and Location) 8/13 @ MANDTRecipient Rights 8/6 @ 1pm - 4pm ✓

Recipient Rights Training will be at *Transformations Spirituality Center, 3427 Gull Rd, Lacy AB meeting room.*

- 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 will call
(*The ASPEN Building 3030 S 9th St. Ste. 2C Kalamazoo MI, 49009*)Observation shift at the home will callDocuments needed (copies) and due date N/A1st Timesheet due date (fax from training center or bring to house) _____

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

Subject: English

Class: 10th

Date: / /

Page No. _____

1. Read the following passage carefully and answer the questions that follow.

The first part of the passage discusses the importance of education in a developing country. It highlights the role of schools in providing basic literacy and numeracy skills to the population.

The second part of the passage talks about the challenges faced by the education system, such as lack of infrastructure, untrained teachers, and high dropout rates. It also mentions the need for government intervention to improve the quality of education.

The third part of the passage discusses the impact of education on the economy and society. It states that a literate population is essential for economic growth and social progress. Education is seen as a key to reducing poverty and inequality.

The fourth part of the passage concludes by emphasizing the need for a holistic approach to education. It suggests that education should not only focus on academic learning but also on developing the character and skills of the students.

2. Answer the following questions in brief.

Q1. Why is education considered important in a developing country?

Q2. What are the main challenges of the education system?

Q3. How does education impact the economy and society?