

CERTIFICATE of COMPLETION

THIS CERTIFICATE IS PRESENTED TO

Artmeatria Williams

FOR

Recipient Rights 2019

Online

November 06, 2019

This certificate expires one
year from the above date

KCMHSAS

Kalamazoo CMH & Substance Abuse Services Training Center
ALCOTT - 2030 Portage Road, Kalamazoo Michigan 49001
(269) 364-6952 or Fax (269-364-6954)

Individual Employee Transcript

ARTMEATRIA WILLIAMS

Account # 0
Date of Hire 11/16/15

<u>Class Name</u>	<u>Start Date</u>	<u>Test*</u>	<u>Skills*</u>	<u>Trainer</u>
RR EVENING	11/19/2015	P		

* P= Pass, F= Fail, A= Attended, N= No Show, X= Canceled Late, C= Class Canceled
T= Turned Away- Too Late or Not Registered

Shantel Winfield

Shantel Winfield, Training Unit Program Specialist



Name Armetria Williams

has completed 8 hours of training in the
Nonviolent Crisis Intervention® training program.

2/1/20
Date

[Signature]
Instructor

For more learning opportunities
visit crisisprevention.com.

NE9CFC5B



MANDT Basic (MB)

Completed

Expires: October 6, 2019 @ 12:13 PM

MANDT

Estimated Length: 7 hour(s) Valid for: 8 Day(s)

Learning Activities

Title	Status	Score	Action
 1. MANDT Basic — Day 1 Alcott 2030 Portage Street Feb 23, 2019 @ 9:00 AM Local Time	Completed	-	

Transcript tria Williams
Inquisiq



MANDT Intermediate (MI)

Completed

Expires: October 6, 2019 @ 12:14 PM

Mandt

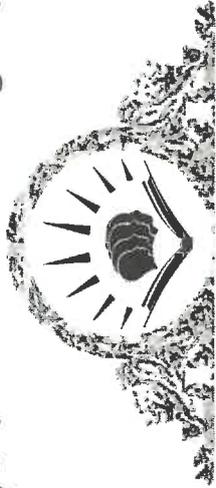
Credits: 7 **Estimated Length:** 7 hour(s) **Valid for:** 8 Day(s)

Learning Activities

Title	Status	Score	Action
 1. MANDT Intermediate <i>Alcott 2030 Portage Street</i> <i>Feb 24, 2019 @ 9:00 AM Local Time</i>	<i>- Day 2</i> Completed	-	

*Transcript Tria Williams
M. Garrison*

The Mandt System®



2018

2018

This Certificate is awarded to
Artmeatria Williams
for having satisfactorily completed the requirements for student training in

Relational

Healthy Relationships
Healthy Communication
Healthy Conflict Resolution

Conceptual

Trauma Informed Services
Medical Risk Factors

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: Jan 8, Jan 9 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
n
e
s
Jennifer Samfilippo
08 MI 21157 S 0218

Expires
28 Feb, 2018

Thomas Skane
16 MI 28778 S 0218

Expires
28 Feb, 2018

Student ID

16 S 811363 MI 310119

Expires: 31 Jan, 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.

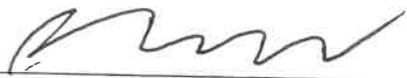
Author and Developer, David Mandt Sr.

CERTIFICATE OF COMPLETION

HomeLife, Inc.
Battle Creek, MI

MANDT Practice Coach

As a certified Mandt Instructor, I acknowledge that Artemetria Williams has demonstrated the skills to become a Mandt Practice Coach. This person is able to practice both verbal and physical skills with other staff. A Mandt Practice Coach is not a Certified Mandt trainer.


Mandt Instructor Signature

7/19/14
Date

Skills Reviewed:

- Review of Prevention and Verbal Skills: Setting Limits, Redirection, etc.
- Review of use of Physical Intervention only when a threat to self or others
- Assisting and Supporting:
 - Natural Stance
 - Front Stance
 - Side stance
 - Step Slide Forward/Backward (Push and Pull)
 - One Person Side Body
 - One Person One Arm Standing
- Separating
 - Inside Wrist
 - Outside Wrist
 - Finger Release
 - Clothing Release
 - Bite Release
 - Hair Release
 - Turn Step-Physical Redirection
 - Separating 2 people (1 & 2 person)
- Restraining
 - Stimulus Transfer Point
 - One Person Side Body Hug
 - One Person One Arm Standing Restraint
 - Two Person Standing Restraint
- Lifting: Sit to Stand (2 & 3 person)
- Optional:** Lowering/Following a Person to the Floor (Completed Yes No)
- Other: _____

HEARTSAVER

**Heartsaver®
First Aid
CPR AED**



**American
Heart
Association®**

Artmeatria Williams

**has successfully completed the cognitive and skills
evaluations in accordance with the curriculum of the
American Heart Association Heartsaver®
First Aid CPR AED Program.**

Optional modules completed:

Exam, Child CPR AED, Infant CPR

Issue Date

2/7/2020

Recommended Renewal Date

02/2022

Training Center Name

Wayland Area EMS

Instructor Name

Shawn Cahill

Training Center ID

MI03749

Instructor ID

01190757549

Training Center Address

911 S Main St

Wayland MI 49348 USA

eCard Code

206001410801

Training Center Phone

Number

(269) 792-2958

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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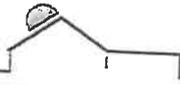


10800 Infection Control Orientation

Marki P. P.

Name: Armeatra Williams Date 11-6-19

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 *AW 11-6* 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 *AW 11-6* 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 *AW 11-6* 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 *AW 11-6* If you have an accidental exposure, immediately report the incident to your supervisor before cleaning up so that the contaminated material can be observed.



HomeLife, Inc. Annual Updates Training Agenda

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

Armeatria Williams / Armeatria Williams 11/16/19
Print Name & Employee Signature Date

[Signature] 11/16/19
Trainer Signature Date



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*)

Artmeatra Williams

Print Name

12/2/15

Date

Artmeatra Williams

Employee Signature

12/2/15

Date

Janice Langley

Trainer Signature

12/2/15

Date

W

Cultural Competency Written Test

Name: Artrina Williams Date: 11-10-19

Employer: HomeLife, Inc.

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

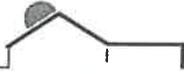
4. You can tell someone's culture just by looking at them?
 - a. True
 - b. False

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



Deficit Reduction Act

And

False Claim Act

I (print name) Artematra Williams received training and information on the Deficit Reduction Act and False Claim Act (date) 12/2/15. 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.

Artematra Williams

Employee Signature

Janice Sampson 12/2/15

Reviewer



NAME

Artmeatria Williams

DATE

2/10/15

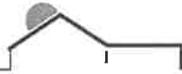
HOME/PROGRAM

Interlachen

pass
Muller

Ethics of Touch Test

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



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

Artemetria Williams

Staff Signature

12/10/15

Date

Artemetria Williams

Print Name

James Sanderson

Trainer Signature

12/7/15

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

Jan S

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: _____

Role of Direct Care Staff Test

pass
revised

Name: Armeatra W.

Date: 12/10/15

Trainer: Meagan Gilbert

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: teacher of household, daily living, and independent living skills.

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> Few 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

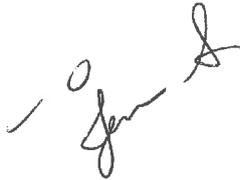
24. Which item below does not require an AFC incident report?

- 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

Health Test



Staff Name: Armatrivia W

Date: 12/7/15

Trainer: Jen S.

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: sneezing
10. List one skin symptom of anaphylactic shock: hives

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

- | | |
|-------------------------------|---|
| 11. <u>B</u> Caustic Agent | <input checked="" type="checkbox"/> A. Storage site: people, animals, water, food & soil, clothing. Environmental surfaces i.e. floors, doorknobs, countertops |
| 12. <u>A</u> Reservoir | <input checked="" type="checkbox"/> B. Fungus, Virus, Bacteria, Parasites |
| 13. <u>D</u> Mode of Escape | <input checked="" type="checkbox"/> 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>E</u> Mode of Transfer | <input checked="" type="checkbox"/> D. Ways disease can leave the reservoir: feces, urine, saliva, blood, perspiration & tears |
| 15. <u>C</u> Mode of Entry | <input checked="" type="checkbox"/> E. People, animals, insects, birds, plants |
| 16. <u>F</u> Susceptible Host | <input checked="" type="checkbox"/> 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
- ~~60-80~~ 50-100
- 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

Health Skills Check

Name: Arthratia W

Date: 12/7/15

Trainer: JENN S.

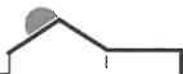
Performance Measures	Passed (trainer initials)	Date
Taking a temperature (verbal)	passed	12/7/15
Taking a pulse (demonstrate)	J	12/7/15
Taking a respiration (verbal)	J	12/7/15
Taking a blood pressure (demonstrate)	J	12/7/15
Hand washing (verbal)	J	12/7/15
Glove removal (demonstration)	J	12/7/15
Written Test 100%	✓	12/7/15

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

Yes No

Jennifer Sanghro 12/7/15
Trainer Signature Date

Arthratia Williams 12-7-15
Employee Signature Date



Nutrition Test

Name: Tricia Williams
Date: 12.7.15
Trainer: Jenni S.

1. Name two key nutrients:

Protein Vitamins

2. Name the six food groups:

Bread Cereal, Vegetables Fruits
Pasta
Dairy Meat, Poultry, Fats, oil, sweets
Fish

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 the lungs.

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

T F

9. Foods high in fiber include:

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

10. Give an example of a modified diet.

low sodium

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 Maintain proper food temp. Wash hands frequently

18. The benefits to food storage are:

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

19. Recommended temperatures for the following:

Refrigerator storage 34° to 40°F
Freezer storage 0° or lower
Cupboard storage approximately 70°

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

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

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

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

Burns Use dry pot holders, tip away from you.
Falls Keep floors clean and dry.
Cuts Use dust pan & brooms to sweep broken pieces.
Electrical Shock dry counter and floors.

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.

Emergency Preparedness Test

John S.

Name: Artheatra W.

Date: 12-7-15

Trainer: JENN S.

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.
your name Address Cause of fire
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 your way out of a fire Rescue someone

15. What does a severe weather watch mean?

bc conditions are right.

There could be severe weather

16. What does a severe weather warning mean?

Severe weather condition has been spotted in your area, take shelter immediately.

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?

designated safe area in each home.

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

True False

20. What are the three heat related emergencies?

Heat cramps Heat exhaustion Heat Stroke

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? Fire book, OST

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 of local agency, private institution/organization, or any public/private individual that operates, provides, or engages in health or social services programs and activities and that receives federal financial assistance from HHS directly or through another recipient/covered entity.
5. Describe the type of person who is considered by law to be Limited English Proficient. An individual who cannot speak, read, write or understand the English language at a level that permits him/her to interact effectively with health care providers and social service agencies.
6. What is the most important basic requirement of LEP?
Language assistance to ensure access to services must be provided at no cost to the LEP person.
7. List the 3 items that a provider must ensure the LEP person has
 1. Adequate information
 2. Ability to understand services
 3. Ability to access services
8. Assuring appropriate language access includes
 1. Oral language interpretation
 2. Translation of written materials
 3. Providing notice of the right to language assistance
 4. Staff training
 5. Program monitoring.

free of charge

LEP Competency

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

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

10. A Competent Interpreter is one who demonstrates

1. Proficiency in English and the LEP person's language
2. Orientation and training that includes skills + ethics of interpreting
3. Fundamental knowledge in both languages of any specialized terms/concepts.
4. Sensitivity to the person's culture.
5. Ability to convey information accurately in both languages

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

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

1. Allegan
2. Kalamazoo
3. Northlands
4. St. Joe

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

1. Rights Booklet
2. Grievance + Appeals Brochure
3. Interpreter Poster

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

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

Completed By: Antonia Williams

Date: 11-6-19

Reviewed By: [Signature]

Date: 11/6/19

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:

A process for planning and supporting the individual that builds upon the individual's capacity to engage in activities that promote community life and honors their preferences, choices, and ability.

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 Center. Planning

Author's Name: Pamela Werner

The person center plan is based on what the consumer wants and gets input from people they have chosen to help them achieve their goals. Once a goal(s) are selected, you want to state objectives that will be beneficial for the consumer to complete to achieve their goals.

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?

Taking them P.N.S. ~~show~~

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

During 1:1 outings, letting the consumer pick the location they want to go.

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

Donating to Goodwill

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

Setting goals to move from HomeLife into independent living.

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

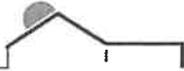
Placing activities and/or outings that the consumers find appealing.

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

Added the YMCA to our weekly schedule

Andrea Williams 11-16-19
Employee Signature Date

[Signature] 11/6/19
Supervisory Signature Date



Person-Centered Planning Test

pass
recalled

Name: Armenia Williams

Date: 12/10/15

Trainer: Meagan Gilbert

- 1. Person-Centered Planning is the development of a treatment or support plan based upon the expressed needs and desires of the individual.
- 2. A Person-Centered Plan assists individuals in creating a personalized image of a desirable future.
- 3. Person-Centered Planning is focused on the individual's strengths and capabilities. T F AW
- 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.
Health, work, social relationships.
daily self activity.
- 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

Basic standards of reasonableness.

Urgent/Emergent Situations.

Effectiveness or cost of service, treatment, or support options.

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

Giving the individual

Gather to share info.

Opportunity to express him/herself.

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

Personalized plan of what they need and desire for their self.

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

Working with People Test

pass
[Handwritten signature]

Name: Armeatra W.

Date: 12/10/15

Trainer: Meagan G.

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~~²³

~~Natural cues and materials~~²⁶

~~integrate~~

~~Adaptation~~²⁵

~~Partial participation~~²⁴

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

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

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

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

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

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

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

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

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

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

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

Building Rapport and Healthy Relationships Test

pass
Wally
Name: Armetria W.
Date: 12/10/15
Trainer: Meagan G.

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 Before behavior. Before After

10. The two types of antecedents are Discriminative Stimuli Establishing operation.

11. Reinforcers will cause a behavior to increase (Motivating) 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 Motivating Operation (Establishing)

14. List two examples of discriminative stimuli (triggers) New Staff. Shift change.

15. Match the words below with the corresponding definition:

Topography E

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.

Engage in activity
Share info of each other's life.
Read binder.

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

- Enough money
- Pre-Teach
- Limits.

18. List 3 key points when making a request.

- Tone of voice, facial expression.
- Level of function
- Provide choices.

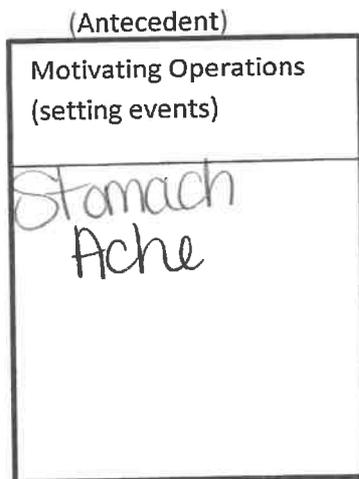
19. List 3 key points when responding to delusional/ dysfunctional behavior.

- Dont engage in argument
- Redirect to another topic
 - Offer options.

20. List 3 key points when responding to verbal aggression

Stay calm; dont get offended.
change subject.

21.



(Antecedent)

Discriminative stimulus (environmental stimulus)	Behavior	Consequence
New Staff.	Verbal Aggression	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?

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.

Antonia Williams

Employee's Signature

11-6-19

Date

[Signature]

Instructor/Supervisor's Signature

11/6/19

Date

HomeLife, Inc.
Confidentiality and Privacy under HIPAA
TEST



Name: Artemetria Williams

Date: 11-10-19

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

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

True or False

Medication Test

*1000
medications*

Name: Armeastria Williams

Date: 11-16-19

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 Nasal
Injection Inhalation

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: Artmatra Williams

Date: 11-6-19

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 ^{AW}₁₁₋₆

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

Name _____ Route _____

Time _____ Dosage _____

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

True

False

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

True

False

13. What are the 6 rights of administering medications?

Person medication Dosage Time Route Documentation

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

Name: Artemetria Williams

Date: 11-6-19

15. When would you NOT administer a medication?
- a. If HomeLife's medication record form and a legible pharmacy label were missing
 - ~~b. A person shows no change in status~~
 - c. If there are any doubts about any of the 6 rights
 - d. A person refuses to take a medication
 - e. Only A, C, & D
 - f. All of the above
16. Transcription is done after medication is administered. True False
17. All medication errors are potentially serious and should be reported immediately.
 True False
18. A medication error has occurred if any of the 6 rights are not followed.
 True False
19. How do you prevent medication errors?
- a. Stay alert and always observe the 6 rights
 - b. Avoid distractions
 - c. Be knowledgeable about medications
 - d. Ask for help if unsure about any step in preparing, administering, or documenting medications
 - e. All of the above
20. To dispose of a medication, only one person needs to be present.
True False

Medication Test

Name: Tria Williams

Date: 11-18-15

Trainer: Merrilee
Merrilee

1. Name two purposes of medication.

Treat Illness Relief 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. 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 Injection Shot
Topical Suppository

5. The oral route is the most common and convenient route of medication administration and the method by which most medications are administered in the homes.

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

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

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

8. What are two of the things that should be known about the medication before it is administered?

What its used for. Side effects

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

True

False

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

Patients Name Dr. Name
Med name Dosage

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

True

False

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

True

False

13. What are the 5 rights of administering medications?

Patient Medicine 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.

True

False

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

True

False

18. A medication error has occurred if any of the 5 rights are not followed.

True

False

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.

True

False

Medication Training Skills Check

Staff Name: Tria Williams

Home: Interdenon

Date: 11.18.15

Performance Measures	Passed	Date
Preparing to Administer Medication (Verbal)	✓	11/18/15
Administering Oral Medication (Demonstration)	✓	11/18/15
Administering Eye Medication (Verbal)	✓	11/18/15
Administering Nose Medication (Verbal)	✓	11/18/15
Administering Topical Medication (Demonstration)	✓	11/18/15
Administering Suppositories (Verbal)	✓	11/18/15
Documenting Medication Administration (Demonstration)	✓	11/18/15
Written Test (100%)	✓	11/18/15

Ear Drops Drops

✓ 11/18/15

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

Yes

No

Munlee Dubuison

11-18-15

Trainer Signature

Date

Arthester Williams

11-18-15

Employee Signature

Date

HomeLife, Inc.

Staff Name: Artheatria Williams
 Date of 1st Pass: 12/14/15

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>12/14/15</u> <u>12/14/15</u> <u>12/10/15</u> <u>12/10/15</u>			
1.	Did they use correct med sheet/ go to correct section of med book?	<u>DD</u>	<u>DD</u>	<u>BF</u>	<u>AZ</u>
2.	Did they transcribe the client name correctly?			<u>BF</u>	<u>AZ</u>
3.	Did they transcribe the order correctly and accurately, exactly as it appeared on the Med. label?			<u>BF</u>	<u>AZ</u>
4.	Did they check the time?			<u>BF</u>	<u>AZ</u>
5.	Did they check the client's med record to see if that particular client receives medication at this particular time?			<u>BF</u>	<u>AZ</u>
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?			<u>BF</u>	<u>AZ</u>
7.	Did they clean off their work area?			<u>BF</u>	<u>AZ</u>
8.	Did they wash their hands?			<u>BF</u>	<u>AZ</u>
9.	Did they check the medication label 3 times?			<u>BF</u>	<u>AZ</u>
	a. When taking the bubble pack out of the bin?			<u>BF</u>	<u>AZ</u>
	b. When punching the medication into the med. cup?			<u>BF</u>	<u>AZ</u>
	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.)			<u>BF</u>	<u>AZ</u>
10.	Did they use the dot method?			<u>BF</u>	<u>AZ</u>
	a. Did they remove all of the bubble packs with the appropriate time of day indicated?			<u>BF</u>	<u>AZ</u>
	b. Did they empty one bubble on each bubble pack, counting backwards?			<u>BF</u>	<u>AZ</u>
	c. Did they put a dot in the upper right hand corner in each corresponding square of the med. sheet?			<u>BF</u>	<u>AZ</u>
	d. Did they date and initial next to the punched out med. on the bubble pack?			<u>BF</u>	<u>AZ</u>
	e. Did they review the med. sheet and bubble packs for any errors?			<u>BF</u>	<u>AZ</u>
11.	Did they observe the five rights?			<u>BF</u>	<u>AZ</u>
	a. Client?			<u>BF</u>	<u>AZ</u>
	b. Medication?			<u>BF</u>	<u>AZ</u>
	c. Dosage?			<u>BF</u>	<u>AZ</u>
	d. Time?			<u>BF</u>	<u>AZ</u>
	e. Route?			<u>BF</u>	<u>AZ</u>
12.	Did they follow any special instructions? (I.e. Take before or after meals, shake well; take with food or milk, etc.)			<u>BF</u>	<u>AZ</u>
13.	Did they pour liquids from the unlabeled side of the bottle, palming the labeled side?			<u>BF</u>	<u>AZ</u>
14.	Did they measure liquid medications with a plastic metered med. cup?			<u>BF</u>	<u>AZ</u>

HomeLife, Inc.

Lead Supervisor Training Tasks for OJT Level 4

- D=Discussion with trainer
- E=Trainee explains and/or give examples; Trainee is able to explain process
- P=Trainee shows or demonstrates how to perform the task/process to standard
- O=Trainee shows product of work or outcome (e.g., written report, completed schedule, etc.)

Employee:
Tria Williams

H=Hand Out

Line Item	Prerequisites: Level I, II, III and one year of service completed; Current Supervisor; Working on a college degree or college graduate; Recommended by manager based on performance and attendance. Approved by Administration. Instructions: Manager or Lead Trainer to retain this document and initial as each task is completed until all tasks are completed. Corporate reviewer initials upon spot checking tasks. Spot checks can occur as a group of tasks are completed. Manager and Reviewer sign last page when OJT Level 4 completed.	Training Evidence	Trainer's Initials	Reviewer's Initials
Vision, Mission, and Values				
V1	What is the Vision of HomeLife, Inc.? (See Employee Handbook: Our Vision)	D/E	TS	KZ
V2	What is the Mission of HomeLife? (See Employee Handbook, Our Mission)	D/E	TS	KZ
V3	What are the key values of HomeLife? (See Employee Handbook, Our Values)	D/E	TS	KZ
V4 H	What are the 6-key objectives that support HomeLife's vision and mission? How does HomeLife monitor its progress with respect to these objectives? (See Employee Handbook, Key Objectives)	D/E	TS	KZ
1. Clean, Friendly, Safe, Home-Like Environment				
H1	Who is an EXTERNAL CUSTOMER (give an example)? Who is an INTERNAL CUSTOMER (give an example)? Who is a STAKEHOLDER (give an example)?	D/E	TS	KZ
H2	Greeting Visitors: How should we greet customers or strangers when they visit the home? What should you do if you do not know the person? Who should sign the Visitor's log and why?	D/E/P	TS	KZ
H3	Answering the Phone: Describe how the phone should be answered and why. What information can be given to a person about a resident if you aren't sure there is a consent for release of information?	D/E/P	TS	KZ
H4 H	Case Notes: Why are case notes important? What should be documented in case notes? (See Case Notes Policy & Procedure)	D/E/P	TS	KZ
H5	Cleaning Schedules and Checklists: Explain HomeLife's cleaning policy. Explain what role the Lead Supervisor plays in ensuring cleaning schedules and checklists are completed as assigned. (See Home Cleaning and Shift Responsibilities Policy & Procedure)	D/E	TS	KZ
H6	Tours and Inspections: How do you prepare the home for a family or customer tour? How do you prepare the home for an announced inspection from a CMH contractor or AFC Licensing Consultant? How do you prepare for unannounced/short notice tours and inspections?	D/E/P	TS	KZ
H7	Equipment and Appliance Use: Explain the HomeLife expectations on use of dishwashers, washing machines, dryers, and other equipment to ensure they are not abused, damaged, or unnecessarily worn-out before the useful life of the appliance. Why is it important that equipment (e.g., snow blowers, lawn equipment, gas grills, etc.) are kept in safe working order and clean? Explain why it is necessary to train and document training for employees using such equipment. (See Employee Handbook: Use of Company Equipment and Safety)	D/E	TS	KZ
H8	Emergency Procedures: Explain and show how to find HomeLife emergency procedures (e.g., fire drills, severe weather, resident injuries, staff injuries, seizures, etc.). (See Emergency Policies & Procedures)	D/E/P	TS	KZ
H9 H	Safety: Explain and show how to complete monthly safety checks. What do you do if during the checks something does not meet the standards? (See Environmental Safety Policy & Procedure)	E/P/O	TS	KZ
H10 H	Vehicle Safety: Explain and demonstrate the weekly and monthly vehicle maintenance checks. (See Monthly Vehicle Check form)	E/P/O	TS	KZ
H11	Vehicle Maintenance: How often should the van's oil be changed? How often should the van go in for a full inspection? What do you do if there is an issue with the van that needs repair? (See Vehicle Maintenance Check List; also, Utilities Contacts List)	D/E	TS	KZ
H12	Vehicle Maintenance Paperwork: Where should you file the annual vehicle inspections? Where should you keep proof of other vehicle work?	D/E/O	TS	KZ

H13	Scenario H13: You took the van in for repair that should be under warranty, you told the dealership multiple times that it was warranty work, however, when the staff gets dropped off at the dealership to pick up the van, they won't release the vehicle until they receive payment. What should you do?	D/E	TS	KZ
H14	Weekly Home Inspections: Explain why weekly home inspections are completed? What should you do with the Weekly Walk Through form when the Home Manager completes it and puts it on the floor with assignments? (See Weekly Home Inspections Policy & Procedure)	D/E	TS	KZ
H15	Client Cleanliness: Why is it important to make sure that residents complete ADL's, change into clean clothing, and complete room care? How often should the resident's complete these activities? Why is it important that staff monitor and prompt residents to make sure they are completing these activities?	D/E	TS	KZ
H16	Shift Change: What is the purpose of shift change? What should be discussed during shift change? What are some times when including all staff in shift change is not a good idea?	D/E	TS	KZ
H17 H	E-Scores: Why is it important to run a fire drill when a new resident is admitted? What should you pay attention to during the drill? When do E-scores have to be updated? Explain/demonstrate the procedure for filling out E-scores.	D/E/P/O	TS	KZ
2. Active Treatment (Resident Behavioral and Medical Stability)				
A1 H	Case Review Meetings: Explain how to take meeting minutes. Why is it important for the Lead Supervisor to attend case review meetings? Explain how to follow through on actions. (See Case Review Policy & Procedure)	E/P/O	TS	KZ
A2 H	Weekly Medication Tracking: Explain how to complete the weekly med tracking counts. How far out should you call for refills? Explain how to order medications from the pharmacy. (See Medication Procedures: Weekly Medication Tracking)	E/P/O	TS	KZ
A3	Scenario A3: During a medication inventory you discover one med packet of Vicodin missing. What would you do?	D/E	TS	KZ
A4	Managing Doctors appointments, labs, and med reviews: Explain or show how you manage medical appointments, labs and med. reviews.	D/E	TS	KZ
A5 H	Medical Appointment Records: What information should be completed on the Medical Appointment Record before the appointment? Why is it important for a Lead to plan ahead for medical appointments and complete the Medical Appointment Record before the appointment? What information should staff make sure the physician completes? What should staff do with the Medical Appointment Record upon return to the home? What should staff do with any scripts or physicians orders? (See Medical Appointments Procedure and Ordering Medications from the Pharmacy Procedure)	D/E	TS	KZ
A6	Transportation to Appointments: How do you ensure that the resident will get to the scheduled appointments on time? What do you do if there are conflicting appointments?	D/E	TS	KZ
A7	Rescheduling and Canceling Appointments: Under what circumstances is it acceptable to cancel an appointment for a resident? How soon should you let the office know you are canceling? When should you reschedule an appointment? What should you keep in mind when scheduling an appointment?	D/E	TS	KZ
A8 H	Medication Refills: Explain how you ensure medications do not run out. What do you do if you need a new script and there are not enough pills to last until the next scheduled appointment with the prescribing physician? Why is it important to know when the scripts will run out when scheduling an appointment? (See Medication Procedures: Prescriptions and Refills; also, see Ordering Medications from the Pharmacy Procedure)	D/E/P	TS	KZ
A9	Scenario A9: You have a resident who takes Coumadin (or Clozaril). What is the procedure for re-ordering Coumadin (or Clozaril) and ensuring you have a supply of Coumadin (or Clozaril) for the resident?	D/E	TS	KZ
A10 H	Authorizations: What should you do if the pharmacy tells you they need a prior authorization for a medication a physician ordered? Why is it important to keep case notes and follow up with making sure a prior authorization is obtained? What do you do if the Insurance will not cover a medication? (See Medication Procedures: Authorizations)	D/E/P	TS	KZ
A11 H	Monthly Medication Deliveries: Explain the process for checking in monthly medications. Why is it important to have another staff member help with this process? What do you do if there are discrepancies? (See Medication Procedures: Monthly Medication Inventory Verification Procedure)	D/E/P	TS	KZ
A12 H	Returning Medications to the Pharmacy: Explain the procedure for sending medications back to the pharmacy. What paperwork must be completed? What medications can not be returned? (See Pharmacy Deliveries, Returns and Forms Procedure)	D/E/P	TS	KZ

A13 H	Pharmacy Deliveries: What should you do when the pharmacy delivers meds to the home? Where should you put the delivery sheet? What internal documentation needs to be completed for medication deliveries? Why is it important to check the medications in and check to see if they need to go in the current meds rather than just putting them in the reserves? What is the Lead's role with any pharmacy deliveries? (See Pharmacy Deliveries, Returns and Forms Procedure)	D/E	TS	KZ
A14	Scenario A14: The pharmacy delivers medications on 2nd shift that you were not expecting. There is no delivery sheet, nor new prescription to reference? What should you do?	D/E	TS	KZ
A15 H	PRN's: What are some things that should be clarified by the physician regarding PRN's? Who can you ask if the physician is not available? How long is a PRN bubble pack good for? When should you request the physician to review the need of a PRN or adjust the order of a PRN medication? (See Medication Procedure: PRN Medications)	D/E	TS	KZ
A16 H	Nasal Sprays and Inhalers: How would you calculate the run out date of an inhaler or nasal spray? Why is it good to call in the refill a couple of days prior to the estimated run out date? (See Medication Procedure: Nasal Sprays and Inhalers)	D/E	TS	KZ
A17 H	Pharmacy Reviews: What is a pharmacy review and how often are they required? When would it be useful to request a pharmacy review besides when it is required? How do you get a pharmacy review? What do you do with the results of a pharmacy review? (See Medication Procedure: Pharmacy Reviews)	D/E	TS	KZ
A18 H	Health Care Appraisals: How often should health care appraisals be completed? What do you do if you see that a health care appraisal is going to be needed soon or is overdue? (See Medication Procedure: Clinical Chart Procedures, Health Care Appraisals)	D/E/P	TS	KZ
A19 H	Resident Weight Records: How often should Resident weights be completed? Why is it important that the weight record be kept up to date? What do you do if there is a unusual or significant weight loss or gain (10+ lbs)? (See Medication Procedure: Clinical Chart Procedures, Resident Weight Record)	D/E/P	TS	KZ
A20 H	Physician's Orders: What are the Physician's Orders delivered from the pharmacy? Why should the physician's orders be kept up to date in the clinical chart? Why should you send any changes on the clinical charts to the pharmacy? Where do you file the old physician's orders when you replace them with the new one's at the beginning of each month? (See Medication Procedure: Clinical Chart Procedures, Physician's Orders)	D/E/P	TS	KZ
A21	Medication Administration Records: How many months of medication administration records should be kept in the clinical chart? Where do you archive older medication administration records? Why is it important to double check the medication administration records before filing them in the clinical chart? (See Medication Procedure: Clinical Chart Procedures, Medication Administration Records)	D/E/P	TS	KZ
A22	Prescriptions: Where should a copy of the current scripts be kept? What do you do if you cannot find a script in the clinical chart? What might have happened to the script? How do you secure a copy of the missing script? (See Medication Procedure: Clinical Chart Procedures, Prescriptions)	D/E/P	TS	KZ
A23	AIM's: How often do AIM's need to be completed by a nurse? How often do AIM's need to be completed by a physician? How do you keep track of when these are needed and ensure that they are done on time? (See Medication Procedure: Clinical Chart Procedures, AIM's)	D/E/P	TS	KZ
A24	Psychotropic Medication Consents: When do Psychotropic Med Consents need to be completed? Who needs to sign them? How do you find out if a medication is psychotropic if you are unsure? (See Medication Procedure: Clinical Chart Procedures, Psychotropic Medication Consents)	D/E/P	TS	KZ
A25 H	Labs/x-rays/other: Why is it important to get the labs/x-rays/other physician orders in the time frame that the physician asked? How do you set up appointments for labs/x-rays? What do you do if a physician orders a walker, or other medical equipment? (See Medication Procedure: Clinical Chart Procedures, Labs/X-Rays, Etc.)	D/E/P	TS	KZ
A26 H	4 Supervised Med Passes: Why is it important for new staff to complete 4 supervised med passes? Explain the process for training and supervising a new employee in completing these passes. What do you do if you are supervising a staff with the med passes and they make an error? Why are you accountable for their errors? (See Preparation, Administration, and Documentation of Medications Training Checklist)	D/E	TS	KZ
A27	Resident (Clinical) Record Release/Review of Documentation: When should this form be completed? Why is this form used? (See Clinical Record Review & Release Documentation Policy & Procedure)	D/E	TS	KZ

A28	Scenario A28: A resident tells you that he had intimate sexual contact with another resident and now is concerned and depressed about the event, and regrets the event ever occurred. What would you do?	D/E	TS	KZ
A29	Scenario A29: Upon returning from a LOA home visit, you notice the resident has a bruise on his face. His father stated that the resident fell in the shower. Later the resident stated that his father hit him for misbehaving. What would you do?	D/E	TS	NB
A30	Scenario A30: A visiting physician comes to the home and he is very difficult to talk to, he doesn't want to listen to staff requests, or updates on the client and is very rude when you approach him. What should you do?	D/E	TS	NB
A31	Scenario A31: A client goes to pick up his new glasses and staff come back from the appointment stating that they could not get the glasses because the office stated that he does not have Medicaid according to their system. You know the client has Medicaid because it covered his eye exam, and all other medical costs, but he has a spend down. What is a spend down? What should you do?	D/E	TS	NB
A32	Scenario A32: A guardian calls you and says that they received a bill for a co-pay for a new medication. They don't want to pay the co-pay and they want the medication changed. What should you do?	D/E	TS	NB
A33 H	Medical Abbreviations: Demonstrate knowledge about the commonly used medical abbreviations such as, QD, BID, TID, QID, HS, ac, prn, po, QOD, pc, d/c, gtt, DNR, etc. (See Medical Abbreviations list).	D/E	TS	NB
A34	Scenario A34: A resident becomes ill when out of the program (i.e. at MRC). The staff from the other program call the home and ask that HomeLife staff pick the resident up as soon as possible. However, the company vehicle is in use for the weekly grocery shopping trip. What should you do?	D/E	TS	NB
A35	New Admissions: What is the Lead responsible for when a new resident is admitted to the home? What should you do if the medications and orders from the previous placement do not match? What should you have prepared prior to the admission?	D/E	TS	NB
3. Life Experiences and Quality of Life				
L1	Activities and Skills Classes: Why does HL offer skills classes? Explain how you motivate participation for client activities and skills groups. How do you set a positive example for the staff in ensuring that the activities get completed and in motivating participation? What do you do if you try to motivate the residents to participate and they do not want to participate in the scheduled skill class or activity? Why is it important to offer in home and community activities and outings that the residents enjoy? (See Initiating and Conducting Activities Training Procedure)	D/E	TS	NB
L2	Scenario L2: For an activity, one of your employees would like to bring her pet dog to work for the residents to play with. Is this okay to do? Why or why not?	D/E	TS	NB
L3	Weekly Planners and Progress Notes: Why is it important to properly fill out WP/PN, including initialing and signing? How should documentation errors be corrected? What should you write about on progress notes? (See Weekly Planners & Progress Notes Policy & Procedure)	D/E/P	TS	NB
L4	Resident Advisory Committee: What is the Resident Advisory Committee? Why is it important? What are the standing agenda items? Why is it important to follow these standardized agenda items? How do you get residents to attend this meeting? How do you follow up on actions? (See Input from Persons Served, Personnel & Other Stakeholders Policy & Procedure)	D/E	TS	NB
L5	Shift To-Do List: Why is it important to make sure that all medical appointments are added to this list? How do you ensure that appointments, activities, and skills classes are being run as scheduled?	D/E	TS	NB
L6 H	Menus and Special Diets: How are changes made to the menu? How long do menus need to be kept on file? What do you do if a physician orders a special diet? How do you document special diets are being followed? (See Menu Planning: Grocery and Supply Shopping Policy & Procedure)	D/E	TS	NB
L7	Scenario L7: A diabetic client refuses meals for breakfast, lunch and dinner. At 6:00pm he would like to go to McDonald's for his outing. Is this allowed, why or why not? What should you do upon return to the home?	D/E	TS	NB
L8 H	Home Visits and LOA's: How do you prepare a resident for a home visit with family? How do you prepare medications and medical instructions for an LOA? (See Leave of Absence Medication Policy & Procedure)	D/E	TS	NB

L9	Scenario L9: You arrive to work at 7am and find a note from 2nd shift staff that resident Benny's guardian's brother called at 9pm to say that he wants to take Benny to Florida for a week, leaving at 9am the following day. It is the end of the month and the monthly medications have not come in yet, so you do not have enough of some of the medications to send a week supply. What should you do?	D/E	TS	nmj
L10 H	Hospitalizations: Explain what to do if a resident has to be admitted to the hospital. Who is notified? What should be taken to the hospital? (See Resident Hospitalization and Return to Home Policy & Procedure)	D/E	TS	nmj
4. Skilled Caring Staff (Employee Development)				
S1 H	Dress Code: Why is it important for HomeLife to have a dress code? Explain the dress code at HomeLife (see policy). How can the Lead Supervisor establish a positive environment for others to follow HomeLife's dress code? (See Employee Handbook)	D/E/P	TS	nmj
S2	Employee Evaluations: What information should you give to the Home Manager to better enable him/her to accurately complete employee evaluations?	D/E/O	TS	nmj
S3	Work Injuries: What should you do if an employee is injured while working? Who should you notify? Where should they go for a work related injury? Where do you find this information? (See Employee Handbook: Health and Safety, Workers Compensation; also, Staff Communication Log)	D/E	TS	nmj
S4	Teamwork: How do you develop and motivate your employees to work as a team? How do you help them through a difficult situation (e.g., unstable resident who is frequently aggressive)?	D/E	TS	nmj
S5	Filling Shifts: What is the proper procedure for filling a shift when there is a call-in? What if you are the Supervisor on-call and it will be over time, do you just work the shift or should you try to find a non-overtime staff to cover the shift? (See Employee Handbook: Home and Administrative On-Call Duties)	D/E	TS	nmj
S6 H	On-The-Floor Orientation Training: How do new employees get orientated to the procedures and residents of the home? What checklist is used for this orientation? How do you motivate current employees to work on OJT? (See New Hire Orientation Checklist, Preparation, Administration & Documentation of Medications Checklist, Vehicle Safety/Road Test Checklist, and additional	D/E	TS	nmj
S7	On-The-Job (OJT) Training--Special Equipment: Why is it important that we document staff training on special equipment (e.g., snow blower, grill, wheelchair lift, etc.)? Who is liable if someone is injured using this equipment? If a resident is injured, what questions will the AFC Licensing Consultant ask? (See Special Equipment Training Checklists; also, Employee Handbook: Use of Company Equipment)	D/E	TS	nmj
S8	Resident Special Equipment Training: How do you ensure that new employees learn how to use and monitor the use of special resident equipment in the home (i.e. nebulizer machines, oxygen machines/tanks, colostomy, blood sugar testers, etc.)? (See Specific Equipment Training Checklists and sign off sheets)	D/E	TS	nmj
S9	Managing Employee Morale: Discuss the following topics: (1) Consistency and fairness with policies and expectations; (2) Responsiveness to staff concerns; (3) Leading by example; (4) Presence on the floor; (5) Use of recognition, Appreciation Memos and Commendations. (See Supervisor: Professional Conduct and Leadership Policy & Procedure; also, Employee Handbook: Employee Performance Recognition)	D/E	TS	nmj
S10	Warning and Suspensions: Why is it important for the Lead Supervisor to be present or witness to employee performance improvements?	D/E	TS	nmj
S11	Delegating: Explain how to delegate tasks to subordinates. How do you ensure tasks are completed to standard? What do you do if an employee tells you a task is completed when it really is not? (See Supervisor: Professional Conduct and Leadership Policy & Procedure; also, Shift Supervisor: Planning and Organization Policy & Procedure)	D/E	TS	nmj
S12	Setting and Promoting High Standards: How do you ensure employees are completing their duties to high standards? What do you do if an employee falsifies data? How do you set an example for other employees? (See Supervisor: Professional Conduct and Leadership Policy & Procedure)	D/E	TS	nmj
S13	Scenario S13: If an employee is consistently late for work, doesn't appear to be doing cleaning tasks, watches TV, appears to be sleeping on shift, or repeatedly misses initials on documentation, how would you approach this staff for these situations?	D/E	TS	nmj
S14	Gossip, Personal Problems, Attitude: Why is it important as a Lead to not gossip or bring your personal problems to work? How do you maintain a positive attitude even when a resident is being particularly challenging? (See Supervisor: Professional Conduct and Leadership Policy & Procedure)	D/E	TS	nmj

S15	Treatment Plans and Tracking: Why is it important to follow the resident's treatment plans and track properly and consistently? Where can staff find the current Behavior Treatment Plan (BTP)? Where can staff find the current Person Centered Plan (PCP) or a listing of the PCP goals and objectives? How do you ensure that staff are following the plans? How do you address an employee who is not following a PCP or BTP? How do you make sure that staff are tracking and documenting behaviors for the BTP or PCP? What internal documentation is used to indicate that staff are training on PCP and BTP plans annually or when plans are updated/changed? (See Employee Handbook: Documentation and Quality of Work; also, Person Centered Planning Policy & Procedure, Activity Weekly Planners, and Progress Notes & Progress Reports Policy & Procedure)	D/E		
S16	Favoritism: Why is it important to treat all employees equally? Why should you be careful not to show favoritism for any employees? How can favoritism lead to lack of respect?	D/E		
S17	Discussions in front of Residents: Why is it important to not discuss staffing issues, dissatisfaction with other staff, or personal issues and information in front of the residents or customers? How can doing so affect the residents or customers? (See Supervisor: Professional Conduct and Leadership Policy & Procedure; also, Employee Handbook: Customer Service and Professionalism)	D/E		
S18	Teaching/Coaching: Why is it important to take time to show staff how to complete tasks when they come to you with questions rather than always handling it yourself? What kind of atmosphere does it create if every time staff come to you about something (i.e.. med ran out, made an error, etc.) you tell them you will take care of it? What kind of atmosphere is created if you explain how to do what needs done and have them take care of it? How do these different methods affect staff accountability? Which method will create a more responsible, capable staff?	D/E		
5. Systematic Approach				
Y1	Home Manager Handbook: How is it organized? How are the policies and procedures formatted? Why? (See Home Manager Handbook)	D/E		
Y2	Scenario Y2: You notice the following: blinds are broken, missing curtain, garbage lid is bent, dresser drawer is broken with a nail sticking out, and there is dried feces on the bathroom wall. What should you do?	D/E		
Y3	Home Evaluation: Why does HomeLife complete Home Evaluations?	D/E/P		
Y4	Home Evaluations Preparation: What is expected of a Lead Supervisor in helping to prepare for a Home Evaluation? What can you do throughout the quarter to make the Home Evaluation prep go more smoothly? How does organization and checking documentation as you file help in being Evaluation ready?	D/E		
Y5	Staff Phone Lists and On-Call Calendar: Where do you find these lists? How are they updated? Can you give these numbers out to anyone who calls the home?	D/E		
Y6	Paperwork and filing: How should you manage filing and keeping up with paperwork? How would you keep client records updated? How and why are resident records kept secure? Who can access the records?	D/E		
Y7	Resident Information Updates: How do changes in resident information get shared with the floor staff? What is the LS role in making sure employees stay up to date with the current information?	D/E/P		
Y8	Vacations: How do you prepare for a vacation or time off? How do you ensure that residents do not run out of medications when you are gone? What do you do if refills need to be called in when you will be out?	D/E		
Y9	Resident Attendance: Why is it important that all Leave of Absence (LOA) dates are reported to the Home Manager? Why is it important that LOA's are properly documented on Weekly Planners/Progress Notes, Medication Administration Records, Night Time Recording, Client Census, Attendance Records, LOA forms, and billing? Why is it important for all of these to match? Who looks at these forms? What happens if there are inconsistencies found?	D/E		
Y10 H	Computer Security: Explain and demonstrate how you maintain computer security? Why is it important to protect your password? Explain HomeLife's policy on computer security and backup. (See Computer Security Policy & Procedure)	D/E		
Y11 H	Computer Backup: How do you backup information on your computer? How often should you backup your information? (See Computer Security Policy & Procedure)	P/O		
Y12	Supervisor Meetings: What is the function of this meeting? What should be reported? Why is the home-level report card important for this meeting? Demonstrate how to keep minutes.	D/P/O		

Y 13	Daily Supervisor Meetings: What information is reviewed by the manager at the daily supervisor meetings? Who should attend? What is the Lead Supervisor's role in these meetings?	D/E		
Y14	Home-Level Report Card: Why is the Home-Level Report card important? How does it help you track improvements? What data does the Lead give to the Home Manager for the Report Card?	D/E		
6. Business Results				
B1	Controlling Overtime, Utilization, and Expenses: How can you help to manage and control utilization and overtime as a Lead Supervisor? Explain how you would help control mileage expenses, food waste, product waste.	D/E/P		
B2	Customer Satisfaction: Why should you survey the customers at the home level (Home Like Surveys) frequently when the company surveys customers once each year? Who should you have complete these surveys? (See Input from Persons Served, Personnel & Other Stakeholders Policy & Procedure)	D/E		
B3	Resident Satisfaction: How do you know the residents like the food? How do you know they like the activities? Why is it important that resident's are surveyed weekly on satisfaction in these areas? How does HomeLife use this survey information? (See Input from Persons Served, Personnel & Other Stakeholders Policy & Procedure)	D/E		
B4	Top Box Score: Why is it important to achieve a "top box" (5) rating from customers? How does a "4" rating on a survey item differ from a "5" in terms of customer loyalty?	D/E		
B5	Office of Recipient Rights Inspections: Explain what occurs during an ORR inspection. How do you prepare for this type of inspection? How do you know which resident's information can be released?	D/E		
B6	CMH Contract Review: Explain what occurs during a CMH Contract Review. How do you prepare for this review? Which resident's information can a CMH reviewer see?	D/E		
B7	CMH Billing Audit: Explain what occurs during a CMH billing audit. How do you prepare for this audit? What documents and information should be ready, organized, complete, and accurate for this audit?	D/E		
B8	AFC Licensing Investigation: Explain what occurs during an AFC Licensing investigation. What resident information is the Licensing Consultant allowed to look at? (See Licensing Rules for Adult Foster Care Small Group Homes (12 or less), State of MI DHS, Office of Children and Adult Licensing)	D/E		
B9	AFC Licensing Renewal: Explain what happens during an AFC Licensing Renewal. How do you prepare for this type of inspection? (See Licensing Rules for Adult Foster Care Small Group Homes (12 or less), State of MI DHS, Office of Children and Adult Licensing)	D/E		

In Home Training with Lead Supervisor and/or Home Manager	LS/HM Initial
Archiving: trainee has participated in archiving clinical binders, creating folders, and trained in what can be archived, and when to archive.	NMB
Client Census: trainee is able to demonstrate how to complete the client census in regards to in program days, LOA days, and hospital days.	
Clinical Binders: trainee is able to find requested documents in file. i.e. AIMS, Weight Record, Prescriptions, Lab results.	NMB
Home Eval Prep: trainee has assisted Lead Supervisor with the preparation for a home eval. (double checking med sheets, internal vs. external, documentation, etc.)	NMB
Medical Appointments: trainee has scheduled appointments and prepared needed paperwork. Trainee is able to complete necessary follow up from appointments and/or blood work.	NMB
Meeting Minutes: trainee has taken meeting minutes at a Case Review and a Supervisor Meeting	NMB
Monthly Medication Check-In: trainee has completed a monthly medication check-in with the lead supervisor.	NMB
Monthly Safety Checks: trainee has completed monthly safety checks under the supervision of the lead supervisor.	NMB
Prescription Refills: trainee is able to demonstrate calculating when a prescription will run out. Trainee must demonstrate this using 3 different scripts.	NMB
Progress Reports: trainee has completed at least 2 progress reports under the supervision of the home manager.	NMB
Resident Database: trainee is able to navigate and update resident database. Trainee is able to create scripts and medical appointment records.	NMB
Weekly Medication Inventory: trainee has completed a weekly medication inventory under the supervision of the lead supervisor.	NMB
Van Checks: trainee has completed monthly van checks under the supervision of the lead supervisor	NMB

Antwan Williams

Lead Supervisor Trainee Signature:

8/22/18

Date

[Signature]

Reviewer's Signature:

11/14/18

Date

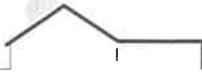
Home Manager Ratings:

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)



February 9, 2018

Artmeatria Williams
6716 Andover, Apt. B
Kalamazoo, MI 49009

Employment History

Position: Shift Supervisor
Start Date: 11/16/15
Full-time Start: 10/1/16
Program: 8038 Interlochen Road

RE: Completion of Level III Training and Experience Requirements

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 neurobehavioral 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:
Weekly home inspections, medication ordering, documentation, storage and management; behavior treatment plans; resident hospitalization and return; safety plan and crisis intervention; code of ethics; corporate compliance; teamwork; computer security procedures; planning, preparing, and conducting a meeting; organization quality plan; and media relations.

Behavioral Observation 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 expectations**” and work performance as “**exceeds expectations**” by your supervisor. Please see attached work performance descriptions.



You are now trained as a behavioral observer for HomeLife, Inc., and you'll be expected to ensure observations, incident and accident 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.

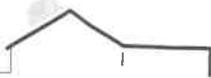


Barry J. Bruns, M.S.

President

Attachment: Level III Certificate of Completion

cc: Personnel File



February 9, 2018

Artmeatria Williams
6716 Andover, Apt. B
Kalamazoo, MI 49009

Employment History

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Full-time Start: 10/1/16
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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:
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Sincerely,

HomeLife, Inc.



Barry J. Bruns, M.S.
President

Attachment: Level III Certificate of Completion

cc: Personnel File

HomeLife, Inc.



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

This certifies that

Armeatria Williams

Has completed Level III requirements
and is therefore awarded this

Certification of Completion

Given this 9th of February 2018

Barry J. Bruns

Barry J. Bruns, President
HomeLife, Inc.

Attendance and Work Performance Ratings:

Work Performance	Attendance	Rating
<p>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), responsible 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.</p>		<p>Exceptional</p> <p>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.</p>
<p>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.</p>	<p>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.</p>	<p>Exceeds Expectations</p> <p>Key shifts such as weekends and holidays. Picks up extra shifts when requested by manager. Considered dependable and reliable.</p>
<p>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.</p>	<p>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.</p>	<p>Meets Expectations</p> <p>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.</p>
<p>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.</p>	<p>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.</p>	<p>Below Expectations</p> <p>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.</p>
<p>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.</p>	<p>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.</p>	<p>Needs Improvement</p> <p>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.</p>

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

Employee Name: Arthurina Williams

Hire Date: 11-10-15

Training (Tx) Method
 OS = Correspondence
 DB = Dribbling
 GR = General References

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

Review Method
 R = Show reference to find reference materials, checklists, instructions
 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)
Wettable Home Inspections	TS/SD/DB/CS	4	E	11	1/24/18	BC	EE	C			ATC	C
Behavior Treatment Plans	CS/GR	4	E	11	1/24/18	BC	VZ	C			ATC	C
Resident Reevaluation and Return	DB/SD/CS/GR	7	E	11	1/24/18	BC	VZ	C			ATC	C
Safety Parts and Crisis Intervention	CS/GR	6	RE	11	1/24/18	BC	VZ	C			ATC	C
Code of Ethics	CS/GR	0	E	11	1/24/18	BC	VZ	C			ATC	C
Corporate Compliance Plan	CS/GR	0	R	11	1/24/18	BC	VZ	C			ATC	C
Medications: Disposal	GR/TS/TS	4	D	11	1/29/18	BC	VZ	C			ATC	C
Medication: Ordering From Pharmacy	TS/DB/CS/GR	0	D	11	1/24/18	BC	VZ	C			ATC	C
Medication Storage	GR/TS/TS	0	E	11	1/24/18	BC	VZ	C			ATC	C
Teamwork	TS/DB/CS/GR	0	D	11	1/24/18	BC	VZ	C			ATC	C
Computer Security	CS/GR	7	E	11	1/24/18	BC	VZ	C			ATC	C
Planning, Prep., & Conducting a Meeting	TS/SD/DB/CS	2	E	11	1/24/18	BC	VZ	C			ATC	C
Quality Plan	CS/GR	4	R	11	1/24/18	BC	VZ	C			ATC	C
Media Relations: Home Level Staff	CS/GR	6	R	11	1/24/18	BC	VZ	C			ATC	C

BEHAVIOR ASSESSMENTS

To be checked only by Behavior Analyst when completed.
 Includes preceding the materials at Case Review.

Date Behavior Assessments Completed: 2/7/18

Behavior Analyst Signature: [Signature]

Behavior Assessment (Case #1)
 Behavior Assessment (Case #2)
 Behavior Data Recording Project
 Behavior Data Recording Forms

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

Employee Name: Antwanria Williams Hire Date: 11/16/15

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"/>	Neuro Behavioral: Brain Image	<input checked="" type="checkbox"/>	MANDT Practice
<input checked="" type="checkbox"/>	Neuro Behavioral: Emotions	<input checked="" type="checkbox"/>	Home Mgr. Supervised Skills Class
<input checked="" type="checkbox"/>	Neuro Behavioral: Frontal Lobe		
<input checked="" type="checkbox"/>	Neuro Behavioral: Sleep Patterns		
<input checked="" type="checkbox"/>	Autism (1)		

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

Performance:	Attendance:
<input checked="" type="checkbox"/> Exceptional (5)	<input type="checkbox"/> 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: 2/7/18 Home Manager Signature: [Signature] Date: 2/9/18



July 14, 2016

Artmeatria L. Williams
5813 Copper Beech Blvd., Apt. H
Kalamazoo, MI 49009

Employment History

Position: Direct Care Staff
Start Date: 11/16/2015
Part-time Employee
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.

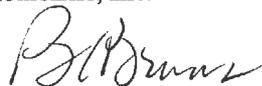
Your attendance was rated as “**exceeds expectation**” and work performance as “**exceeds expectation**” by your supervisor. Please see attached work performance descriptions.



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 "Barry J. Bruns". The signature is written in a cursive style with a prominent 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

Armeatria L. Williams

Has completed Level II requirements
and is therefore awarded this

Certification of Completion

Given this 14th of July 2016

Barry J. Bruns

Barry J. Bruns, President
HomeLife, Inc.

CA 15/56

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

Employee Name: Trig Williams

Hire Date: 11/16/15

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/Incomplete (C/I)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete/Incomplete (C/I)
Propane Grill Training	TS/SD/CS/GR	4	R	1/1/1	3/4/16	MB	AZ	C			MB	C
Safety: Carbon Monoxide Alarm	SD/DB/CS/GR	7	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Preparing for Tours and Inspections	TS/SD/CS/GR	5	D	1/1/1	4/7/16	MB	AZ	C			MB	C
Bio-Hazardous Medical Waste	TS/SD/CS/GR	8	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Case Review	TS/SD/CS/GR	8	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Infection Control	DB/SD/CS	9	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Medical: Advanced Directives & DNR Orders	CS/GR	7	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Medical: Appointment Preparation and Review	TS/SD/DB/CS	6	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Medication: LOA Procedures	TS/SD/CS/GR	8	D	1/1/1	4/7/16	MB	AZ	C			MB	C
Working with High Risk Consumers	TS/SD/DB/CS	9	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Grievance Procedure: Home Member	CS/GR	4	R	1/1/1	4/7/16	MB	AZ	C			MB	C
Safety: Room & Personal Belonging Searches	TS/SD/DB/CS	7	D	1/1/1	4/7/16	MB	AZ	C			MB	C
Customer Services - Advanced	SD/DB/CS/GR	5	D	1/1/1	4/7/16	MB	AZ	C			MB	C
Death of a Resident	CS/DB/GR	7	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Medication: Administering Vaginal Suppositories	TS/SD/DB/CS	8	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Medication: Administering Rectal Suppositories	TS/SD/DB/CS	8	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Reporting to On-Call	TS/SD/DB/CS	5	D	1/1/1	4/7/16	MB	AZ	C			MB	C
Supervisor: Expectations	SD/DB/CS	3	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Teamwork	TS/SD/DB/CS	6	D	1/1/1	4/7/16	MB	AZ	C			MB	C
Tx Procedure: Correspondence	TS/DB/CS/GR	2	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Tx Procedure: Debriefing	TS/DB/CS/GR	2	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Tx Procedure: General Reference	TS/DB/CS/GR	2	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Tx Procedure: Self-Eval. & Debriefing	TS/DB/CS/GR	2	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Tx Procedure: Tell-Show-Practice-Test	TS/DB/CS/GR	2	D	1/1/1	4/7/16	MB	AZ	C			MB	C
Risk Assessment	TS/DB/CS/GR	6	E	1/1/1	4/7/16	MB	AZ	C			MB	C
Media Relations: Home-Level Staff	CS/GR	6	E	1/1/1	4/7/16	MB	AZ	C			MB	C

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

Employee Name:

Tina Williams

Hire Date:

11/16/15

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"/>	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: 7/11/16

Home Manager Signature



Date: 7/11/16

CN 12/2014

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

Employee Name: Fria W

Hire Date: 11/16/15

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

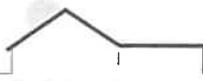
LEVEL II PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete Incomplete (C/I)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete Incomplete (C/I)
HOME-LIKE ENVIRONMENT												
Propane Grill Training	TS/SD/CS/GR	4	R	1111	3/4/16 N/A	TS	AZ	C			N/A	C
Safety: Carbon Monoxide Alarm	SD/DB/CS/GR	7	E	1111	4/17/16	TS	AZ	C			N/A	C
Preparing for Tours and Inspections	TS/SD/CS/GR	5	D	1111	4/17/16	TS	AZ	C			N/A	C
ACTIVE TREATMENT												
Bio-Hazardous Medical Waste	TS/SD/CS/GR	6	E	1111	4/17/16	TS	AZ	C			N/A	C
Case Review	TS/SD/CS/GR	5	E	1111	4/17/16	TS	AZ	C			N/A	C
Infection Control	DB/SD/CS	9	E	1111	4/17/16	TS	AZ	C			N/A	C
Medical: Advanced Directives & DNR Orders	CS/GR	7	E	1111	4/17/16	TS	AZ	C			N/A	C
Medical: Appointment Preparation and Review	TS/SD/DB/CS	6	E	1111	4/17/16	TS	AZ	C			N/A	C
Medical: LOA Procedures	TS/SD/CS/GR	8	D	1111	4/17/16	TS	AZ	C			N/A	C
Working with High Risk Consumers	TS/SD/DB/CS	9	E	1111	4/17/16	TS	AZ	C			N/A	C
LIFE EXPERIENCES												
Grievance Procedure: Home Member	CS/GR	4	R	1111	4/17/16	TS	AZ	C			N/A	C
Safety: Room & Personal Belonging Searches	TS/SD/DB/CS	7	D	1111	4/17/16	TS	AZ	C			N/A	C
SKILLED CARING STAFF												
Customer Service - Advanced	SD/DB/CS/GR	5	D	1111	4/17/16	TS	AZ	C			N/A	C
Death of a Resident	CS/DB/GR	7	E	1111	4/17/16	TS	AZ	C			N/A	C
Medication: Administering Vaginal Suppositories	TS/SD/DB/CS	6	E	1111	4/17/16	TS	AZ	C			N/A	C
Medication: Administering Rectal Suppositories	TS/SD/DB/CS	6	E	1111	4/17/16	TS	AZ	C			N/A	C
Reporting to On-Call	TS/SD/DB/CS	5	D	1111	4/17/16	TS	AZ	C			N/A	C
Supervisor: Expectations	SD/DB/CS	3	E	1111	4/17/16	TS	AZ	C			N/A	C
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Tx Procedure: Correspondence	TS/DB/CS/GR	2	E	1111	4/17/16	TS	AZ	C			N/A	C
Tx Procedure: Debriefing	TS/DB/CS/GR	2	E	1111	4/17/16	TS	AZ	C			N/A	C
Tx Procedure: General Reference	TS/DB/CS/GR	2	E	1111	4/17/16	TS	AZ	C			N/A	C
Tx Procedure: Self-Eval. & Debriefing	TS/DB/CS/GR	2	D	1111	4/17/16	TS	AZ	C			N/A	C
Tx Procedure: Tell-Show-Practice-Test	TS/DB/CS/GR	2	D	1111	4/17/16	TS	AZ	C			N/A	C
SYSTEMATIC APPROACH												
Risk Assessment	TS/DB/CS/GR	5	E	1111	4/17/16	TS	AZ	C			N/A	C
BUSINESS RESULTS												
Media Relations: Home-Level Staff	CS/GR	5	E	1111	4/17/16	TS	AZ	C			N/A	C

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

Employee Name: Tria Williams

Hire Date: 11/16/15

<p>REQUIRED TRAININGS for LEVEL II: (Check off when completed)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;"><input checked="" type="checkbox"/> Advanced Customer Service</td> <td style="width: 50%; border: 1px solid black;"><input checked="" type="checkbox"/> MANDT Practice</td> </tr> <tr> <td style="border: 1px solid black;"><input checked="" type="checkbox"/> Advanced Behavior Modification</td> <td style="border: 1px solid black;"><input checked="" type="checkbox"/> Verbal Skills Training</td> </tr> <tr> <td style="border: 1px solid black;"><input checked="" type="checkbox"/> 1 TBI or Autism Training</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Advanced Customer Service	<input checked="" type="checkbox"/> MANDT Practice	<input checked="" type="checkbox"/> Advanced Behavior Modification	<input checked="" type="checkbox"/> Verbal Skills Training	<input checked="" type="checkbox"/> 1 TBI or Autism Training																		
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<input type="checkbox"/>	Below Expectations (2)																						
<input type="checkbox"/>	Needs Improvement (1)																						
<p>Date Level II Completed: <u>7/11/16</u></p>	<p>Home Manager Signature: </p>																						
<p>Date: <u>7/11/16</u></p>																							



March 1, 2016

Artmeatria L. Williams
6813 Copper Beech Blvd., Apt. H
Kalamazoo, MI 49009

Employment History

Position: Direct Care Staff
Start Date: 11/16/2015
Part-time Employee
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-Harrassment, 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 cursive script that reads "Barry J. Bruns".

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

Artemetria L. Williams

Has completed Level I requirements
and is therefore awarded this

Certification of Completion

Given this 1st of March 2016

Barry J. Bruns

Barry J. Bruns, President
HomeLife, Inc.

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

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

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

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

Employee Name:

Armonia Williams

Hire Date:

1/16/15

LEVEL I PROCEDURES/TASKS

PROCEDURES/TASKS	Tx Method	Block Rating	Review Method	Training Encounters (Total)	Date	Trainer Initials	HM Review Initials	Complete (C) / Incomplete (I)	Remedial Training Date	Trainer Initials	Admin Review Initials	Complete (C) / Incomplete (I)
Bio-Terrorism and Biological Emergencies	CS/DB/GR	8	E	11	12/21/15	AK	AE	C			AK	C
Chemical Terrorism or Chemical Emergencies	CS/DB/GR	8	E	11	12/21/15	AK	AE	C			AK	C
Evacuation Plan - Home Specific	DB/SD/CS	7	D	11	12/21/15	AK	AE	C			AK	C
Fire Drill/Alarm Procedure - Home Specific	TS/SD/CS/GR	8	D	11	12/21/15	AK	AE	C			AK	C
Fire Evacuation & Bomb Threat Procedure	DB/SD/CS	7	E	11	12/21/15	AK	AE	C			AK	C
Food Handling, Safety & Storage	TS/SD/DB/CS	6	D	11	12/21/15	AK	AE	C			AK	C
Home Cleaning Shift Responsibilities (Cleaned checklist)	TS/SD/DB/CS	3	E	11	12/21/15	AK	AE	C			AK	C
Home Evacuation and Relocation	DB/SD/CS	7	E	11	12/21/15	AK	AE	C			AK	C
Power Failure	DB/SD/CS	4	E	11	12/21/15	AK	AE	C			AK	C
Safety: Environmental Checks / Monthly Safety Checks	DB/SD/CS/GR	8	E	11	12/21/15	AK	AE	C			AK	C
Safety: Propane (Gas) Leak	DB/SD/CS/GR	7	E	11	12/21/15	AK	AE	C			AK	C
Safety: Severe Weather	DB/SD/CS	8	E	11	12/21/15	AK	AE	C			AK	C
Documentation: Behavior/ Medical Observation Form	TS/SD/DB/CS	9	D	11	12/21/15	AK	AE	C			AK	C
Documentation: Incident and Accident Reports	TS/SD/DB/CS	9	D	11	12/21/15	AK	AE	C			AK	C
Documentation: Weekly Planners & Progress Notes	TS/SD/DB/CS	6	D	11	12/21/15	AK	AE	C			AK	C
Emergency Supervision	TS/SD/CS/GR	8	E	11	12/21/15	AK	AE	C			AK	C
Medical: Assessing Illness, Injury & Coordinating Care	CS/DB/GR	8	E	11	12/21/15	AK	AE	C			AK	C
Medical: Baseline & Emergency Vitals	CS/DB/GR/TS	8	D	11	12/21/15	AK	AE	C			AK	C
Medical: Neuro Checks	TS/SD/CS/GR	7	E	11	12/21/15	AK	AE	C			AK	C
Medical: Seizure Care	TS/SD/CS/GR	7	E	11	12/21/15	AK	AE	C			AK	C
Missing Home Member	SD/DB/CS/GR	7	E	11	12/21/15	AK	AE	C			AK	C
Resident Specific Information	DB/CS/GR	3	E	11	12/21/15	AK	AE	C			AK	C
Resident Supervision	CS/SD	9	E	11	12/21/15	AK	AE	C			AK	C
Conducting Outings	TS/SD/DB/CS	7	E	11	12/21/15	AK	AE	C			AK	C
Initiating and Conducting Activities	TS/SD/DB/CS	3	E	11	12/21/15	AK	AE	C			AK	C
Menu Planning: Grocery & Supply Shopping	TS/SD/DB/CS	6	E	11	12/21/15	AK	AE	C			AK	C
Documentation: Time Sheets	TS/SD/DB/CS	6	D	11	12/21/15	AK	AE	C			AK	C

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

Employee Name:

Armonia Williams

Hire Date:

1/16/15

Training Method
 CS = Correspondence
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LEVEL I PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete Incomplete (C/I)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete Incomplete (C/I)
Dress Code Policy and Appearance	DB/GR/CS SD/DB/CS	2 6	E E	 	12/21/15	TK	AT	C				
Hand Washing	TS/DB/CS/GR	9	D		12/21/15	TK	AT	C				
Managing Physical Aggression/Dangerous Behavior	TS/SD/DB/CS	8	E		1/20/16	TK	AT	C				
Medical: Appointment Record Checklist	TS/SD/DB/CS	8	D		1/20/16	TK	AT	C				
Medical: Taking Blood Pressure	TS/SD/DB/CS	8	D		12/21/15	TK	AT	C				
Medical: Taking A Pulse	TS/SD/DB/CS	8	D		12/21/15	TK	AT	C				
Medical: Taking Respirations	TS/SD/DB/CS	8	D		12/21/15	TK	AT	C				
Medical: Taking a Temperature	TS/SD/DB/CS	8	D		12/21/15	TK	AT	C				
Medical: Administering Ear Drops	TS/SD/DB/CS	6	E		12/21/15	TK	AT	C				
Medical: Administering Eye Drops/Ointments	TS/SD/DB/CS	6	E		12/21/15	TK	AT	C				
Medical: Administering Nasal Sprays	TS/SD/DB/CS	8	E		1/20/16	TK	AT	C				
Medical: Administering Topical Medications	TS/SD/DB/CS	8	E		1/20/16	TK	AT	C				
Medical: Administration and Documentation (rel.)	CS/DB/GR	9	E									
Medical: 4 Supervised Passes	TS/SD/DB/CS	9	O									
Prevention of Workplace Violence	GR	5	E		1/20/16	TK	AT	C				
Removing Gloves	SD/DB/CS	8	E		12/21/15	TK	AT	C				
Teamwork	TS/SD/DB/CS	5	E		12/21/15	TK	AT	C				
Vehicle Safety with On-The-Road Test	TS/SD/DB/CS	9	D		12/21/15	TK	AT	C				

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

Performance:

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

Attendance:

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

Date Level 1 Completed: 2/26/16

Home Manager Signature: 

Date: 2/26/16

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

Training Method

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

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- D = Demonstrate performance either simulated or actual

Employee Name: Arnetria Williams Hire Date: 1/16/15

Review Method

- R = Show where to find reference materials, checklists, instructions
- E = Explain all or important elements of procedure or concept
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LEVEL I PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete/Incomplete (C/I)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete/Incomplete (C/I)
HOME-LIKE ENVIRONMENT												
Bio-Terrorism and Biological Emergencies	CS/DB/GR	8	E		12/21/15	TS						
Chemical Terrorism or Chemical Emergencies	CS/DB/GR	8	E		12/21/15	TS						
Evacuation Plan - Home Specific	DB/SD/CS	7	D		12/21/15	TS	AZ	C			et	C
Fire Drill/Alarm Procedure - Home Specific	TS/SD/CS/GR	6	D		12/21/15	TS						
Fire Evacuation & Bomb Threat Procedure	DB/SD/CS	7	E		1/22/16	TS						
Food Handling, Safety & Storage	TS/SD/DB/CS	6	D		12/21/15	TS						
Home Cleaning Shift Responsibilities (Cleaning checklists)	TS/SD/DB/CS	3	E		12/21/15	TS	AZ	C				
Home Evacuation and Relocation	DB/SD/CS	7	E		12/21/15	TS	AZ	C				
Power Failure	DB/SD/CS	4	E		12/21/15	TS						
Safety: Environmental Checks / Monthly Safety Checks	DB/SD/CS/GR	9	E		12/21/15	TS						
Safety: Propane (Gas) Leak	DB/SD/CS/GR	7	E		1/22/16	TS						
Safety: Severe Weather	DB/SD/CS	8	E		12/21/15	TS	AZ	C			et	C
ACTIVE TREATMENT												
Documentation: Behavior/ Medical Observation Form	TS/SD/DB/CS	9	D		12/21/15	TS	AZ	C				
Documentation: Incident and Accident Reports	TS/SD/DB/CS	9	D		12/21/15	TS	AZ	C				
Documentation: Weekly Planners & Progress Notes	TS/SD/DB/CS	6	D		1/22/16	TS	AZ	C				
Emergency Supervision	TS/SD/CS/GR	8	E		12/21/15	TS					et	C
Medical: Assessing Illness, Injury & Coordinating Care	CS/DB/GR	9	E		1/24/16	TS	AZ	C				
Medical: Baseline & Emergency Vitals	CS/DB/GR/TS	8	D		12/21/15	TS	AZ	C				
Medical: Neuro Checks	TS/SD/CS/GR	7	E		1/22/16	TS						
Medical: Seizure Care	TS/SD/CS/GR	7	E		1/22/16	TS						
Missing Home Member	SD/DB/CS/GR	7	E		1/22/16	TS						
Resident Specific Information	DB/CS/GR	3	E		1/22/16	TS						
Resident Supervision	CS/SD	9	E		1/22/16	TS	AZ	C			et	C
LIFE EXPERIENCES												
Conducting Outings	TS/SD/DB/CS	7	E		1/22/16	TS	AZ	C				
Initiating and Conducting Activities	TS/SD/DB/CS	3	E		1/25/16	TS						
Menu Planning: Grocery & Supply Shopping	TS/SD/DB/CS	5	E		1/22/16	TS						
SKILLED CARING STAFF												
Documentation: Time Sheets	TS/SD/DB/CS	6	D		1/22/16	TS						

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

Employee Name: Arnetria Williams Hire Date: 1/16/15

Training Method
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 DB = Debriefing
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Review Method
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LEVEL 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)												
Dress Code Policy and Appearance	DB/GR/CS	2	E	///	12/21/15	TS	AZ	C				
Hand Washing	SD/DB/CS	6	E	///	12/21/15	TS	AZ	C				
Managing Physical Aggression/Dangerous Behavior	TS/DB/CS/GR	9	D	///	12/21/15	TS	AZ	C				
Medical: Appointment Record Checklist	TS/SD/DB/CS	8	E	///	1/22/16	TS	AZ	C				
Medical: Taking Blood Pressure	TS/SD/DB/CS	6	D	///	12/21/15	TS	AZ	C				
Medical: Taking A Pulse	TS/SD/DB/CS	6	D	///	12/21/15	TS	AZ	C				
Medical: Taking Respiations	TS/SD/DB/CS	6	D	///	12/21/15	TS	AZ	C				
Medical: Taking a Temperature	TS/SD/DB/CS	6	E	///	12/21/15	TS	AZ	C				
Medical: Administering Ear Drops	TS/SD/DB/CS	6	E	///	12/21/15	TS	AZ	C				
Medical: Administering Eye Drops/Ointments	TS/SD/DB/CS	6	E	///	12/21/15	TS	AZ	C				
Medical: Administering Nasal Sprays	TS/SD/DB/CS	6	E	///	12/21/15	TS	AZ	C				
Medical: Administering Topical Medications	TS/SD/DB/CS	6	E	///	1/22/16	TS	AZ	C				
Medical: Administration and Documentation (ref.)	CS/DB/GR	9	E	///	1/22/16	TS	AZ	C				
Medication: 4 Supervised Passes	TS/SD/DB/CS	9	D	///	1/22/16	TS	AZ	C				
Prevention of Workplace Violence	GR	5	E	///	12/21/15	TS	AZ	C				
Removing Gloves	SD/DB/CS	6	E	///	12/21/15	TS	AZ	C				
Teamwork	TS/SD/DB/CS	5	E	///	12/21/15	TS	AZ	C				
Vehicle Safety with On-The-Road Test	TS/SD/DB/CS	9	D	///	12/21/15	TS	AZ	C				
SYSTEMATIC APPROACH												
BUSINESS RESULTS												

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

Performance:

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

Attendance:

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

Date Level 1 Completed: 2 26 16

Home Manager Signature: [Signature]

Date: 2 26 16

HomeLife, Inc.

Staff Name: Arthwatria Williams
 Date of 1st Drive: 12/14/15

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: <u>12/14/15</u> <u>12/14/15</u>	
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.	<u>JS</u>	<u>JS</u>
2. Daily checks prior to operating the vehicle, are as follows:		
a. Tires appear properly inflated.		
b. Fire extinguisher is present and charged.		
c. 1 st aid kit is present.		
d. Check for dings/scratches to the exterior and cleanliness of interior.		
e. Rear of the vehicle is clear of obstruction.		
f. Vehicle contains an ample amount of fuel for the trip.		
g. All passengers are wearing seatbelts.		
h. All resident and vehicle information and the van log are present.		
3. Staff can locate the following:		
a. Vehicle mileage sheets		
b. Emergency procedures		
c. Resident information/photos		
d. Emergency information/numbers		
e. Insurance and registration cards		
3. Staff can demonstrate how to do the following:		
a. Turn on the headlights/ high beams		
b. Use the turn signals		
c. Turn on windshield wipers and use washer fluid		
d. Turn on Emergency hazard/ 4 way lights		
e. Open the hood		
4. Staff can verbalize the following steps to deal with Roadside Emergency:		
a. Staff does not stop on a freeway except for an emergency.		
b. When stopping, staff turns on the emergency hazard lights.		
c. Staff should slow down gradually and pull all the way off the road as safely and as soon as possible.		
d. Staff should remain alert for approaching or passing vehicles and stay clear of the roadway.		
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.		
f. Staff and residents should remain in the vehicle until alternate transportation arrives.		
g. If staff must leave a disabled vehicle, the hood should be closed and the vehicle locked.		
h. Staff reports incident to the supervisor and completes a BMOF.		
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.		
b. Staff should help to secure medical aid to anyone injured in the vehicle.		
c. If possible, staff should move the vehicle off the roadway and/or out of the path of traffic.		
d. If possible, staff should have residents stand or sit well off of the road		

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

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

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

circle one:

PASS

REDO

Notes:

Staff Signature:

Athanasia Williams

Date:

12/14/15

Supervisor Signature:

Thomas Elton

Date:

12/14/15

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

circle one:

PASS

REDO

Notes:

Staff Signature:

Athanasia Williams

Date:

12/14/15

12/14/15

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!

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Kalamazoo, MI 49009
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NEW TEAM MEMBER ORIENTATION CHECKLIST

HomeLife, Inc.



People Caring For People

Residential solutions for people with challenging needs

Employee: <u>Armeatra Williams</u>	Hire Date: <u>11/16/15</u>
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Instructions: Using this orientation checklist with a mentor/trainer, the new employee should become "familiar" with where to locate items, or how to follow instructions that are represented in the checklist items below. This orientation checklist does not require the new employee to be "proficient" in any task represented below—that is the purpose of the OJT/Level System. The last section represents OJT Level 1 tasks that should be a priority for each new employee and completed as soon as possible after hire. Home specific tasks can be added to the very last box under "Home Specific Orientation and Training."

INTRODUCTIONS and TOUR

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

STAFF EXPECTATIONS

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

RESIDENT DATA COLLECTION

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

STAFF COMMUNICATION BINDER

<input checked="" type="checkbox"/> Shift Debriefing Forms <input checked="" type="checkbox"/> Outlook Calendar (appointments, info) <input checked="" type="checkbox"/> Time Sheets	<input checked="" type="checkbox"/> Work Schedule – Time posted/changes/holiday <input type="checkbox"/> Staff communication logs/meeting actions <input 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"/> Fire Drills/Resetting Fire Alarm System <input checked="" type="checkbox"/> House On-Call – When to contact	<input checked="" type="checkbox"/> What to do in case of an emergency <input checked="" type="checkbox"/> Universal Precautions/Infection Control <input checked="" type="checkbox"/> Admin On-Call – When to contact
--	--

INDIVIDUAL RESIDENT INFORMATION

<input checked="" type="checkbox"/> Special Diet Orders/Liquid Restrictions <input checked="" type="checkbox"/> Money-Cash Management – Getting Receipts/NOT mixing envelopes	<input checked="" type="checkbox"/> Smoking protocols/procedures/habits <input checked="" type="checkbox"/> Bathing/Shower Schedules <input 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 checked="" 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 type="checkbox"/> Propane Gas Grill Training
<input type="checkbox"/> Vehicle Wheelchair Lift (if applicable)	<input checked="" type="checkbox"/> Special Training: Diabetic, G-Tube, Transfer, Special ADL care
<input 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>Antwan Williams</i>	Date: 12/30/15
Supervisor/Trainer Signature: <i>Thomas Spive</i>	Date: 12/30/15

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:

Autumn Williams

Supervisor Signature:

[Signature]

HomeLife, Inc.

Staff Name: Tria Williams
 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?		ny		ny	
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, lancing device, test strips, test pen, alcohol swabs, sharps container, insulin vials, insulin pens, pen needles)		ny		ny	
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?		ny		ny	
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: Antwain Williams

Date: 6-28-16

Supervisor Signature: [Signature]

Date: 6/28/16

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: Antwain Williams

Date: 6-28-16

Supervisor Signature: [Signature]

Date: 6/28/16

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

circle one:

PASS

REDO

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Nurse Approval: _____

○ How to use a gait belt

- Ask them to scoot forward in the chair or bed in a seated position so the gait belt can be placed around the waist. Make sure the belt is positioned over the clothing and that the clip is in the front with the teeth facing out. This will allow for easier belt adjustments and removal.
- Feed the end of the belt through the portion of the clip with the teeth. Pull on the loose end of the belt to tighten it to proper tightness. The belt should be snug to the person, but you should be able to get your fingers between the belt and the person. Secure any excess belt by tucking it between belt and person.
- Place your fingers between the gait belt and the person, using an underhand motion grasp the gait belt. Ask them to stand as you lift them with the belt.
- Once standing you may need to retighten the belt.
- ~~If you are accompanying the person use an underhand grasp on the back of the belt while walking with them hip to hip. If they have a weak side stand on that side.~~

Unbuckle belt after resident is seated

Staff: Alison Williams

Trainer: M. S. [Signature]

Date: 8-26-19

Pass/Fail

HomeLife, Inc.

Assistant Home Manager Training Tasks for OJT Level 5

Employee:
Triq

- D = Discussion with trainer
- E = Trainee explains and/or give examples; Trainee is able to explain process
- P = Trainee show or demonstrate how to perform task/process to standard
- O = Trainee show product of work or outcome (e.g., written report, completed schedule, etc.)

Line Item	Prerequisites: Level I, II, III, IV and one year of service completed; Current Lead Supervisor; Working on a college degree or college graduate; Selected by your manager based on performance and attendance. Approved by Administration. Instructions: Manager to retain this document and initial as each task is completed until all tasks are completed. Corporate reviewer initials upon spot checking tasks. Spot checks can occur as a group of tasks are completed. Manager and Reviewer sign last page when OJT Level 5 completed.	Training Evidence	Trainer's Initials	Reviewer's Initials
Vision, Mission, and Values				
V1	What is the Vision of HomeLife, Inc.? Give an example of a process or system that helps the company achieve each aspect of its vision (i.e., clinical approach, consumer activities, employee training, customer service, and commitment to performance excellence).	D/E		
V2	What is the Mission of HomeLife? Why are the concepts of "home-like" environment and "normalization" important?	D/E		
V3	What are the key values of HomeLife? Why are they important and how do they support the Vision and Mission of HomeLife? Give some examples of how we use these values.	D/E		
V4	Name the 6-key objectives that supports HomeLife's vision and mission. How do these objectives relate to one another? How do we know when we are meeting these objectives? How does HomeLife monitor its progress with respect to these objectives?	D/E		
1. Clean, Friendly, Safe, Home-Like Environment				
H1	Who is an EXTERNAL CUSTOMER (give an example)? Who is an INTERNAL CUSTOMER (give an example)? Who is a STAKEHOLDER (give an example)? Why is it important to distinguish between External and Internal customers?	D/E		
H2	Voice Mail: How do you use and change your voice mail greeting?	D/E/P		
H3	Handling phone calls and case notes. Why are case notes important? What should be documented in case notes (see policy)? When should you call a guardian, case manager, or family member? When should you return someone's phone call? Case manager stops in to see you and has discussion about resident--should you document this visit in your case notes?	D/E/P		
H4	Cleaning Schedules and Checklists: Explain HomeLife's cleaning policy. Why is cleanliness important. Discuss your answer from the (1) resident's, (2) family member's, (3) guardian's, (4) case manager's, (5) staff's, (6) CMH's, (7) Health Department, and (8) AFC Licensing Consultant's point of view.	D/E		
H5	Tours and Inspections: How do you prepare the home for a family or customer tour? How do you prepare the home for an announced inspection from a CMH contractor or AFC Licensing Consultant?	D/E/P		
H6	Dealing with Difficult Customers: How should you handle a family member or case manager who calls you and is angry about the care we are delivering? What would you do if a family member makes a request you think we can not comply with? Describe one or two methods to stay in positive terms with customers?	D/E		
H7	Resolving Customer Dissatisfaction: During a conversation, one of your residents stated that her mother was very upset with HomeLife for not notifying her of the [resident's] last doctors appointment? What would you do?	D/E		

H8	Customer Contacts: How often should you talk to family, guardian, or case managers? Explain why each of the following is important: (1) Don't only call customers when there is something bad to report? (2) Bad news first, good news last. Always end the conversation on a positive note. Why? (3) Don't wait for customers to call you. Be proactive and call them. (4) Have your facts when talking to customers--especially regarding critical incidents, doctors visits, med changes, behavior problems, etc. (5) When in doubt, pick up the phone and communicate--don't assume. (6) Use a call schedule. Why is this a good idea? Show how to use the Home Manager Contact form.	D/E		
H9	Communicate Compassion: Why is it important to SHOW and COMMUNICATE compassion and sympathy towards family members and family caregivers? How does this show respect?	D/E		
H10	Communicate Dignity and Respect: <u>Kind words go a long way! Always be appreciative and thankful. Always treat customers with dignity and respect.</u>	D/E		
H11	I'm Sorry! Why should you avoid saying "I'm Sorry" too many times? What does it mean when you say you're sorry? How does someone know when you are really sorry? If you keep making the same mistakes are you really sorry?	D/E		
H12	Avoid the following when Communicating with Customers: Explain the importance of each of the following: (1) Being overly defensive; (2) Aloof or presenting like you don't have time for their discussion; (3) Indifferent to a customer's problem or request; (4) Condescending or patronizing in tone; (5) Accusatory; (6) Argumentative; and (7) Never tell a customer he or she is wrong, call a customer names, or imply anything derogatory.	D/E		
H13	Explaining Your Point: It is okay to explain your point and clarify facts, but avoid arguing with customers or becoming defensive--this will only evoke customers to become angry.	D/E		
H14	E-Score: Show completed E-Scores forms. How often do E-Score packets need to be updated? What do these scores mean? What actions might you need to take if the score is less than "prompt?"	P/O		
H15	Maintenance Database: Show how to use the Maintenance Database to enter a maintenance request.	P/O		
H16	Equipment and Appliance Use: Explain HomeLife policy on use of dishwashers, wash machines, dryers, and other equipment to ensure they are not abused, damaged, or unnecessarily worn-out before the useful life of the appliance. Why is it important that equipment (e.g., snow blowers, lawn equipment, gas grills, etc.) are kept in safe working order and clean. Explain why it is necessary to train and document training for employees using such equipment.	D/E		
H17	Emergency Procedures: Explain and show how to find HomeLife emergency procedures (e.g., fire drills, severe weather, resident injuries, staff injuries, seizures, etc.).	D/E/P		
H18	Safety Checks: Describe various safety checklists used for home and vehicles. Why is it important to complete these safety checks accurately? If your home has a wheelchair van, explain safety checks and training for wheelchair lift and straps.	D/E/P		
H19	Safety: Explain the methods used to maintain a culture of safety. In your discussion cover the importance of (1) measuring safety, (2) reviewing safety each meeting, (3) staff training, (4) debriefing safety incidents, (5) enforcing consequences for safety violations, and (6) posting safety information.	D/E		
H20	Injuries and Accidents: Explain the consequences for the staff and the company anytime an employee is injured. How does it affect staff moral? How does it affect staff scheduling? How does it affect customers? How does it affect future costs?	D/E		
2. Active Treatment (Resident Behavioral and Medical Stability)				
A1	Case Review Meetings: Establish <u>agenda</u> , <u>report card</u> , <u>graphs</u> , and chair at least two case review meetings. What is the function of this meeting? What should be reported? Why is the client report card important? Who should keep minutes? How do you follow up on assigned actions? What do you do if staff give false, exaggerated, or inaccurate data or reports? (see case review policy).	P/O		
A2	Graphs: Why is it important to keep updated graphs? How do you calculate the Upper Control Limit (UCL) and Mean?	D/E		

A3	Managing Doctors appointments, labs, and med reviews: Explain or show how you manage these events?	D/E		
A4	Scenario A4: You take Jerry (resident) to his doctors appointment at the local CMH. You find out upon arrival that a new psychiatrist has been assigned to Jerry's case and she wants to change all of his psychotropic medications. Jerry has been stable on his medications for a long time. What do you do?	D/E		
A5	Medication Management: Explain or show procedure for medication ordering and management? How do you ensure that residents do not run out of medications at the end of each month? Explain how medications are kept secured.	D/E/P		
A6	Scenario A6: You have a resident who takes Clozaril. What is the procedure for re-ordering Clozaril and ensuring you have a supply of Clozaril for the resident.	D/E		
A7	Scenario A7: During a medication inventory your Lead Supervisor discovers one med packet of OxyContin missing. What would you do?	D/E		
A8	Client Medical Tracking Database: Demonstrate how to enter data and use Client Medication Tracking database to find important information. Why is it important to keep this database updated? Who looks at this information?	D/E/P		
A9	Quarterly Progress Reports: Complete two written progress reports. Demonstrate how to collect information for the report, complete a report and cover letter, review it with resident, mail it to customers, and follow up with customers if there are any questions. Also demonstrate how to survey customers. Why is a transition plan section necessary in a progress report?	P/O		
A10	Discharge Plan: Review one completed Discharge Plan. How would you know what content to put into a discharge plan. How is a discharge plan different from a quarterly report? Why is it important to write and send a discharge plan in a timely manner?	D/E/P		
A11	Behavior Plans: How are behavioral plans implemented? How do you ensure all staff know and follow the behavior plan? What do you do if you have problems with how the plan is written?	D/E		
A12	Behavior Management Committee: What is the function of the BMC? When does a Behavior Plan need to be reviewed by the BMC? How are Behavior Plans reviewed for non-CMH residents?	D/E		
A13	CMH and Commercial Pay Resident: Explain the difference between a CMH funded and commercial insurance funded case. List any consumers we might have in program that are commercial insurance funded. How do their PCP plans differ? Do we get paid for hospital bed days? How about LOAs? Is there a case manager for commercial funded cases? Who is usually the main contact?	D/E		
A14	Scenario A14: One of your non-CMH residents want to write a recipient rights complaint. How would you handle this situation?	D/E		
A15	Resident Records: Explain the following: (1) How to update AFC paperwork. (2) Updating PCP plans and other time sensitive documents. (3) Thinning resident record and archiving documents. (4) What paperwork follows a resident when transferred to another HomeLife program and what paperwork must be archived in the home? (5) Completing the resident record log kept in front of record (HIPAA requirement).	D/E		
A16	Update Annual Resident Records: Update all annual paperwork for one resident under the supervision of the Manager. Show evidence of your work upon review.	O/P		
A17	PCP Meetings: How do you prepare for a PCP meeting? Who should attend this meeting? What issues should you raised during the meeting?	D/E		
A18	Incident Reports: Explain when an incident report must be completed? What does AFC regulations require? What should be the wording and content of description and action section of an IR? Who should get a copy of the incident report? How soon should they get the report?	D/E		
A19	Critical Incident: One of your residents is seriously injured. Who do you notify? How? What do you do?	D/E		
A20	Scenario A20: A resident states to you that he had intimate sexual contact with another resident and now is concerned and depressed about the event, and regrets the event ever occurred. What would you do?	D/E		
A21	Scenario A21: Upon returning from a LOA home visit, you notice the resident has a bruise on his face. His father stated that the resident fell in the shower. Later the resident stated that his father hit him for misbehaving. What would you do?	D/E		

A22	Debriefing: Sue (resident) became very angry on second shift and started throwing dishes at another resident. Staff removed the other residents from the situation and attempted to calm Sue down. During this incident, Sue attacked one of the staff members; hence, she was placed in a Mandt hold. Once calm, Sue was released but again became angry and attacked the same employee. She was once again held for less than one minute. How would you debrief this situation. Why is it important to debrief such incidents?	D/E		
A23	Investigations: Explain how you would conduct an investigation for the following situation. Dan (resident) attempted to elope and was trying to run across the street when John (staff) caught up to him and pushed him back into the yard to prevent Dan from running into the street. John's story is that he was afraid that Dan would get hit by traffic and thus pushed him backwards given the urgency of the situation. Dan's story and ORR complaint states John told him "to get his ass back to the house" and pushed him down resulting in an injury to his leg. John denies making such a statement. John is a very good employee with excellent attendance.	D/E		
A24	Root Cause Analysis: Based on the above investigation, show the elements of a written root cause analysis.	D/E/O		
3. Life Experiences and Quality of Life				
L1	Activities and Skills Classes: Explain how you manage client activities and skills groups. How do you know if your activities and skills classes are going well? How do you collect and report data on activities and skills classes? How do you know if customers are satisfied? How do you ensure staff follow through with activities and skills classes?	D/E/P		
L2	Activities and Skills Classes Analysis: Looking at your activity data, explain how you would organize the data to determine which activities or skills classes were highly preferred and those that were not. How would you make change to your activities/skills classes based on this data? How could you improve activities? Skills classes?	D/E/P		
L3	Exercising: How often should residents exercise? What sort of exercise activities occur in your program? How do you encourage residents to exercise?	D/E		
L4	Scenario L4: For an activity, one of your employees would like to bring her pet dog to work for the residents to play with. Is this okay to do? Why or why not?	D/E		
L5	Scenario L5: One of your residents wants to participate in Special Olympics games in the area. What actions would you need to take before this resident could participate?	D/E		
L6	Calendars and Resident Schedules: Explain or show how activity calendars and resident schedules are completed?	D/E/P		
L7	Scenario L7: One of your employees states that the other staff are not following the activities calendar. They do activities but usually what the staff feel like doing at the time. What would you do?	D/E		
L8	Resident Advisory Committee: What is the Resident Advisory Committee? Why is it important? What are the standing agenda items? Why is it important to follow these standardized agenda items? How do you get residents to attend this meeting? How do you follow up on actions?	D/E		
L9	Activity Participation: What methods would you use to encourage residents to participate in an activity? How would you encourage your employees to use these methods?	D/E		
L10	Menus and Special Diets: Explain how the menu is created? How are changes made to the menu? How long do menus need to be kept on file? What is a special diet? How do you document special diets on the menu?	D/E		
L11	Scenario L11: One of your employees shot a deer during deer hunting season. He brings some venison to work to cook for the residents. Is this okay to do? Why or why not?			
L12	Home Visits and LOAs: How do you prepare a resident for a home visit with family? How do you prepare medications and medical instructions for an LOA?	D/E		
L13	Hospitalizations: Explain what to do if a resident has to be admitted to the hospital. Who is notified? What should be taken to the hospital? How often should you follow up? What assessment should you do before accepting the resident back from the hospital?	D/E		

L14	Scenario L14: Scott (resident) is admitted to psychiatric hospital due to aggression and mood control problems. The hospital calls and would like to discharge Scott back to the home that evening after spending the weekend at the hospital. You discover that on Sunday Scott punched and kicked two hospital staff and was placed in four-point restraints for one hour. What would you do?	D/E		
L15	Scenario L15: Male resident named Barry is admitted to hospital. You stop up and visit Barry and notice he hasn't been shaved or bathed for two days. What would you do?	D/E		
4. Skilled Caring Staff (Employee Development)				
S1	Employee Handbook: How is it organized? What sort of information can you find in this handbook? Which of the 6-key objectives does it address?	D/E		
S2	Employee Evaluations: How do you complete an employee evaluation. What facts should be included? Complete at least two employee evaluations under the guidance of a current manager.	D/E/O		
S3	Benefit Packets: How do you process a benefits packet for one of your employees? How do you distribute and get the returned paperwork from your employee? Explain the benefits that are available to employees (e.g., health benefits, Section 125, Retirement Plan, PTO, etc.).	E/D/P		
S4	Personnel Resource Needs Assessment: Demonstrate how you would assess current staffing needs based on the staffing schedule and how you would project hiring needs one to two months in advance. How would you meet these future staffing needs? When and how would you communicate these needs to the Program Director? What would happen if you failed to meet these staffing needs? How do staff shortages affect overtime? utilization? staff morale?	D/E/P		
S5	Interview and hiring process: Complete at least three interviews under a manager's supervision. Focus on learning (1) phone screening and application screening, (2) interview scheduling, (3) Interview questions (acceptable and unacceptable questions), (4) how to complete reference checks, (5) authorization to hire and pay rates, (6) letter of offer, (7) review of expectations and training requirements, (8) NEO, (9) first day orientation and training.	P/O		
S6	Scenario S6: You have accepted an student intern to complete field work at your program. How should this intern be processed with respect to the new employee checks, physical, TB test, and training? Can the intern participate in MANDT holds?	D/E		
S7	Candidate Tracking: Demonstrate how to update the staff recruiting database system. Enter and track applicants.	P/O		
S8	Employee benefits: How would you explain employee benefits to a new employee or a current employee interested in receiving benefits? Where could you find information on employee benefits? Who is eligible for benefits? When can they enroll for benefits?	D/E/P		
S9	Work Injuries: How do you report a staff work injury to the main office? How soon after the injury does it need to be reported? Why? What does the main office do with this information? Where should the injured employee go to get medical treatment? What is Home Life's policy and procedure on work injuries? How would you investigate and document your findings? Who would you report your investigation finding too?	D/E/P		
S10	Employee change and new hire paperwork: How do you document an employee change in pay, address, phone, position, benefits, work status, etc.? When does this paperwork need to be submitted to the main office? Why? If an employee changes from full-time to part-time status do you need to complete an Employee Change form? Why/Why not?	D/E/P/O		
S11	Teamwork: How do you develop and motivate your employees to work as a team? How do you help them through a difficult situation (e.g., unstable resident who is frequently aggressive).	D/E		
S12	Work Schedule: Demonstrate your ability to complete a work schedule for a one month period. When should the work schedule be posted? How do you make changes to the work schedule? What would you do? if you have shifts you can not fill?	P/O		
S13	Training Calendar: Establish a training calendar along with a work schedule. Ensure employees are current in required AFC and CMH training. Also schedule employees for completion of OJT.	P/O		

S14	New Employee Orientation (NEO): Explain what topics are covered in NEO. How are annual training and physicals completed? How do you update the training database? What report card measure shows percent of employees fully trained? What does "fully trained" mean?	P/O		
S15	On-The-Floor Orientation Training: How do new employees get orientated to the procedures and residents of the home? What checklist is used for this orientation?	D/E		
S16	On-The-Job (OJT) Training: How do you schedule employees for OJT? How do you know when employees are progressing in OJT? How do you schedule employees for TBI trainings? Why is OJT important?	D/E/O		
S17	On-The-Job (OJT) Training--Special Equipment: Why is it important that we document staff training on special equipment (e.g., snow blower, grill, wheelchair lift, etc.)? Who is liable if someone is injured using this equipment? If a resident is injured, what questions will the AFC Licensing Consultant ask?	D/E		
S18	Staff Maturity: Explain staff maturity and how you would develop and mature your staff to do a good job? What are some of the tools, techniques, procedures you can use to develop and train employees? Why is staff development and training so important?	D/E		
S19	Program Maturity: How do you know when you have a mature program? How do we know when we have a mature organization?	D/E		
S20	Employee Performance Evaluations: Demonstrate how to complete an employee evaluation. When does an evaluation need to be completed? Why is it important to follow up on objectives from prior performance evaluations?	O/P		
S21	Managing Employee Moral: Discuss the following topics: (1) Consistency and fairness with policies and expectations; (2) Responsiveness to staff concerns; (3) Leading by example; (4) Presence on the floor; (5) Use of recognition, Appreciation Memos and Commendations.	D/E		
S22	Developing Team Spirit and Pride: How would you develop spirit and pride amongst your employees? Why would I want to work for you or work at your home? Why would one of our customers want to place a client at your home?	D/E		
S23	Employee Coaching, feedback, and counseling. Explain how you would give coaching, feedback, or counseling to improve an employee's performance. What does the phrase "public praise, private correction" mean when correcting performance? Demonstrate how to write a counseling form.	D/E/O		
S24	Warning and Suspensions: When would you give a written warning? What are the elements of a written warning? How should a written warning be delivered? Your answers should include how to document a performance problem and reviewing the need for a written warning with Program Director (see Policy). When can you suspend an employee? Demonstrate how to write a written warning.	D/E/O		
S25	Termination of Employment: How do you terminate an employee if necessary? Explain the steps required, necessary documentation, and need for review by the Program Director.	D/E		
S26	Trust: Explain how the following concepts relate to trust. (1) Integrity, honesty, congruence and keeping your word; (2) Intent, motive, agenda, and declaring intent; (3) Capabilities and competence; and (4) Effectiveness, responsibility, and outcomes. Why do you trust some people more than others? How do you establish an environment of trust? How do you make others more trustworthy? Why is Trust a key element in all business and customer relationships? What happens in business relationships when trust is violated?	D/E		
S27	Delegating: Explain how to delegate tasks to subordinates. How do you ensure tasks are completed to standard? What do you do if an employee tells you a task is completed when it really is not?	D/E		
S28	Setting and Promoting High Standards: How do you ensure employees are completing their duties to high standards? How do you select staff for extra duties (i.e., menus, shopping, activities, etc.)? Describe why spot checks and weekly inspections are important? What do you do if an employee falsifies data?	D/E		
S29	Scenario S29: You just assigned an employee to do safety checks. How do you ensure safety checks are being completed to high standards? How do you know the employee is not falsifying data? How do you know you can trust this employee?	D/E		

S30	Lead Supervisor: Describe how you should manage and work with your lead supervisor? What is the Lead Supervisor's job duties? How does the duties of the lead differ from a floor Supervisor?	D/E		
S31	Scenario S31: Let's say an employee fails to show up to work. You received no phone call from the employee. What would you do? What if the person no-call-no-shows for three or more days? Now what would you do?	D/E		
S32	Scenario S32: What if an employee walks off the job in the middle of his or her shift? What would you do?	D/E		
S33	Scenario S33: Employee scheduled for day shift shows up to work at 7:10 a.m. Night shift staff are angry because this is the third time within two weeks that this employee has arrived late for work causing the night shift person to say late? What would you do?	D/E		
S34	Scenario S34: Day shift is complaining that the night shift does not complete their cleaning duties. You also know that you day shift staff do not like the night shift staff and may be attempting to get them in trouble. What would you do?	D/E		
S35	Scenario S35: Second shift staff are complaining that they can not find food items on the menu. Food items seem to be missing. What would you do?	D/E		
S36	Scenario S36: You have one particular employee who continually misses her scheduled trainings; hence, she is now overdue in CPR and Mandt training. What would you do?	D/E		
S37	Scenario S37: You have an employee who is not progressing in his OJT training but complains that he has not received his last raise and seems to get passed over for promotions. What would you do?	D/E		
S38	Scenario S38: You have a supervisor who tends to watch TV rather than complete work duties. The other staff are afraid to say anything because they are concerned this supervisor will make their life miserable at work. What would you do?	D/E		
S39	Scenario S39: You have two staff that are rumored to be dating. They are currently not getting along with each other and possibly arguing at work while working together. A resident reports to you that he thinks these two staff don't like each other because they argue all the time. What would you do?	D/E		
S40	Scenario S40: You suspect but are not certain your night shift employee is sleeping on the job. What do you do?	D/E		
S41	Scenario S41: You are having trouble getting staff from other homes to help fill your schedule. One of your employees states to you that no one likes to work at this house. What would you do?	D/E		
S42	Scenario S42: The money you set out for the weekend supervisors comes up missing. What would you do?	D/E		
S43	Scenario S43: Employee calls you on her cell phone and informs you she just backed the van into another parked car. What would you do?	D/E		
S44	Scenario S44: Two of your employees repeatedly make medication documentation errors. All other employees do a good job documenting meds. What would you do?	D/E		
S45	Scenario S45: One of your employees is very reliable. She never misses work and is helpful with filling other open shifts when needed. What would you do?	D/E		
S46	Scenario S46: You have an employee who sells Amway products outside of work. He brings some products to work to show other employees and starts badgering other employees to purchase products from him. What would you do?	D/E		
S47	Scenario S47: One of your female employees wears a Michigan State t-shirt, blue jeans that are faded and torn, and sandals. What would you do?	D/E		
S48	Scenario S48: It is reported to you the next day that your home on-call supervisor failed to return calls to the home during a critical incident the night before. What would you do?	D/E		
5. Systematic Approach				
Y1	Home Manager Handbook: How is it organized? How are the policies and procedures formatted? Why?	D/E		
Y2	Home Evaluation: Why does HomeLife complete Home Evaluations? Participate in at least one Home Evaluation.	D/E/P		
Y3	On Call System: Explain the on-call system. When should the house on-call be notified? When should the Administrative on-call person be notified? How do you give updates to all managers after the weekend?	D/E/P		

Y4	Planning Time Frames: How far ahead in time should a manager look when planning and scheduling events (i.e., days, week, month, quarter, year)? Explain. How far ahead should a Lead Supervisor plan? How about a Shift Supervisor?	D/E		
Y5	Time Management System: Demonstrate the use of scheduling, planning, and tracking techniques (MS-Outlook, Monthly Planning Calendar, Matrix). Show how to schedule key events such as inspections, meetings, fire drills, appointments, staff training, OJT training, etc. How do you communicate these scheduled events to key staff? Explain how you would ensure the timeliness and accuracy of reports to the main office (e.g., payroll, census, petty cash). Explain how you would ensure residents get to appointments on time. How would you ensure staff are properly trained and advancing thorough the Level system?	D/E/P/O		
Y6	Staff Phone Lists and On-Call Calendar: Where do you find these lists? How are they updated? Can you give these numbers out to whomever calls the home?	D/E		
Y7	Handling interruptions: How should you minimize interruptions? If interrupted, who should get priority for your attention?	D/E		
Y8	Paperwork and filing: How should you manage filing and keeping up with paperwork? How would you keep client records updated? How would you keep personnel records updated? How and why are personnel and resident records kept secure?	D/E		
Y9	Documentation: Review the process for handling the following documentation: doctor's orders, med changes, blood work, mail, bills, rebilling, co-pays, requests for client information.	D/E/P		
Y10	Payroll, Expense Reports, and Mileage Reimbursement: Demonstrate how to review time sheets and process payroll. Demonstrate how to review and submit mileage reimbursement and expense reports. What are the due dates for these reports?	P/O		
Y11	Client Census: Demonstrate how to review and submit census data at the end of each month. What is the due date for client census?	P/O		
Y12	Petty Cash: Demonstrate how maintain petty cash budgets and Quicken account. Demonstrate how and when to submit petty cash statements to main office. How do you ensure petty cash is secured?	P/O		
Y13	Client Funds: Explain and demonstrate how client funds are managed. What is our policy regarding client funds? What does AFC require? Explain AFC Form I and II.	E/D/P		
Y14	Client Funds Tracking Form: Demonstrate how to update the "Client Funds Tracking Form" spreadsheet on the server. Why do we use this spreadsheet?	E/D/P		
Y15	Resident Register: What is the Resident Register and why does it need to be updated each time there is an admission or discharge? Who looks at the Resident Register?	D/E		
Y16	Report Card Logs: Show how to make updates to the Report Card (RC) Logs. How is this data used?	P/O		
Y17	Employee Training Database: Show how to make updates to the training database. How do you search for information in the database? How do you sort the database? If an employee terminates employment, what would you do with his/her record in the database?	D/E		
Y18	Computer Security: Explain and demonstrate how you maintain computer security? Why is it important to protect your password? Explain HomeLife's policy on computer security and backup.	D/E		
Y19	Computer Backup: How do you backup information on your computer? How often should you backup your information?	P/O		
Y20	Home Management/Supervisor Meeting: Establish an <u>agenda</u> , <u>report card</u> , and run at least two meetings. What is the function of this meeting? What should be reported? Why is the home-level report card important for this meeting? Who should keep minutes? How do you follow up and assign actions? What do you do if staff give false data or reports?	P/O		
Y21	Home-Level Report Card: Why is the Home-Level Report card important? How does it help you manage? How does it help you track improvements? How does it relate to the Corporate Quarterly Report Card?	D/E		
Y22	All Staff Meetings: When should you have an all staff meeting? What is the purpose of such a meeting?	D/E		

Y23	Setting Goals and Priorities: What information would you use to establish goals, objectives, and priorities for your program? How would you communicate these goals to your employees? How would you track progress on these goals?	D/E		
Y24	Weekly Home Inspections: Explain why weekly home inspections are completed? What should you inspect? Why? What do you do with your findings or actions?	D/E		
Y25	Weekly Stand-Up Meeting: How should you prepare for the weekly stand-up meeting with the Program Director? What topics should be discussed at this meeting?	D/E		
Y26	Management Meetings: How do you prepare for the monthly management meeting? What should you bring to this meeting? When should you take notes? What are the standard	D/E		
Y27	Corporate Report Card: Explain how the Corporate Report Card is different from the Home-Level Report Card?	D/E		
6. Business Results				
B1	Controlling Overtime and Utilization: Explain or show methods to control overtime and utilization without compromising program quality and resident safety.	D/E/P		
B2	Controlling Expenses: Explain how you would control mileage expenses? How would you control your monthly budget but ensure quality meals and activities?	D/E		
B3	Controlling LOAs: Explain methods to control or reduce LOAs if a resident is taking excessive LOAs? Why do we want to control LOA days? Discuss the use of the LOA Guidelines form.	D/E		
B4	Customer Satisfaction: Explain or show the many methods used to survey customers? Why should you survey the customers at the home level frequently when the company surveys customers once each year?	D/E		
B5	Resident Satisfaction: How do you know the residents like the food? How do you know they like the activities? How do you know they feel safe and well cared for by HomeLife staff?	D/E		
B6	Scenario B6: You receive a survey back from a resident's family member. She scores you all "3" on the completed survey? What would you do?	D/E		
B7	Scenario B7: You receive a survey back from a guardian. She scores you all "1" on several survey items? What would you do?	D/E		
B8	Top Box Score: Why is it important to achieve a "top box" (5) rating from customers? How does a "4" rating on a survey item differ from a "5" in terms of customer loyalty?	D/E		
B9	Customer Expectations: How would you ask questions in such a way as to not offend customers but seek their input on expectations they may have regarding your program?	D/E		
B10	Office of Recipient Rights Inspections: Explain what occurs during an ORR inspection. How do you prepare for this type of inspection?	D/E		
B11	CMH Contract Review: Explain what occurs during a CMH Contract Review. How do you prepare for this review?	D/E		
B12	CMH Billing Audit: Explain what occurs during a CMH billing audit. How do you prepare for this audit? What documents and information is important to have organized, complete, and accurate for this audit?	D/E		
B13	AFC Licensing Investigation: Explain what occurs during an AFC Licensing investigation. How do you prepare for this type of inspection? What documentation will the consultant review?	D/E		
B14	AFC Licensing Renewal Review: Explain what happens during an AFC Licensing Renewal review. Who do you prepare for this type of inspection?	D/E		

Managers Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____

Initial Training Schedule

Employee Name: Artemesia Williams

Date of Hire: 11/16/15

New Employee Orientation (Physical, TB, Hep Shots) 12/2 @ 9am - 3pm ✓

Medication Training 11/18 @ 9am - 5pm ✓

CPR/First Aid 11/23 @ 9am - 3p ✓

MANDT: Day 1 11/16 @ 9a - 5p ✓ Day 2 12/4 @ 9a - 5p ✓

Person Centered Planning/Role of Direct Care Staff/Working with People 12/10 @ 9a - 5pm ✓

Health, Nutrition & Safety 12/7 @ 9am - 5pm ✓

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

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

TB Reading (Date and Location) 12/4 @ MANDT 2

Recipient Rights 11/19 @ 6p - 9p ✓

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 11/20 @ 4:20pm
(The ASPEN Building 3030 S 9th St. Ste. 2C Kalamazoo MI, 49009)

Observation shift at the home _____

Documents needed (copies) and due date _____

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

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

Memo

To: ALL STAFF
From: Jennifer Scofield
Date: 1/7/2020
Re: Resident's Rights: Dignity & Respect

It was brought to my attention by a resident's Guardian that she overheard a staff yelling at a resident. This happened over the phone and it was caught on a voicemail. The recording is inaudible and very hard to decipher exactly which staff was yelling in the background. **This is unacceptable.**

It is expected that we treat all customers/residents with Dignity and Respect as listed in the employee handbook under resident rights, "residents have a right to be free from abuse, exploitation, humiliation, neglect or retaliation for reporting violations of their stated rights. "It also states the residents have "the right to be treated with consideration and respect, with due recognition of personal dignity, individuality and the need for privacy."

ALL RESIDENTS ARE TO BE TREATED WITH DIGNITY AND RESPECT, IN ANY SITUATION. POSITIVE COMMUNICATION SKILLS ARE IMPERATIVE TO PROVIDE DIGNITY AND RESPECT, AS WELL AS THE BEST POSSIBLE CARE FOR THE RESIDENTS.

This memo serves as a written warning to ALL STAFF as I am unable to pinpoint exactly when/who I heard on that recording. Let this be fair warning to all, if I hear anyone **YELLING** at a resident, it will be an automatic write up. Staff - do right by your coworkers and remind them to speak to residents in a respectful and dignified manner. If you hear a staff member yelling at a resident, contact me right away, or if after business hours – contact admin on-call.

Please sign below indicating you have read, understand and **AGREE** to the above information.

Thanks,

Jennifer Scofield

Antheath Williams 1/7/2020

HomeLife, Inc.

Home Manager Handbook Policy

Policy Title: Medication: Administration and Documentation

Key Objective: Skilled Caring Staff

Risk Rating: 9
10-3-17

Approval Date

Approval Signature [Handwritten Signature]

Policy Statement: Any time documentation is made in the medication book staff will use the proper documentation procedures. Administration and documentation of medications is one of the most important tasks performed by staff. Medication errors can be serious, even life-threatening, and must be minimized or eliminated. Staff should follow proper medication passing procedures at all times.

Process/Outcome Definition:	Check
1. Daily Medication Passing Procedure	
a. Staff should only prepare medications for one person at a time.	✓
b. When taking the pill pack from the medication bin, complete your first check to ensure the pharmacy label matches the med sheet.	
i. If a pill pack is labeled "Directions Changed Refer to Chart" ensure you are passing the medication as instructed on the med sheet.	✓
c. Pop the pill into the medication cup ensuring the pill is not stuck in the foil. Complete your second check of the pharmacy label.	✓
d. Immediately after popping a medication from the pill pack, initial and date the pill pack next to the popped medication.	✓
e. Place the pill pack back in the med bin after popping to ensure the medication does not get double popped. Complete your third and final check to ensure the pharmacy label matches the med book.	✓
f. When the medication has been popped into the pill cup, dot the upper right hand corner of the corresponding square on the med sheet indicating you have prepared this medication.	✓
g. Follow all special instruction as written for the medication. Ex: take with food, take before meals, etc.	✓
h. Continue with this checking, punching, initialing and dotting process until all medications for the med pass time are prepared.	✓
i. Before administering, recheck the med sheets to ensure all medications for the prescribed time have been dotted and prepared.	✓
j. As you're popping and preparing medications, maintain direct sight of the med cup and pill packs.	✓
k. Ensure the medication bin and all other medications are locked up in the med cabinet before walking away. NEVER walk away from unsecured medications.	✓
l. Stay with the resident until you are sure the medications are swallowed.	✓
m. When the client has taken the medication, initial the appropriate boxes on the medication sheet where you previously dotted.	✓
2. PRN medications	
a. If the client requests a PRN you must prepare, documents and pass in the same manner as all other routine medications. (Check the label, pop the medication, initial the pill pack, dot the med sheet, and initial the med sheet once consumed.)	✓
b. If a client requests or is in need of a PRN that is a Physician's Standing Order.	
i. Check to see if the PRN is already transcribed on the medication sheets.	
ii. If already transcribed, continue passing.	
iii. If not already transcribed, first, transcribe the medication name, dose, route, and time as prescribed on the Physician's Standing Orders onto the front of the med sheets, then continue passing.	✓
c. All PRN medications must be also be documented on the Nurse's Notes on the back of the medication sheet. You must indicate the date, the time medication was given, the medication name and dosage, and the reason the medication was given.	✓
d. Once any PRN is passed, observe the resident for 1-2 hours. After this time, record the results or response to the medication, the time of the response, and your signature on the Nurse's Notes.	✓
e. Complete a BMOF anytime a resident requests or receives a PRN Physician's Standing Order that is not routinely prescribed by their physician or for any behavioral PRN medication given.	✓
f. Additional blank PRN medication sheets may be added to a resident's section if needed.	✓
3. Vitals, weights & other medical level checks	

a.	Ensure all levels and additional medical checks are completed & documented on the medication sheets at the appropriate time indicated.	✓
b.	Anytime a medical check or vital is out of normal range for the resident, you must document on a BMOF.	✓
4. Controlled Substances		
a.	All controlled substances must also be documented on a Controlled Medication Accountability form in addition to the medication sheets.	✓
b.	After passing a controlled substance medication, staff must document the date, time passed, amount given, amount remaining and their signature.	✓
5. Medication Refusals		
a.	Staff have a 2 hour time window to pass routinely prescribed medications, one hour prior and one hour after the time prescribed. Ex 8AM medications must be passed between 7am-9am.	✓
b.	Make all attempts during the 2 hour window to pass all medications. Once outside of the medication passing window, notify the Home Manager or Admin On-call. Admin on-call will follow the guidelines outlined in the <i>Guide to Timely Administration of Scheduled Medications</i> . See attached PDF.	✓
i.	The AM med pass will be considered all the times that fall within the AM hours of the day with respect to the day shift (7am-11am). This will only apply to medications given once per day at this time.	✓
ii.	The HS med pass is defined as the 2 hour period immediately prior to the resident's usual time of going to bed and sleep. This may be from 6pm for those who go to bed earlier and it may be as late as 10pm for those who retire at 11pm. (6pm-10pm).	✓
c.	All medication refusals must be documented on both a BMOF and an IR.	✓
d.	If medications are unable to be passed, monitor the resident for any change in behavior or stability.	✓
e.	If anything unusual is observed after a medication is not passed, document on your BMOF/ IR and follow-up with HM or Admin On-call. Further follow-up with HomeLife nurse or Physician may be needed.	✓
f.	Document a refusal on the medication sheets with an "R" in the box, and then record the refusal on the Nurse's Notes.	✓
g.	Consultation may be needed with a HomeLife nurse or prescribing physician if a resident routinely refuses specific medications or medications at certain times of the day.	✓
6. Documentation Errors		
a.	The staff member passing medications should ALWAYS check their own work. This includes checking to ensure all boxes are initialed, PRNs are documented, controlled substances are documented, and vitals, weights, and other medical checks are all completed within the medication passing window.	✓
b.	Staff should also utilize buddy system checks of the medication sheets and pill packs within the medication passing window to ensure there are no medication documentation or administration errors. If errors are discovered during this time make every effort possible within the 2 hour window to correct the error.	✓
c.	If you record your initials in the wrong box (ex: initialed an AM med at HS), do NOT write over your initials. Complete the nurse's notes on the back of the medication sheets indicating the medication/s were passed at the correct time then complete a BMOF to show proof of the error and that you documented the medication pass on the back of the med sheet.	✓
7. Administration Errors		
a.	It is considered a medication administration error when any of the 5 rights are violated (person, medication, dose, route, time.) This includes staff failing to pass a resident a scheduled medication.	✓
b.	ALL medication administration errors should be documented on both and IR and BMOF.	✓
c.	Staff should notify the Home manager or Admin on-call immediately after the error is discovered.	✓
d.	Staff should also notify Kalamazoo LTC pharmacy, then document and follow any special instructions given by the pharmacist.	✓
e.	Staff should monitor the resident up to 24 hours utilizing 15 minute checks following an administration error. Document any changes in status either behaviorally or medically following an administration error.	✓
8. Additional coding scenarios		
a.	If any code is used on the front of the med sheets, the nurse's notes must additionally be completed.	✓
b.	LOA or out of facility- when meds are passed staff should write an "L" in the box and document appropriately in the nurse's notes on the back of the med sheets.	✓
c.	Doctor's hold on medications- write an "H" for Held and then indicate the reason in the nurse's notes.	✓
d.	Client does not retain their medication- if you have already initialed the med sheet, record on the nurse's notes that the client did not retain their medication. Notify the Home Manager or Admin on-call, and complete a BMOF.	✓
9. Missing Medications		
a.	Notify the home manager or Admin on-call immediately after discovering any medication is missing, this includes pills missing from a pill pack or an entire pill pack.	✓
b.	The HM or Admin on-call should be made aware if the missing medication is a controlled substance, and	✓

also notified if there is any belief that foul play has occurred. If foul play is suspected by the HM or Admin on-call, they should make the recommendation to contact the local police.	✓
c. A BMOF should be completed for all occurrences of missing medications and additionally an IR for missing controlled substances and police contact.	✓

Application Scenario(s):	Check
1. Explain how to document the following: A resident asks for Tylenol for a headache, which is a physician standing order medication.	✓

Integrative Scenario(s):	Check
1. While passing medications at 4pm you discover a resident did not receive their 8am seizure medication, What should you do?	✓

Antonia Williams

HomeLife, Inc.

Home Manager Handbook Policy

Policy Title: Teamwork

Key Objective: Skilled Caring Staff

Risk Rating: 5

1/17/2014
Approval Date

Bruce J. Burns, President
Approval Signature

Policy Statement: Teamwork plays an important role in staff satisfaction and a positive work environment. The term teamwork is very subjective and when working in an environment in which you have many job duties and responsibilities it often becomes even more skewed. HomeLife, Inc. surveys have shown that direct care staff all define teamwork differently. However, when asked to provide specific examples of ways to improve teamwork common themes and examples have been discovered. Analysis of survey results has shown that teamwork issues can arise not only during a shift but also across shifts. In addition, it has been discovered that there are several teamwork issues that occur across all the HomeLife, Inc. programs. This policy outlines some of the core teamwork issues that have been identified by HomeLife, Inc. staff and should therefore be used to promote teamwork in your work environment.

Process/ Outcome Definition:	Check
1. Teamwork on your shift and across shifts will create a more positive work environment and help contribute to satisfied staff and satisfied residents.	
2. Documentation Buddy Checks <ul style="list-style-type: none"> a. Medications buddy checks are completed within the medication window (within one hour of med time.) b. Weekly planners, progress notes, and data tracking buddy checks are completed and errors are fixed by the end of the shift. 	
3. Staff interact positively with residents to provide reinforcement of appropriate behaviors. All staff members must role model positive behaviors and tones to set the example for residents in order to create a positive atmosphere. When staff work together with clients in a collective and cooperative effort an atmosphere is created that is likely to foster success. <ul style="list-style-type: none"> a. Encourage clients to use coping skills and/or strategies from behavior plans. b. Engage clients throughout the day (i.e. attempt to address personal interests and preferences of individual clients.) c. Keep redirection or teachable moments positive explaining why a behavior or action may need to cease (avoid condescending, negative, or sarcastic tone of voice.) d. Recognize positive choices with compliments or praise when clients make sound decision and choices. 	
4. Effective Shift Change between Shifts <ul style="list-style-type: none"> a. See <i>Home Cleaning & Shift Debriefing Policy</i> for specifics on conducting an effective Shift Change. 	

<p>5. Assignment and Completion of Duties</p> <ul style="list-style-type: none"> a. If not already assigned, duties should be assigned at the beginning of the shift. If issues arise during the shift communication should occur to reassign duties. b. If staff frequently work with one another they should make attempts to alternate tasks. 	
<p>6. Communication between Staff and Management</p> <ul style="list-style-type: none"> a. Review Staff Communication Log for new memos and meeting minutes at a minimum of weekly. b. Attend Case Review and Supervisor Meetings. c. Report issues to management rather than assuming they are already aware. No actions can be taken if it hasn't been reported. d. Meet one on one with management as needed for additional concerns. 	
<p>7. Staff interact positivity with one another</p> <ul style="list-style-type: none"> a. Recognize opportunities to assist one another (i.e. help to redirect residents away from med area while co-worker is passing meds.) b. Staff should work to engage each other in opportunities to learn (i.e. work together on OJT, review actions from memos, review behavior plans.) c. Find opportunities to write appreciation memos for one another for a job well done. d. Staff attempt to discuss conflicts with one another in a private areas. If resolution cannot be achieved, see Complaint Resolution Procedure in Employee Handbook. 	
<p>8. Teamwork Surveys</p> <ul style="list-style-type: none"> a. Staff are to receive a teamwork survey quarterly from their manager. b. Staff receive an annual survey from the administrative office. c. Participation in these surveys is important for the assessment of staffs' needs and the improvement of the work environment. d. Managers may find the Teamwork Survey and spreadsheet on the company server. 	

Antwan Williams

POLICY MEMO

DATE: March 13, 2015
TO: Managers
FROM: Scott Christ, Vice President *SMC*
RE: Absence and Tardiness Policy Update

Key Objective: Skilled Caring Staff

This policy memo is effective 4/1/2015. Please place a copy in your Policy Memo Binder, and make a copy available to staff, so they are aware of this change. The Employee Handbook will be revised later this year to reflect this new language, including the updated table below.

As discussed in Management Meeting on 3/27/2015, and as identified by employee comments in the 2014 Annual Satisfaction Survey, the current attendance policy has been identified as an area requiring improvement regarding the frequency of staff call-ins. The language in the Employee Handbook version May 2013, page 4, under the headings Employment Policies: Absence and Tardiness, is being updated. Specifically, the reference to unexcused absences and tardiness occurring within a three month period has been replaced with a six month time frame, and consequences for violations have been updated as indicated in the table below. There is also a change in the approach to managing tardiness and no-call/no-shows. Each additional instance of an attendance violation will result in progressive disciplinary action including unpaid suspensions, and may progress to termination of employment.

The attendance record of each employee will be maintained on the attached (or similar) attendance tracking form by the home manager or the supervisor for administrative and management employees. The attendance record will reset to zero absences and zero tardies at the beginning of each six month period. Although occurrences will roll off an employee's record after six months, the attendance record for the previous six month period will be considered in relation to annual performance evaluations. The previous six months of an attendance record may also be considered in making decisions about continuing employment, if a pattern of poor performance and/or policy violations are occurring in areas other than attendance.

Summary of Disciplinary Actions for Violations of the HomeLife, Inc. Attendance Policy

	Tardiness	Unexcused Absence	No Call, No Show
1st Occurrence	Verbal Warning (may be given over the phone)	Written Warning	Written Warning; and 5 day suspension
2nd Occurrence	Written Warning - Tardy	Written Warning; and 1 day suspension	Termination at Employer Discretion
3rd Occurrence	3 Tardy Occurrences is considered equal to 1 Unexcused Absence	Written Warning; and 3 day suspension	Termination
4th Occurrence	Verbal Warning (may be given over the phone)	Written Warning; and 5 day suspension	
5th Occurrence	Written Warning - Tardy	Termination at Employer Discretion	
6th Occurrence	3 Tardy Occurrences is considered equal to 1 Unexcused Absence	Termination	
Greater than 6 Occurrences	Each Subsequent Tardy is equal to 1 unexcused absence		

Absence and Tardiness Policy Update (continued)

Tardiness

Tardiness is defined as the failure to report to work or a training session at the time scheduled.

- The first occurrence of Tardiness will result in a verbal warning.
- The second occurrence of tardiness will result in a written warning.
- The third occurrence of tardiness will be considered as equal to one unexcused absence.
- The fourth occurrence of Tardiness will result in a verbal warning.
- The fifth occurrence of tardiness will result in a written warning.
- The sixth occurrence of tardiness will be considered as equal to one unexcused absence.
- Each tardiness after the sixth occurrence will be equal to 1 unexcused absence per occurrence.
- Unexcused absences as a result of multiple tardies, will be added to any existing unexcused absences to determine the appropriate disciplinary action.

Unexcused Absences

An unexcused absence occurs when the employee "calls-in" for a scheduled shift or training session, to report they will not be working. Home Managers and/or Administrative Managers are responsible for determining if the reason given for an absence is found to be credible or acceptable; and constitutes an excused or unexcused absence. A "call-in" will be considered an unexcused absence unless a doctor's note or other credible form of verification, documents an employee's inability to work a scheduled shift. If an employee "calls-in" less than two hours before the start of their scheduled shift, this will be considered unexcused. If an employee leaves work before the end of their scheduled shift, this also constitutes an unexcused absence. Asking a friend, another employee, or a relative to give notification is not considered acceptable and would again result in an unexcused absence unless emergency circumstances prohibit the employee from providing this notification. Once the emergency has resolved, you will be required to provide evidence or documentation of this emergency in order to consider the absence excused. If you have changed shifts with someone without receiving manager approval; and if your replacement doesn't work the shift, the person originally scheduled for the shift will receive the unexcused absence.

- The first occurrence of an unexcused absence will result in a written warning.
- The second occurrence of an unexcused absence will result in a written warning and a one day suspension.
- The third occurrence of an unexcused absence will result in a written warning and a three day suspension.
- The fourth occurrence of an unexcused absence will result in a written warning and a five day suspension.
- The fifth occurrence of an unexcused absence may result in termination at the employer's discretion.
- The sixth occurrence of an unexcused absence will result in termination

No Call/No Show

You must call each day you are going to be late or absent. Failure to do so will result in the employee being recorded as "no call, late" or "no call, no show."

- The first occurrence of a no call no show will result in a written warning and a five day suspension.
- The second occurrence of a no call no show will result in termination at the discretion of the employer.
- The third occurrence of a no call no show will result in termination.
- If the employee has already received the consequence of a 4th unexcused absence, when a no-call/no-show occurs, the disciplinary process may be accelerated to the final step of termination.

HomeLife, Inc. reserves the right to use discretion in applying this policy under special or unique circumstances such as hospitalization or other verifiable emergencies. HomeLife, Inc. also reserves the right to amend or discontinue this policy at any time with or without notice.

