

# CERTIFICATE of COMPLETION

THIS CERTIFICATE IS PRESENTED TO

Anthony Wilburn

FOR

Recipient Rights 2019

Online

February 16, 2020

This certificate expires  
one year from the

above date

Integrative Services  
of Kalamazoo



## Quiz Results "Recipient Rights"

Name: **Wilburn, Anthony**User ID: **5600**

Date/Time	Your Score	Passing Score	Result
February 19, 2019 10:19 AM	84.62%	80%	Passed

### Quiz Results by Questions

#	Question	Awarded	Points	Result
1.	I have viewed all slides before taking this quiz. If the answer is false, please return to the beginning of this training and complete all slides. You will not pass this training if you did not view all slides.	10	10	✓
2.	Protecting rights is only the responsibility of direct care staff.	10	10	✓
3.	Staff do not have a responsibility to report apparent or suspected rights violations	10	10	✓
4.	An individual receiving mental health services who has retained their own guardianship does not have to agree with or give informed consent to their Individual Plan of Service or their medication regime.	0	10	✗
5.	It is ok if an individual served does not understand the documents that they sign for services or to release information, the important thing is that a signature is obtained	10	10	✓
6.	Staff need to be able to prove that abuse or neglect has occurred to be expected or required to report it.	10	10	✓
7.	If you strike an individual served, but do not injure him/her, or if it was done in response to physical aggression, it is not considered abusive.	10	10	✓
8.	If you fail to follow a standard of care that results in injury to an individual served or placed that person at risk, but you do not intend any injury you will not have committed neglect.	10	10	✓
9.	If you are providing mental health services to an individual and have consensual sexual relations with them, you are not committing abuse	10	10	✓
10.	If you believe that something a guardian tells you to do with/for an individual served is abusive, neglectful or against their IPOS, it is ok because they are the guardian.	10	10	✓
11.	A medication error can sometimes be considered neglect.	0	10	✗
12.	Mental Health staff, either directly hired or contract provider staff must cooperate with an ORR investigation as a condition of their employment, per contract and policy.	10	10	✓

#	Question	Awarded	Points	Result
13.	A right is:	10	10	✓
14.	A example of a right which can be limited is:	10	10	✓
15.	Limitations or restrictions of rights	10	10	✓
16.	Excessive teasing of or sarcasm used with an individual served could be an example of:	10	10	✓
17.	Failure to immediately report suspected or apparent abuse or neglect can result in additional violations in the area of:	0	10	✗
18.	If a parent calls requesting information regarding an individual served, it is ok to give that information	10	10	✓
19.	An individual served has the right to review their Individual Plan of Service	10	10	✓
20.	If staff are not following an IPOS or Behavioral Support Plan, they could be cited under the category of:	0	10	✗
21.	Medication should be given to a recipient:	10	10	✓
22.	People who live in residential settings have rights that include:	10	10	✓
23.	Complaints can be made by:	10	10	✓
24.	If staff observe an incident that could negatively impact a recipient or if they observe abuse or neglect, it is mandatory to write a(n)	10	10	✓
25.	It is permissible to discuss confidential information outside of your specific work setting	10	10	✓
26.	What actions are required by staff if they see, hear about, or have knowledge of an apparent or suspected rights violation?	10	10	✓

# CERTIFICATE OF ATTENDANCE

Awarded to:

Anthony Wilcox

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

**Sponsored by:**

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

Martie Groat or Andrea Huff

Instructor's Printed Name

Martie Groat

Instructor's Signature

Wed 6/24/15

Date

**KALAMAZOO COMMUNITY**  
Mental Health  
& Substance Abuse  
Services

"Empowering people to succeed"





**American Red Cross**  
Training Services

### Certificate of Completion

**Anthony Wilburn**

has successfully completed requirements for

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

conducted by

**American Red Cross**

Date Completed: **07/22/2019**

Instructors: **Nicholas Burrill**



ID: GY6HYS

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

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





This certificate is awarded to  
**Anthony Wilburn**  
 for having satisfactorily completed the requirements for the  
 student training in

**Relational**

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

**Conceptual**

- Trauma Informed Services

**Technical**

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

**Technical**

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

**Instructors**

- Kevin Steve
- Nicholas Burrill

**Start Date:** 08/20/2019

**Student Mandt ID**

S 19 MI 285919 T 0820

**Expires on:** 08/31/2020

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



*David H. Mandt*

**HomeLife, Inc.**

Name of Organization





## Infection Control Orientation

Name: Anthony Wilburn Date 2/16/20

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

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?

Take residents shopping

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

Took a resident to an animal shelter.

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

Getting a job in the community.

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

~~Picking the~~ <sup>ERROR</sup>

Having the ability to choose what the dinner will be.

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

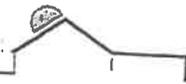
Incentive plans, which help build patterns.

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

I help a resident with setting up her video game so she could have fun.

Ang 2/16/20  
Employee Signature Date

Janice Harris 2/16/2020  
Supervisory Signature Date



## 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)

Anthony Wilburn  
Print Name & Employee Signature

[Signature]

2/16/20  
Date

[Signature]  
Trainer Signature

2/16/2020  
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)

Anthony Wilburn
Print Name

7/7/15
Date

Anthony Wilburn
Employee Signature

7/7/15
Date

Jennifer Sanfilippo
Trainer Signature

7/7/15
Date



## Cultural Competency Written Test

Name: Anthony Wilburn

Date: 2/16/20

Employer: Beacon

*Janis H.*

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



## Cultural Competency Written Test

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



# HomeLife, Inc.

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

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

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

  
Employee's Signature

2/16/20  
Date

  
Instructor/Supervisor's Signature

2/16/2020  
Date



# HomeLife, Inc.

## Confidentiality and Privacy under HIPAA TEST

Name: Anthony Wilburn

Date: 2/16/20

*John H.*

1. The criminal penalties for improperly disclosing protected health information can be as high as fines of \$250,000 and prison sentences of 10 years.

True or  False?

2. Why are confidentiality and privacy important concepts in health care?

- a. They help protect hospitals from lawsuits.
- b. They allow patients to feel comfortable sharing information with their doctors.
- c. They avoid the confusion of having people other than a physician distributing information about a patient.
- d. Both a and b

3. Which of the following are common ways employees protect patient privacy?

- a. Closing patient doors
- b. Knocking before entering a patient room
- c. Using curtains to shield patients during treatment
- d. All of the above

4. Sally is a long-term resident of a group home and has been receiving mental health services for many years. As her case manager or home manager, you have been concerned about some recent side effects of Sally's medication and you need to consult her doctor. What should you do?

- a. Fax your concerns about Sally to the doctor's office.
- b. Send the doctor an email about Sally through the office receptionist.
- c. Call the receptionist and ask that the doctor return your call as soon as possible.
- d. Call the receptionist and leave a detailed message about Sally.

5. Confidentiality protections cover not just patients' health-related information, such as why they are being treated, but also information such as address, age, Social Security numbers, and phone number.

True or  False?

6. You are approached by an individual who tells you that he is here to work on the computers and wants you to open a door for him or point the way to a workstation. How do you respond to this request?

- a. Provide him with the information or access he needs.
- b. Ask him who at the hospital has hired him and refer him to that person for assistance.
- c. Call the police.
- d. None of the above

7. Any employee or clinician who violates the company privacy or confidentiality policy is subject to suspension or termination of employment?

True or  False

8. Which of the examples below is NOT a common work practice that protects the confidentiality of client/resident information?
- Keeping computers logged out of the resident/client information folders or system when not in use.
  - Keeping records locked when not in use.
  - Limiting the number of visitors who can see a resident
  - 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?
- After you no longer work at the home/facility
  - After the resident/patient dies
  - Only if you believe the resident/patient won't mind
  - When authorized for business purposes
11. What should you do if you suspect someone is violating the home/facility's privacy policy?
- Nothing, it's none of your business.
  - Watch the individual involved until you have gathered solid evidence against him or her.
  - 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?
- Locks on medical records rooms and cabinets
  - Password access to computerized records
  - Rules that prohibit employees from looking at records unless they have a need to know
  - 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?
- Residents/patients are suing more often when their information is released without their knowledge.
  - A new law makes it a criminal offense not to protect resident/patient health information.
  - Health care workers have gotten sloppier than they were in the past about protecting privacy or confidential information.
  - 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

*John H*

Name: Anthony Wilburn

Date: 2/16/20

Trainer: Jean

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 Rectal  
Vaginal Inhalant
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: Anthony Wilburn

Date: 2/16/20

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

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

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

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

True                      False

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

Name of med                      Time  
Dose                                      Resident name

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    Med    Dose    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

### Medication Test

Name: Anthony Wibur

Date: 6/26/15

Trainer: Mary Helen H Kelly

1. Name two purposes of medication.

prevent disease      control disease

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                      Rectal  
Vaginal                      \_\_\_\_\_                      Inhalable

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?

side effects  
~~Right patient~~ <sup>Dosage</sup> AW      ~~Right prescription~~ AW

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.

Prescription name    Patient's name  
dosage                  Pharmacy name

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's consent~~    ~~right dosage~~    ~~right time~~    ~~right prescription~~    ~~correct patient~~  
 Stay alert    Be knowledgeable    medication

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

*Peter Moved down the D side*  
*AWPC*  
*1/1/13*  
*1/1/13*

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: Anthony Wilburn

Home: Bridge St

Date: 6/26/15

Performance Measures	Passed (trainer initials)	Date
Preparing to Administer Medication (Verbal)		
Administering Oral Medication (Demonstration)	g M H K	6/26/15
Administering Eye Medication (Verbal)		
Administering Nose Medication (Verbal)		
Administering Topical Medication (Demonstration)		
Administering Suppositories (Verbal)		
Documenting Medication Administration (Demonstration)		
Written Test (100%)		

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

Yes

No

Anthony Wilburn  
Trainer Signature

Mary Lou Kelly 6/26/15  
Date

Anthony Wilburn  
Employee Signature

6/26/15  
Date



**Role of Direct Care Staff Test**



Name: Anthony Wilburn

Date: 6/25/15

Trainer: Jean Samfilippo

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: Gather & share info

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

12. Autism is an example of:

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

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

~~A. Mental illness~~

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

~~B. Developmental Disability~~

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

~~C. Schizophrenia~~

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

~~D. Affective Disorders~~

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

Aw

~~E. Anxiety Disorders~~

A A substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with ordinary demands of life

~~F. Acute Psychosis~~

E Unreasonable fears, tensions, or anxieties of places, people, objects, and other things.

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

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

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

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

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

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

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

23. Which of the following is a HomeLife 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

**Working with People Test**



Name: Anthony Wilburn

Date: 6/29/15

Trainer: Jean Samfilippo

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. Challenging Behavior
- C. The Task

- B Institutional pattern
- A Educational pattern
- C The Effective Teaching Pattern

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

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

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

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



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

*Sensitive to tradeoffs*

*Natural cues and materials*

*integrate*

*Adaptation*

*Partial participation*

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

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

*Jenn*

Name: Anthony Wilburn

Date: 6/25/15

Trainer: Jenn Samfilippo

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



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

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

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

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

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

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

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

14. List two examples of discriminative stimuli (triggers) shift change/time

15. Match the words below with the corresponding definition:

Topography F

Intensity D

Frequency A

Duration E

Contingency G

Reinforcement B

Extinction C

A. How often a behavior occurs

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

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

D. How noticeable a behavior is (impact)

E. How long a behavior lasts

F. What the behavior looks like

G. A relationship between a particular behavior and consequence



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

Talk to home members

Ask questions about interests

Engage home member in activities

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

Money issues

Boundaries

Describe outing.

18. List 3 key points when making a request.

Tone of voice

Patience & consistency

Refocus on task

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

~~No~~ No arguing

Offer options

redirect to normalized conversation

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

poker face

use differential attention

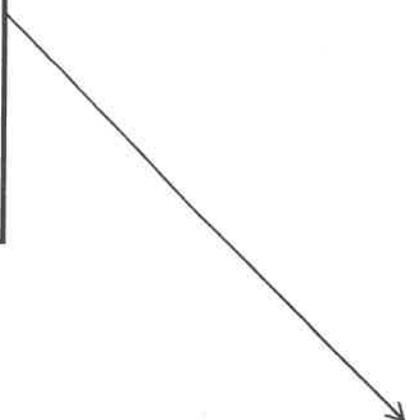
maintain rational detachment



21.

(Antecedent)

Motivating Operations (setting events)
Sugar Caffeine



(Antecedent)

Discriminative stimulus (environmental stimulus)	Behavior	Consequence
New staff	VA	Cigarette

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

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



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:

The goal of the PCP is to help the client establish and achieve short and long term goals that are within reason.

**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: JV's interview

Author's Name: JV

JV likes how people that care for her gather together to assist her with meeting the goals she set for herself. JV enjoys having the ability to choose where the PCP meeting take place. JV likes how people will remind her of her goals.

Name: Anthony Wilburn

Date: 2/16/20

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

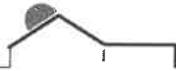
19. How do you prevent medication errors?

- 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



Person-Centered Planning Test

*Handwritten signature*

Name: Anthony Wilburn

Date: 6/25/15

Trainer: Jena Samfilippo

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



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

Guardians                      Urgent/Emergent situations  
Costs                              Reasonableness

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

Give options                      Gather & share info

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

A plan written for the resident based on their strengths & goals

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

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

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

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

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

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



## LEP Competency

1. LEP stands for Limited English Proficiency
2. LEP is covered under which Federal Policy? Title VI
3. All entities that receive Federal funds are subject to LEP requirements.  
True or False
4. Define "Covered Entities."  
Any state or local agency, private institution or organization, or any public or private individual that operates, provides or engages in health or social service programs & activities 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 can't speak, read, write or understand the English language at a level that permits him/her to interact effectively w/ health care providers or social services 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 info
  2. Ability to understand services
  3. Ability to access services
8. Assuring appropriate language access includes
  1. Oral language interpretation
  2. Translation of written materials
  3. Providing notice of the right to language assistance free of charge
  4. Staff training
  5. Program monitoring

## LEP Competency

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

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

10. A Competent Interpreter is one who demonstrates

1. Proficiency in English & the LEP person's language
2. Orientation & training that include skills & ethics of interpreting
3. Fundamental knowledge in both languages of any specialized terms or concepts
4. Sensitivity to the person's culture
5. Ability to convey info 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. Alien
2. Wardlands
3. KZov
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 KCMH Member/ Customer Service.

Completed By: Anthony Wilburn

Date: 2/16/20

Reviewed By: Jennifer Harris

Date: 2/16/2020

**Emergency Preparedness Test**



Name Anthony Wilburn

Date: 7/1/15

Trainer: Jenn Samfilippo

1. The most common cause of injury and death in a fire is the fire itself. True   False
  
2. What are the 3 sides of the fire triangle?  
Fuel      Heat      Air
  
3. The most common cause of fire is
  - a. Heating/cooking equipment
  - b. Hot objects
  - c. Careless smoking
  - d. Matches
  - e. Misuse of electricity
  
4. Name 3 things the fire department will need to know when you call  
Address      Name      Phone number
  
5. What are the two main purposes of smoke detectors?  
Rescue      Escape
  
6. Extension cords are allowed to be used in residential community settings. True   False
  
7. Flammable materials need to be kept locked up inside the home.  True  False
  
8. How often should the lint trap of the dryer be cleaned?
  - a. Once a day
  - b. Each time the dryer is used
  - c. Once a week
  - d. Once a month
  
9. You should NOT put foam rubber in the dryer.  True  False
  
10. How many escape routes should be taught to each resident? 2

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

12. The purpose of a fire drill is:

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

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

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

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

Fight your way out of the fire      Rescue someone

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

16. What does a severe weather warning mean? Severe weather has been spotted, take shelter

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

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

True  False

20. What are the three heat related emergencies?

Heat stroke      Heat exhaustion      Heat cramps

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? OJT Binder

**Nutrition Test**

*10*  
*Jenn A*

Name: Anthony Wilburn

Date: 7/1/15

Trainer: Jenn Samfidge

1. Name two key nutrients:

fats                      water

2. Name the six food groups:

Dairy                      Carbs                      Meat

Fruit                      Vegetable                      Fats

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

T  F

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

T F

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

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

T F

7. What is aspiration?

Food or water entering the lungs,

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

T  F

9. Foods high in fiber include:

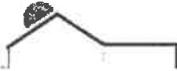
- a. Whole wheat bread
- b. All Bran
- c. Raisins
- d. Broccoli
- e. All of the above

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 participation
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  
 Falls Keep floors clean & dry  
 Cuts Pick knife up by handle  
 Electrical Shock Keep hands dry
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? 3/2 tsp



**Health Test**

10  
Jenna

Staff Name: Anthony Wilburn

Date: 7/1/15

Trainer: Jenna Santolitto

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

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

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

9. List one respiratory symptom of anaphylactic shock: wheezing

10. List one skin symptom of anaphylactic shock: hives

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

11. B Caustic Agent

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

12. A Reservoir

B. Fungus, Virus, Bacteria, Parasites

13. D Mode of Escape

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

14. F Mode of Transfer

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

15. C Mode of Entry

E. People, animals, insects, birds, plants

16. E Susceptible Host

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

17. Normal range for oral temperature:

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

18. Normal range for resting pulse (adult)

- a. 60-80
- b. ~~60-100~~ 50-100
- c. 40-90
- d. 70-110

19. Normal range for respirations (adult)

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



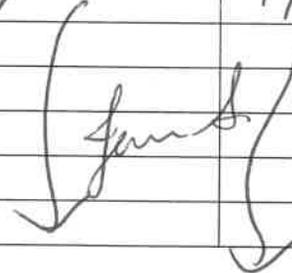


### Health Skills Check

Name: Anthony Wilburco

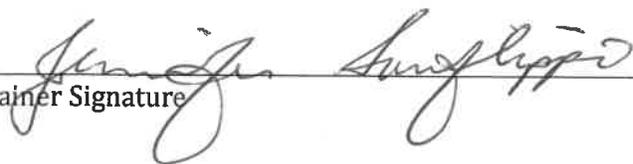
Date: 7/1/15

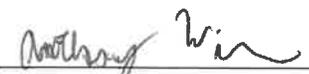
Trainer: Jenn Samfilippe

Performance Measures	Passed (trainer initials)	Date
Taking a temperature (verbal)	passed	7/1/15
Taking a pulse (demonstrate)		
Taking a respiration (verbal)		
Taking a blood pressure (demonstrate)		
Hand washing (verbal)		
Glove removal (demonstration)		
Written Test 100%		

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

Yes       No

  
 Trainer Signature \_\_\_\_\_ Date 7/1/15

  
 Employee Signature \_\_\_\_\_ Date 7/1/15



## 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

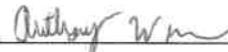
Hot Water Burns

Slips, Trips, & Falls

Propane Grills

Vehicle Safety

\*CMH Emergency Preparedness Training\*

  
Staff Signature

7/1/15  
Date

Anthony Wilburn  
Print Name

  
Trainer Signature

7/1/15  
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

Select one: D

*John A*

- 2) Cooking is the leading cause of home fires.
  - A) True
  - B) False

Select one: A

- 3) Carbon monoxide is an invisible, colorless gas with a strong odor.
  - A) True
  - B) False

Select one: AB

- 4) Three of every four structure fires in residential board and care facilities are caused by cooking.
  - A) True
  - B) False

Select one: A

- 5) If a small grease fire starts in a pan:
  - A) Smother the flames by carefully sliding the lid over the pan (make sure you are wearing the oven mitt). Turn off the burner. Do not move the pan.
  - B) Immediately extinguish with water.

Select one: A

- 6) Never start a gas grill with the lid on the grill closed.
  - A) True
  - B) False

Select one: A

- 7) Before you throw away butts and ashes, make sure they are out. Dousing in water or sand is the best way to make sure they are extinguished.
  - A) True
  - B) False

Select one: A



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

Select one: A

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

Select one: B

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

Select one: B

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

Select one: A

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

Select one: A



# HomeLife, Inc.

Staff Name: Anthony Wilburn  
 Date of 1<sup>st</sup> Pass: 2/11/16

**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 4<sup>th</sup> 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>2/11/16</u>			
1. Did they use correct med sheet/ go to correct section of med book?	TS	B	CS	AE
2. Did they transcribe the client name correctly?	TS	TS	CS	AE
3. Did they transcribe the order correctly and accurately, exactly as it appeared on the Med. label?	TS	TS	CS	AE
4. Did they check the time?	TS	TS	CS	AE
5. Did they check the client's med record to see if that particular client receives medication at this particular time?	TS	TS	CS	AE
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?	TS	TS	CS	AE
7. Did they clean off their work area?	TS	TS	CS	AE
8. Did they wash their hands?	TS	TS	CS	AE
9. Did they check the medication label 3 times?	TS	TS	CS	AE
a. When taking the bubble pack out of the bin?	TS	TS	CS	AE
b. When punching the medication into the med. cup?	TS	TS	CS	AE
c. When putting the bubble pack back into the bin? (If using administering topical medications or eye/ear drops, make the 3 <sup>rd</sup> check before administering.)	TS	TS	CS	AE
10. Did they use the dot method?	TS	TS	CS	AE
a. Did they remove all of the bubble packs with the appropriate time of day indicated?	TS	TS	CS	AE
b. Did they empty one bubble on each bubble pack, counting backwards?	TS	TS	CS	AE
c. Did they put a dot in the upper right hand corner in each corresponding square of the med. sheet?	TS	TS	CS	AE
d. Did they date and initial next to the punched out med. on the bubble pack?	TS	TS	CS	AE
e. Did they review the med. sheet and bubble packs for any errors?	TS	TS	CS	AE
11. Did they observe the five rights?	TS	TS	CS	AE
a. Client?	TS	TS	CS	AE
b. Medication?	TS	TS	CS	AE
c. Dosage?	TS	TS	CS	AE
d. Time?	TS	TS	CS	AE
e. Route?	TS	TS	CS	AE
12. Did they follow any special instructions? (I.e. Take before or after meals, shake well; take with food or milk, etc.)	TS	TS	CS	AE
13. Did they pour liquids from the unlabeled side of the bottle, palming the labeled side?	TS	TS	CS	AE
14. Did they measure liquid medications with a plastic metered med. cup?	TS	TS	CS	AE



15. Did they pour liquid medication at eye level?	TS	TS	TS	AE
16. Did they prepare and administer one home member's medications at a time?	TS	TS	TS	AE
17. Did they positively identify the client?	TS	TS	TS	AE
18. Did they know what to do if a client refuses to take their meds? (Do not force them to take the meds, wait a little while and try again, have another staff try, etc.)	TS	TS	TS	AE
19. Did they assist the client to take their medications (provide plenty of water, administer in applesauce if needed, etc.)?	TS	TS	TS	AE
20. Did they remain with the client until they swallowed the med?	TS	TS	TS	AE
21. Did they talk with the client to ensure the medications were swallowed? Never record a medication as passed unless you see the client swallow the medication.	TS	TS	TS	AE
22. Did they administer only medication that they had prepared?	TS	TS	TS	AE
23. Did they properly document the med. pass in the med. book?	TS	TS	TS	AE
24. Did they wash their hands?	TS	TS	TS	AE
25. Did they observe, record, and report the client's response to the medication?	TS	TS	TS	AE
26. Did they complete the medication counts, or check off sheets?	TS	TS	TS	AE
27. Can they tell you what actions to take when a medication error has occurred?	TS	TS	TS	AE
28. Can they tell you what actions to take when a medication is missed?	TS	TS	TS	AE

**1<sup>st</sup> Med. Pass with a Shift Supervisor:**

circle one: PASS REDO

Notes: Went over 5 rights in med passing

Staff Signature: [Signature] Date: 2-11-16

Supervisor Signature: [Signature] Date: 2/11/16

**2<sup>nd</sup> Med. Pass with a Shift Supervisor:**

circle one: PASS REDO

Notes:

Staff Signature: [Signature] Date: 2-12-16

Supervisor Signature: [Signature] Date: 2/12/16

**3<sup>rd</sup> Med. Pass with a Shift Supervisor:**

circle one: PASS REDO

Notes:

Staff Signature: [Signature] Date: 2-14-16

Supervisor Signature: [Signature] Date: 2/14/16

**4<sup>th</sup> Med. Pass with a Home Manager or Lead SS:**

circle one: PASS REDO

Notes:

Staff Signature: [Signature] Date: \_\_\_\_\_

Supervisor Signature: [Signature] Date: 7/21/16

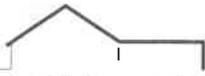
**Subsequent Med Passes (If any above not passed):**

circle one: PASS REDO

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

Staff Signature: \_\_\_\_\_ circle one: PASS REDO  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Date: \_\_\_\_\_





July 29, 2016

Anthony Wilburn  
431 W. Vine Street  
Kalamazoo, MI 49001

### Employment History

Position: Direct Care Staff  
Start Date: 01/12/2016  
Full-time Start: 03/16/2016  
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 “**exceptional**” and work performance as “**meets 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 cursive script, appearing to read "B. J. Bruns".

Barry J. Bruns, M.S.  
President

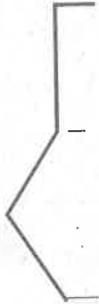
Attachment: Level II Certificate of Completion

cc: Personnel File

## Attendance and Work Performance Ratings:

Rating	Attendance	Work Performance
<b>Exceptional</b>	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.
<b>Exceeds Expectations</b>	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.
<b>Meets Expectations</b>	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.
<b>Below Expectations</b>	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.
<b>Needs Improvement</b>	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

*Anthony Wilburn*

Has completed Level II requirements  
and is therefore awarded this

*Certification of Completion*

Given this 29th of July 2016

*Barry J. Bruns*

Barry J. Bruns, President  
HomeLife, Inc.

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

Employee Name: Anthony Wilburn

Hire Date: 1/12/16

**Training Method**

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

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

**Review Method**

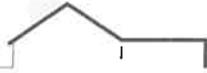
- R = Show where to find reference materials, checklists, instructions
- E = Explain all or important elements of procedure or concept
- D = Demonstrate performance either simulated or actual

Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete (CM)	Remedial Date	Trainer Initials	Admin. Review Initials	Complete (CM)
TS/SD/CS/GR	4	R	11	6/27/16	MJ	AE	C				
SD/DB/CS/GR	7	E	11	6/27/16	MJ	AE	C				
TS/SD/CS/GR	5	D	11	6/27/16	MJ						
TS/SD/CS/GR	6	E	11	6/27/16	MJ						
TS/SD/CS/GR	5	E	11	6/27/16	MJ	AE	C				
DB/SD/CS	9	E	11	6/27/16	MJ	AE	C				
CS/GR	7	E	11	6/27/16	MJ	AE	C				
TS/SD/DB/CS	6	E	11	6/27/16	MJ	AE	C				
TS/SD/CS/GR	8	D	11	6/27/16	MJ	AE	C				
TS/SD/DB/CS	9	E	11	6/27/16	MJ	AE	C				
CS/GR	4	R	11	6/27/16	MJ	AE	C				
TS/SD/DB/CS	7	D	11	6/27/16	MJ						
SD/DB/CS/GR	5	D	11	6/27/16	MJ						
CS/DB/GR	7	E	11	6/27/16	MJ						
TS/SD/DB/CS	6	E	11	6/27/16	MJ						
TS/SD/DB/CS	6	E	11	6/27/16	MJ	AE	C				
TS/SD/DB/CS	5	D	11	6/27/16	MJ						
SD/DB/CS	3	E	11	6/27/16	MJ	AE	C				
TS/SD/DB/CS	5	D	11	6/27/16	MJ	AE	C				
TS/DB/CS/GR	2	E	11	6/27/16	MJ	AE	C				
TS/DB/CS/GR	2	E	11	6/27/16	MJ	AE	C				
TS/DB/CS/GR	2	E	11	6/27/16	MJ	AE	C				
TS/DB/CS/GR	2	D	11	6/27/16	MJ	AE	C				
TS/DB/CS/GR	2	D	11	6/27/16	MJ	AE	C				
TS/DB/CS/GR	5	E	11	6/27/16	MJ						
CS/GR	5	E	11	6/27/16	MJ						

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

Employee Name: Anthony Wipburn Hire Date: \_\_\_\_\_

<p><b>REQUIRED TRAININGS for LEVEL II:</b> (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  <input checked="" type="checkbox"/> Advanced Behavior Modification  <input checked="" type="checkbox"/> TBI or Autism Training                 </td> <td style="width: 50%; border: 1px solid black;"> <input checked="" type="checkbox"/> MANDT Practice  <input checked="" type="checkbox"/> Verbal Skills Training                 </td> </tr> </table>	<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						
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<p><b>HOME MANAGER RATINGS:</b> (Check one box for each rating)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;"> <p>Performance:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;"> <input type="checkbox"/> Exceptional (5)  <input type="checkbox"/> Exceeds Expectations (4)  <input checked="" type="checkbox"/> Meets Expectations (3)  <input type="checkbox"/> Below Expectations (2)  <input type="checkbox"/> Needs Improvement (1)                 </td> <td style="width: 50%; border: 1px solid black;"> <p>Attendance:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;"> <input checked="" type="checkbox"/> Exceptional (5)  <input checked="" type="checkbox"/> Exceeds Expectations (4)  <input type="checkbox"/> Meets Expectations (3)  <input type="checkbox"/> Below Expectations (2)  <input type="checkbox"/> Needs Improvement (1)                 </td> <td style="width: 50%; border: 1px solid black;"> <p>18</p> </td> </tr> </table> </td> </tr> </table> </td> <td style="width: 50%; border: 1px solid black;"> <p>Date Level II Completed: <u>7/27/16</u></p> </td> </tr> <tr> <td style="border: 1px solid black;"> <p>Home Manager Signature: _____</p> </td> <td style="border: 1px solid black;"> <p>Date: <u>7/27/16</u></p> </td> </tr> </table>	<p>Performance:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;"> <input type="checkbox"/> Exceptional (5)  <input type="checkbox"/> Exceeds Expectations (4)  <input checked="" type="checkbox"/> Meets Expectations (3)  <input type="checkbox"/> Below Expectations (2)  <input type="checkbox"/> Needs Improvement (1)                 </td> <td style="width: 50%; border: 1px solid black;"> <p>Attendance:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;"> <input checked="" type="checkbox"/> Exceptional (5)  <input checked="" type="checkbox"/> Exceeds Expectations (4)  <input type="checkbox"/> Meets Expectations (3)  <input type="checkbox"/> Below Expectations (2)  <input type="checkbox"/> Needs Improvement (1)                 </td> <td style="width: 50%; border: 1px solid black;"> <p>18</p> </td> </tr> </table> </td> </tr> </table>	<input type="checkbox"/> Exceptional (5) <input type="checkbox"/> Exceeds Expectations (4) <input checked="" type="checkbox"/> Meets Expectations (3) <input type="checkbox"/> Below Expectations (2) <input type="checkbox"/> Needs Improvement (1)	<p>Attendance:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;"> <input checked="" type="checkbox"/> Exceptional (5)  <input checked="" type="checkbox"/> Exceeds Expectations (4)  <input type="checkbox"/> Meets Expectations (3)  <input type="checkbox"/> Below Expectations (2)  <input type="checkbox"/> Needs Improvement (1)                 </td> <td style="width: 50%; border: 1px solid black;"> <p>18</p> </td> </tr> </table>	<input checked="" type="checkbox"/> Exceptional (5) <input checked="" type="checkbox"/> Exceeds Expectations (4) <input type="checkbox"/> Meets Expectations (3) <input type="checkbox"/> Below Expectations (2) <input type="checkbox"/> Needs Improvement (1)	<p>18</p>	<p>Date Level II Completed: <u>7/27/16</u></p>	<p>Home Manager Signature: _____</p>	<p>Date: <u>7/27/16</u></p>
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<p>Home Manager Signature: _____</p>	<p>Date: <u>7/27/16</u></p>							



May 2, 2016

Anthony Wilburn  
431 W. Vine Street  
Kalamazoo, MI 49001

### Employment History

Position: Direct Care Staff  
Start Date: 01/12/2016  
Full-time Start: 03/16/2016  
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 “**meets 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, appearing to read "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
<b>Exceptional</b>	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.
<b>Exceeds Expectations</b>	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.
<b>Meets Expectations</b>	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.
<b>Below Expectations</b>	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.
<b>Needs Improvement</b>	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

*Anthony Wilburn*

Has completed Level I requirements  
and is therefore awarded this

*Certification of Completion*

Given this 2nd of May 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

Employee Name: Anthony Wilburn

Review Method

SD = Self Evaluation & Debriefing

TS = Tell-Show-Practice-Test

Hire Date: 11/2/16

R = Show where to find reference materials, checklists, instructions

E = Explain all or important elements of procedure or concept

D = Demonstrate performance either simulated or actual

LEVEL I PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	Trainer Initials	Complete (C) / Incomplete (CI)	Remedial Training Date	Trainer Initials	Admin Review Initials
Bio-Terrorism and Biological Emergencies	CS/DB/GR	8	E	1	1/23/16	TS	MS	C			et C
Chemical Terrorism or Chemical Emergencies	CS/DB/GR	8	E	1	1/23/16	TS	MS	C			et C
Evacuation Plan - Home Specific	DB/SD/CS	7	D	1	1/23/16	TS	MS	C			et C
Fire Drill/Alarm Procedure - Home Specific	TS/SD/CS/GR	6	D	1	1/23/16	TS	MS	C			et C
Fire Evacuation & Bomb Threat Procedure	DB/SD/CS	7	E	1	1/23/16	TS	MS	C			et C
Food Handling, Safety & Storage	TS/SD/DB/CS	6	D	1	1/23/16	TS	MS	C			et C
Home Cleaning Shift Responsibilities (Cleaning checklist)	TS/SD/DB/CS	3	E	1	1/23/16	TS	MS	C			et C
Home Evacuation and Relocation	DB/SD/CS	7	E	1	1/23/16	TS	MS	C			et C
Power Failure	DB/SD/CS	4	E	1	1/23/16	TS	MS	C			et C
Safety: Environmental Checks / Monthly Safety Checks	DB/SD/CS/GR	9	E	1	1/23/16	TS	MS	C			et C
Safety: Propane (Gas) Leak	DB/SD/CS/GR	7	E	1	1/23/16	TS	MS	C			et C
Safety: Severe Weather	DB/SD/CS	8	E	1	1/23/16	TS	MS	C			et C
Documentation: Behavior/ Medical Observation Form	TS/SD/DB/CS	9	D	1	1/23/16	TS	MS	C			et C
Documentation: Incident and Accident Reports	TS/SD/DB/CS	8	D	1	1/23/16	TS	MS	C			et C
Documentation: Weekly Planners & Progress Notes	TS/SD/DB/CS	6	D	1	1/23/16	TS	MS	C			et C
Emergency Supervision	TS/SD/CS/GR	8	E	1	1/23/16	TS	MS	C			et C
Medical: Assessing Illness, Injury & Coordinating Care	CS/DB/GR/TS	9	E	1	1/23/16	TS	MS	C			et C
Medical: Baseline & Emergency Vitals	TS/SD/CS/GR	8	D	1	1/23/16	TS	MS	C			et C
Medical: Neuro Checks	TS/SD/CS/GR	7	E	1	1/23/16	TS	MS	C			et C
Medical: Seizure Care	TS/SD/CS/GR	7	E	1	1/23/16	TS	MS	C			et C
Missing Home Member	SD/DB/CS/GR	7	E	1	1/23/16	TS	MS	C			et C
Resident Specific Information	DB/CS/GR	3	E	1	1/23/16	TS	MS	C			et C
Resident Supervision	CS/SD	9	E	1	1/23/16	TS	MS	C			et C
Conducting Outings	TS/SD/DB/CS	7	E	1	1/23/16	TS	MS	C			et C
Initiating and Conducting Activities	TS/SD/DB/CS	3	E	1	1/23/16	TS	MS	C			et C
Menu Planning: Grocery & Supply Shopping	TS/SD/DB/CS	5	E	1	1/23/16	TS	MS	C			et C
Documentation: Time Sheets	TS/SD/DB/CS	6	D	1	1/23/16	TS	MS	C			et C

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

Employee Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

**Training Method**  
 CS = Correspondence  
 DB = Debriefing  
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**Review Method**  
 R = Show where to find reference materials, checklists, instructions  
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 D = Demonstrate performance either simulated or actual

Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HM Review Initials	Complete (C/I)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete (C/I)
DB/GR/CS	2	E	11	1/23/16	BT						
SD/DB/CS	6	E	11	1/23/16	BT						
TS/DB/CS/GR	9	D	11	1/23/16	BT						
TS/SD/DB/CS	8	E	11	1/23/16	BT						
TS/SD/DB/CS	8	D	11	1/23/16	BT						
TS/SD/DB/CS	8	D	11	1/23/16	BT						
TS/SD/DB/CS	6	D	11	1/23/16	BT						
TS/SD/DB/CS	6	D	11	1/23/16	BT						
TS/SD/DB/CS	6	E	11	1/23/16	BT						
TS/SD/DB/CS	6	E	11	1/23/16	BT						
TS/SD/DB/CS	6	E	11	1/23/16	BT						
TS/SD/DB/CS	6	E	11	1/23/16	BT						
CS/DB/GR	9	E	11	1/23/16	BT						
TS/SD/DB/CS	9	D	11	1/23/16	BT						
GR	5	E	11	1/23/16	BT						
SD/DB/CS	6	E	11	1/23/16	BT						
TS/SD/DB/CS	6	E	11	1/23/16	BT						
TS/SD/DB/CS	9	D	11	1/23/16	BT						

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

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

Date Level I Completed: 4/22/16

Home Manager Signature: [Signature]

Date: 4/25/16

**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

**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

Employee Name: Anthony Wilburn

Hire Date: 1/12/16

LEVEL I PROCEDURES/TASKS	Tx Method	Risk Rating	Review Method	Training Encounters (Tally)	Date	Trainer Initials	HIM Review Initials	Complete/Incomplete (C/I)	Remedial Training Date	Trainer Initials	Admin. Review Initials	Complete/Incomplete (C/I)
<b>HOME-LIKE ENVIRONMENT</b>												
Bio-Terrorism and Biological Emergencies	CS/DB/GR	8	E		1/23/16	TS						
Chemical Terrorism or Chemical Emergencies	CS/DB/GR	8	E		1/23/16	TS						
Evacuation Plan - Home Specific	DB/SD/CS	7	D		1/23/16	TS	MS	C			et c	C
Fire Drill/Alarm Procedure - Home Specific	TS/SD/CS/GR	5	D		1/23/16	TS	MS	C				
Fire Evacuation & Bomb Threat Procedure	DB/SD/CS	7	E		1/23/16	TS	MS	C				
Food Handling, Safety & Storage	TS/SD/DB/CS	6	D		1/23/16	TS	MS	C				
Home Cleaning Shift Responsibilities (Cleaning checklists)	TS/SD/DB/CS	3	E		1/23/16	TS	MS	C				
Home Evacuation and Relocation	DB/SD/CS	7	E		1/23/16	TS	MS	C				
Power Failure	DB/SD/CS	4	E		1/23/16	TS	MS	C				
Safety: Environmental Checks / Monthly Safety Checks	DB/SD/CS/GR	9	E		1/23/16	TS	MS	C				
Safety: Propane (Gas) Leak	DB/SD/CS/GR	7	E		1/23/16	TS	MS	C				
Safety: Severe Weather	DB/SD/CS	8	E		1/23/16	TS	MS	C				
<b>ACTIVE TREATMENT</b>												
Documentation: Behavior/ Medical Observation Form	TS/SD/DB/CS	9	D		1/23/16	TS	MS	C				
Documentation: Incident and Accident Reports	TS/SD/DB/CS	9	D		1/23/16	TS	MS	C				
Documentation: Weekly Planners & Progress Notes	TS/SD/DB/CS	6	D		1/23/16	TS	MS	C				
Emergency Supervision	TS/SD/CS/GR	8	E		1/23/16	TS	MS	C				
Medical: Assessing Illness, Injury & Coordinating Care	CS/DB/GR/TS	8	D		1/23/16	TS	MS	C				
Medical: Baseline & Emergency Vitals	TS/SD/CS/GR	7	E		1/23/16	TS	MS	C				
Medical: Neuro Checks	TS/SD/CS/GR	7	E		1/23/16	TS	MS	C				
Medical: Seizure Care	TS/SD/CS/GR	7	E		1/23/16	TS	MS	C				
Missing Home Member	SD/DB/CS/GR	7	E		1/23/16	TS	MS	C				
Resident Specific Information	DB/CS/GR	3	E		1/23/16	TS	MS	C				
Resident Supervision	CS/SD	9	E		1/23/16	TS	MS	C				
<b>LIFE EXPERIENCES</b>												
Conducting Outings	TS/SD/DB/CS	7	E		1/23/16	TS	MS	C				
Initiating and Conducting Activities	TS/SD/DB/CS	3	E		1/23/16	TS	MS	C				
Menu Planning: Grocery & Supply Shopping	TS/SD/DB/CS	5	E		1/23/16	TS	MS	C				
<b>SKILLED CARING STAFF</b>												
Documentation: Time Sheets	TS/SD/DB/CS	6	D		1/23/16	TS	MS	C				

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

Employee Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

**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)
<b>SKILLED CARING STAFF (continued)</b>												
Dress Code Policy and Appearance	DB/GR/CS	2	E		1/23/16	AK						
Hand Washing	SD/DB/CS	6	E		1/23/16	AK						
Managing Physical Aggression/Dangerous Behavior	TS/DB/CS/GR	9	D		1/23/16	AK						
Medical: Appointment Record Checklist	TS/SD/DB/CS	8	E		1/23/16	AK						
Medical: Taking Blood Pressure	TS/SD/DB/CS	6	D		1/25/16	AK						
Medical: Taking A Pulse	TS/SD/DB/CS	6	D		1/23/16	AK						
Medical: Taking Respirations	TS/SD/DB/CS	6	D		1/23/16	AK						
Medical: Taking a Temperature	TS/SD/DB/CS	6	D		1/23/16	AK						
Medical: Administering Ear Drops	TS/SD/DB/CS	6	E		1/23/16	AK						
Medical: Administering Eye Drops/Ointments	TS/SD/DB/CS	6	E		1/23/16	AK						
Medical: Administering Nasal Sprays	TS/SD/DB/CS	6	E		1/23/16	AK						
Medical: Administering Topical Medications	TS/SD/DB/CS	6	E		1/25/16	AK						
Medical: Administration and Documentation (ref.)	CS/DB/GR	9	E		1/23/16	AK						
Medication: 4 Supervised Passes	TS/SD/DB/CS	9	D		1/23/16	AK						
Prevention of Workplace Violence	GR	5	E		1/25/16	AK						
Removing Gloves	SD/DB/CS	6	E		1/25/16	AK						
Teamwork	TS/SD/DB/CS	5	E		1/23/16	AK						
Vehicle Safety with On-The-Road Test	TS/SD/DB/CS	9	D		1/23/16	AK						
<b>SYSTEMATIC APPROACH</b>												
<b>BUSINESS RESULTS</b>												

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

**Performance:**

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

Date Level 1 Completed: 4/22/16 Home Manager Signature: [Signature] Date: 4/25/16

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

Employee Name: Anthony Wilburn

Hire Date: 1/12/16

**Training Method**

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- 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	Admn. Review Initials	Complete/Incomplete (C/I)
<b>HOME-LIKE ENVIRONMENT</b>												
Propane Grill Training	TS/SD/CS/GR	4	R	111	6/27/16	MA	AE	C				
Safety: Carbon Monoxide Alarm	SD/DB/CS/GR	7	E	111	6/27/16	MA	AE	C				
Preparing for Tours and Inspections	TS/SD/CS/GR	5	D	111	6/27/16	MA						
<b>ACTIVE TREATMENT</b>												
Bio-Hazardous Medical Waste	TS/SD/CS/GR	6	E	111	6/27/16	MA						
Case Review	TS/SD/CS/GR	5	E	111	6/27/16	MA	AE	C				
Infection Control	DB/SD/CS	9	E	111	6/27/16	MA	AE	C				
Medical: Advanced Directives & DNR Orders	CS/GR	7	E	111	6/27/16	MA	AE	C				
Medical: Appointment Preparation and Review	TS/SD/DB/CS	6	E	111	6/27/16	MA	AE	C				
Medication: LOA Procedures	TS/SD/CS/GR	8	D	111	6/27/16	MA	AE	C				
Working with High Risk Consumers	TS/SD/DB/CS	9	E	111	6/27/16	MA	AE	C				
<b>LIFE EXPERIENCES</b>												
Grievance Procedure: Home Member	CS/GR	4	R	111	6/27/16	MA	AE	C				
Safety: Room & Personal Belonging Searches	TS/SD/DB/CS	7	D	111	6/27/16	MA	AE	C				
<b>SKILLED CARING STAFF</b>												
Customer Service - Advanced	SD/DB/CS/GR	5	D	111	6/27/16	MA						
Death of a Resident	CS/DB/GR	7	E	111	6/27/16	MA						
Medication: Administering Vaginal Suppositories	TS/SD/DB/CS	6	E	111	6/27/16	MA						
Medication: Administering Rectal Suppositories	TS/SD/DB/CS	6	E	111	6/27/16	MA						
Reporting to On-Call	TS/SD/DB/CS	5	D	111	6/27/16	MA	AE	C				
Supervisor: Expectations	SD/DB/CS	3	E	111	6/27/16	MA						
Teamwork	TS/SD/DB/CS	5	D	111	6/27/16	MA	AE	C				
Tx Procedure: Correspondence	TS/DB/CS/GR	2	E	111	6/27/16	MA	AE	C				
Tx Procedure: Debriefing	TS/DB/CS/GR	2	E	111	6/27/16	MA	AE	C				
Tx Procedure: General Reference	TS/DB/CS/GR	2	E	111	6/27/16	MA	AE	C				
Tx Procedure: Self-Eval. & Debriefing	TS/DB/CS/GR	2	D	111	6/27/16	MA	AE	C				
Tx Procedure: Tell-Show-Practice-Test	TS/DB/CS/GR	2	D	111	6/27/16	MA	AE	C				
<b>SYSTEMATIC APPROACH</b>												
Risk Assessment	TS/DB/CS/GR	5	E	111	6/27/16	MA						
<b>BUSINESS RESULTS</b>												
Media Relations: Home Level Staff	CS/GR	5	E	111	6/27/16	MA						

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

Employee Name: Anthony Wilburn Hire Date: \_\_\_\_\_

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

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

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

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

Performance:

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

Date Level II Completed: 7/27/16

Home Manager Signature: 

Date: 7/27/16









Residential solutions for people with challenging needs

**Instructions:** If form is used for training, trainer must sign and initial if student passed or needs to retake training. Then fax or email form to home managers within 24 hours so managers can update training database. Original training documentation shall follow within 7 days in inter-office mail. Students "initialed" retake have not met requirements and must be rescheduled for training.

Title: Sleep & Behavior

Date: 6/24/2016 Time: 3:00p Hours: 1.5

Chair/Trainer: Bary Brunz BABrunz  
(print name) (signature)

ATTENDEES: Name (please print or write neatly)

Home of Record

ATTENDEES: Name (please print or write neatly)	Home of Record
<u>Amber Benoit</u>	<u>Interlochen</u>
<u>AWWA BRENNER</u>	<u>BRIDGE</u>
<u>Sally Blodgett</u>	<u>10th</u>
<u>Nancy Swanson</u>	<u>Interlochen</u>
<u>Elizabeth Weddington</u>	<u>12th White</u>
<u>Anthony Wilburn</u>	<u>Interlochen</u>
<u>Suzanne Petty</u>	<u>Bridge</u>
<u>Kayla Humphries</u>	<u>Interlochen</u>
<u>Armedria Williams</u>	<u>Interlochen</u>
<u>Sarah Wiese</u>	<u>Bridge</u>
<u>Sierra Shepard</u>	<u>10th Street</u>

PASSED	RETAKE
BIB	T
BEB	
BEB	
BIB	
BIB	
BEB	
BIB	
BIB	
BIB	
BIB	











# HomeLife, Inc.

Staff Name: Anthony Wilburn  
 Date of 1<sup>st</sup> Drive: 7/13/15

## 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>7-13</u> <u>7-13</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>MW</u>	<u>MW</u>
2. <b>Daily checks prior to operating the vehicle, are as follows:</b>		
a. Tires appear properly inflated.		
b. Fire extinguisher is present and charged.		
c. 1 <sup>st</sup> 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. <b>Staff can locate the following:</b>		
a. Vehicle mileage sheets	<u>MW</u>	
b. Emergency procedures		
c. Resident information/photos		
d. Emergency information/numbers		
e. Insurance and registration cards		
3. <b>Staff can demonstrate how to do the following:</b>	<u>MW</u>	
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. <b>Staff can verbalize the following steps to deal with Roadside Emergency:</b>	<u>MW</u>	
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. <b>Staff can verbalize the following steps when dealing with an Accident:</b>		
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.		
<b>6. Staff can verbalize the following steps when dealing with resident aggression in the vehicle:</b>		
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.		
<b>7. Staff can verbalize the following steps when braking:</b>		
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.		
<b>8. Staff can verbalize the following steps when driving in foggy conditions:</b>		
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.		
<b>9. Staff can verbalize the following steps to deal with a skidding vehicle:</b>		
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.	my	my
<b>10. Staff can verbalize the following steps to deal with a Deer/Animal Collision:</b>		
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.		
<b>10. Staff can verbalize the following steps to ensure OTHER SAFETY:</b>		
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.		
<b>11. Staff can verbalize what type of vehicle situations require REPORTING:</b>		
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.		
<b>11. In order to successfully pass the driving test, Staff MUST DEMONSTRATE the following while driving:</b>		
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: Anthony Wills

Date: 7-13-15

Supervisor Signature: [Signature]

Date: 7-13-15

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

circle one:

PASS

REDO

Notes:

Staff Signature: [Signature]

Date: 7-13-15

Super

Staff

Supervisor Signature:

*Anthony W. W.*

Date:

7/13/15













**NEW TEAM MEMBER ORIENTATION CHECKLIST**



*People Caring For People*

*Residential solutions for people with challenging needs*

<b>Employee:</b> Anthony Wilburn II	<b>Hire Date:</b> 6/24/15
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**Instructions:** Using this orientation checklist with a mentor/trainer, the new employee should become “familiar” with where to locate items, or how to follow instructions that are represented in the checklist items below. This orientation checklist does not require the new employee to be “proficient” in any task represented below—that is the purpose of the OJT/Level System. The last section represents OJT Level 1 tasks that should be a priority for each new employee and completed as soon as possible after hire. Home specific tasks can be added to the very last box under “Home Specific Orientation and Training.”

**INTRODUCTIONS and TOUR**

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

**STAFF EXPECTATIONS**

<input checked="" type="checkbox"/> Professionalism – Dress Code <input 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 <sup>rd</sup> 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 checked="" type="checkbox"/> Night Time Recording	<input checked="" type="checkbox"/> Weekly Planners/Progress Notes <input checked="" type="checkbox"/> Menu Substitution <input checked="" type="checkbox"/> Behavior Plans – Sign and Date after reviewing
--	---

**STAFF COMMUNICATION BINDER**

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

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

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

**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"/> Clinical Binder Review	<input checked="" type="checkbox"/> Smoking protocols/procedures/habits <input checked="" type="checkbox"/> Bathing/Shower Schedules <input checked="" type="checkbox"/> Special Therapy Plans (if applicable)
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## NEW TEAM MEMBER ORIENTATION CHECKLIST

### POSTINGS/SCHEDULES/CALENDARS

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

### RESIDENT ACTIVITIES and ENGAGEMENT

<input checked="" type="checkbox"/> Conducting Community Outings (See OJT Policy) <input checked="" type="checkbox"/> Conducting In-Home Activities (See OJT Policy)	<input checked="" type="checkbox"/> Engaging Residents in ADL and Room Care <input 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"/> Vehicle Orientation/Safety Test Drive <input checked="" type="checkbox"/> Vehicle Wheelchair Lift (if applicable) <input checked="" type="checkbox"/> Generator	<input checked="" type="checkbox"/> Conducting Community Outings (sign off after two supervised outings) <input checked="" type="checkbox"/> Special Training: Diabetic, G-Tube, Transfer, Special ADL care
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### HOME SPECIFIC ORIENTATION and TRAINING

<input checked="" type="checkbox"/> Dishwasher <input checked="" type="checkbox"/> Blood Sugar Testing	<input checked="" type="checkbox"/> O2 Tank operation <input checked="" type="checkbox"/> Hoyer lift <input type="checkbox"/>
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### NOTES:

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

Employee Signature: 	Date: 7-13-15
Supervisor/Trainer Signature 	Date: 7-13-15







# HomeLife, Inc.

Staff Name: Anthony W.

Date: ~~4/4/18~~ 4/4/18

## Remedial Medication Training

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:** After a medication error occurs, managers or lead supervisors must review proper medication passing procedures with the employee to ensure that the error does not occur again. Once completed, this form is to be filed in the employees personnel file.

PERFORMANCE MEASURES (Steps):	HM or LS Initial when step is completed
1. Did they use correct med sheet/ go to correct section of med book?	KZ
2. Did they transcribe the client name correctly?	KZ
3. Did they transcribe the order correctly and accurately, exactly as it appeared on the Med. label?	KZ
4. Did they check the time?	KZ
5. Did they check the client's med record to see if that particular client receives medication at this particular time?	KZ
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?	KZ
7. Did they clean off their work area?	KZ
8. Did they wash their hands?	KZ
9. Did they check the medication label 3 times?	KZ
a. When taking the bubble pack out of the bin?	KZ
b. When punching the medication into the med. cup?	KZ
c. When putting the bubble pack back into the bin? (If using administering topical medications or eye/ear drops, make the 3 <sup>rd</sup> check before administering.)	KZ
10. Did they use the dot method?	KZ
a. Did they remove all of the bubble packs with the appropriate time of day indicated?	KZ
b. Did they empty one bubble on each bubble pack, counting backwards?	KZ
c. Did they put a dot in the upper right hand corner in each corresponding square of the med. sheet?	KZ
d. Did they date and initial next to the punched out med. on the bubble pack?	KZ
e. Did they review the med. sheet and bubble packs for any errors?	KZ
11. Did they observe the five rights?	KZ
a. Client?	KZ
b. Medication?	KZ
c. Dosage?	KZ
d. Time?	KZ
e. Route?	KZ
12. Did they follow any special instructions? (I.e. Take before or after meals, shake well; take with food or milk, etc.)	KZ
13. Did they pour liquids from the unlabeled side of the bottle, palming the labeled side?	KZ
14. Did they measure liquid medications with a plastic metered med. cup?	KZ
15. Did they pour liquid medication at eye level?	KZ
16. Did they prepare and administer one home member's medications at a time?	KZ
17. Did they positively identify the client?	KZ
18. Did they know what to do if a client refuses to take their meds? (Do not force	KZ

File: Employee Record



them to take the meds, wait a little while and try again, have another staff try, etc.)	KZ
19. Did they assist the client to take their medications (provide plenty of water, administer in applesauce if needed, etc.)?	KZ
20. Did they remain with the client until they swallowed the med?	KZ
21. Did they talk with the client to ensure the medications were swallowed? Never record a medication as passed unless you see the client swallow the medication.	KZ
22. Did they administer only medication that they had prepared?	KZ
23. Did they properly document the med. pass in the med. book?	KZ
24. Did they wash their hands?	KZ
25. Did they observe, record, and report the client's response to the medication?	KZ
26. Did they complete the medication counts, or check off sheets?	KZ
27. Can they tell you what actions to take when a medication error has occurred?	KZ
28. Can they tell you what actions to take when a medication is missed?	KZ

Staff Signature: *[Signature]* Date: 4-4-18  
 Supervisor Signature: *Katlyn M Zehner* Date: 4/4/18

Comments by Supervisor:



# HomeLife, Inc.

Staff Name: Anthony W

Date: 1/3/18 1/9/18

**Remedial Medication Training**  
 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:** After a medication error occurs, managers or lead supervisors must review proper medication passing procedures with the employee to ensure that the error does not occur again. Once completed, this form is to be filed in the employees personnel file.

PERFORMANCE MEASURES (Steps):	HM or LS Initial when step is completed
	KZ
1. Did they use correct med sheet/ go to correct section of med book?	KZ
2. Did they transcribe the client name correctly?	KZ
3. Did they transcribe the order correctly and accurately, exactly as it appeared on the Med. label?	KZ
4. Did they check the time?	KZ
5. Did they check the client's med record to see if that particular client receives medication at this particular time?	KZ
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?	KZ
7. Did they clean off their work area?	KZ
8. Did they wash their hands?	KZ
9. Did they check the medication label 3 times?	KZ
a. When taking the bubble pack out of the bin?	KZ
b. When punching the medication into the med. cup?	KZ
c. When putting the bubble pack back into the bin? (If using administering topical medications or eye/ear drops, make the 3 <sup>rd</sup> check before administering.)	KZ
10. Did they use the dot method?	KZ
a. Did they remove all of the bubble packs with the appropriate time of day indicated?	KZ
b. Did they empty one bubble on each bubble pack, counting backwards?	KZ
c. Did they put a dot in the upper right hand corner in each corresponding square of the med. sheet?	KZ
d. Did they date and initial next to the punched out med. on the bubble pack?	KZ
e. Did they review the med. sheet and bubble packs for any errors?	KZ
11. Did they observe the five rights?	KZ
a. Client?	KZ
b. Medication?	KZ
c. Dosage?	KZ
d. Time?	KZ
e. Route?	KZ
12. Did they follow any special instructions? (I.e. Take before or after meals, shake well; take with food or milk, etc.)	KZ
13. Did they pour liquids from the unlabeled side of the bottle, palming the labeled side?	KZ
14. Did they measure liquid medications with a plastic metered med. cup?	KZ
15. Did they pour liquid medication at eye level?	KZ
16. Did they prepare and administer one home member's medications at a time?	KZ
17. Did they positively identify the client?	KZ
18. Did they know what to do if a client refuses to take their meds? (Do not force	KZ

File: Employee Record



them to take the meds, wait a little while and try again, have another staff try, etc.)	KZ
19. Did they assist the client to take their medications (provide plenty of water, administer in applesauce if needed, etc.)?	KZ
20. Did they remain with the client until they swallowed the med?	KZ
21. Did they talk with the client to ensure the medications were swallowed? Never record a medication as passed unless you see the client swallow the medication.	KZ
22. Did they administer only medication that they had prepared?	KZ
23. Did they properly document the med. pass in the med. book?	KZ
24. Did they wash their hands?	KZ
25. Did they observe, record, and report the client's response to the medication?	KZ
26. Did they complete the medication counts, or check off sheets?	KZ
27. Can they tell you what actions to take when a medication error has occurred?	KZ
28. Can they tell you what actions to take when a medication is missed?	KZ

Staff Signature: [Signature] Date: 1-9-18

Supervisor Signature: Kathryn Zebner Date: 1/9/18

**Comments by Supervisor:**



# HomeLife, Inc.

Staff Name:  
Date of Training:

Anthony Wilburn  
7/13/15

## Van Wheelchair Lift Orientation

**Conditions:** To occur during the first shifts of a new employee. To be monitored and checked off by a supervisor.

**Criteria for Success:** Staff can demonstrate the knowledge/ability of the steps below.

**Rationale:** Staff should possess the working knowledge/ability to properly operate/use the vehicle and wheelchair assessibilities.

PERFORMANCE MEASURES (Steps):	Initials:
<b>Wheelchair Lift:</b>	
1. The van must be parked on a level surface or a higher grade surface at the back end of the van before operating the lift.	mw
2. The van must be turned on and in park.	
3. Engage the parking break.	
4. Open widely and secure the back doors.	
5. Turn the power switch to the lift on. The lights on the lift system will light up.	
6. Press fold to make sure the lift is in proper position.	
7. Press and hold unfold button until the lift is unfolded.	
8. Press and hold the down button until the lift is completely flat on the ground.	
9. The wheelchair should be loaded facing away from the vehicle.	
10. Don't ride the platform with the resident, only one person on the lift at a time.	
11. Center the chair so that it is not touching any of the lift edges.	
12. Set the wheelchair locks, or power the chair off.	
13. Stand clear of the lift.	
14. Press and hold the up button until level with the back of the van.	
15. Load the resident into the back of the van.	
16. Press and hold the fold button until lift is completely folded.	
17. Turn the lift power switch off and close and secure the back doors.	
18. Release the parking break before driving.	
<b>Securing the Wheelchair:</b>	
1. Position the wheelchair between the the 2 metal clip plates running on the floor board of the van.	
2. Lock the wheelchair wheels.	
3. Put the hooks on the wheelchair structural frame, one on each side front and back.	
4. See the instruction sheet posted on the van wall for detailed guidelines.	
5. Tighten and secure the hook straps, to secure the wheelchair.	
6. Fasten the lap belt and shoulder strap properly on the resident.	

Instruction: Place completed and signed form in the vehicle training section of the Employee's file.

Staff Signature: Anthony Wilburn

Date: 7/13/15

Supervisor Signature: [Signature]

Date: 7/13/15



# 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> *NOT USING THE PROPER MIXTURE WILL DESTROY THE ENGINE.	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									
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: 

Supervisor Signature: 



# HomeLife, Inc.

 Staff Name: Anthony W.

 Date of 1<sup>st</sup> Pass: 6/28/14

## 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:				
<b>PREPARING THE WORKSPACE:</b>					
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?					
<b>FOR INSULIN INJECTION PREPARATION:</b>					
1. Did they get all necessary materials? (I.e. blood sugar meter, lancets, test strips, test pen, alcohol swabs, sharps container, insulin vials, insulin pens, pen needles)		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?					
<b>FOR INSULIN PREPARED BY SYRINGES &amp; VIALS ONLY:</b>					
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?	ny	ny	
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?			
<b>FOR INSULIN PREPARED BY INSULIN PENS ONLY:</b>			
1. Did staff write their initials and date when they opened a new pen?	ny	ny	
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?			
<b>FOR ADMINISTERING INSULIN ONLY:</b>			
1. Did they verbalize the acceptable spots for injection? (Abdomen, Quads or Triceps)	ny	ny	
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?			
<b>FOR POST-INJECTION ONLY:</b>			
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.)	ny	ny	
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?			



**1<sup>st</sup> Insulin Vial Pass with a Home Manager or Lead SS:**

circle one:

PASS

REDO

Notes:

Staff Signature: *Amy M* Date: 6/28/16

Supervisor Signature: *Mr* Date: 6/29/16

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

circle one:

PASS

REDO

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

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

**1<sup>st</sup> Insulin Pen Pass with a Home Manager or Lead SS:**

circle one:

PASS

REDO

Notes:

Staff Signature: *Amy M* Date: 6/28/16

Supervisor Signature: *Mr* 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: \_\_\_\_\_

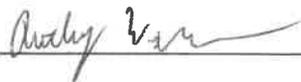


**Deficit Reduction Act**

**And**

**False Claim Act**

I (print name) Anthony Wilbur received training and information on the Deficit Reduction Act and False Claim Act (date) 1/12/16. A copy of these Acts and other related information will be kept at each program and on the server for HomeLife, Inc. for employee reference.



Employee Signature



Reviewer



# Initial Training Schedule

Employee Name: Anthony Wilburn

Date of Hire: 1/12/16

New Employee Orientation (Physical, TB, Hep Shots) 1/12/16 @ 9a - 3pm

Medication Training \_\_\_\_\_

CPR/First Aid \_\_\_\_\_

MANDT: Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_

Person Centered Planning/Role of Direct Care Staff/Working with People \_\_\_\_\_

Health, Nutrition & Safety \_\_\_\_\_

**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) \_\_\_\_\_

Recipient Rights \_\_\_\_\_

**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 \_\_\_\_\_  
*(The ASPEN Building 3030 S 9<sup>th</sup> St. Ste. 2C Kalamazoo MI, 49009)*

Observation shift at the home \_\_\_\_\_

Documents needed (copies) and due date \_\_\_\_\_

1<sup>st</sup> Timesheet due date (fax from training center or bring to house) \_\_\_\_\_

OJT 1 due: \_\_\_\_\_ OJT 2 due: \_\_\_\_\_ OJT 3 due: \_\_\_\_\_

