



Orientation Checklist - Direct Care Staff

* To be completed on or before initial shadow shift

Name of Facility/Home: Countylive Home
Employee Name: Santarissa Joshua Date: 2/24/22

Instructions: Check each item AFTER going over it with the Employee. The Employee and Home Manager will sign and date the form and then it is filed in the Employee's Training file.

NOTE: The DCS will not be ALLOWED to work ALONE with the Residents until this form, the Competency Assessment and all trainings are complete.

Confidentially, HIPAA, Recipient Rights and Organization Review

Initials:

- SJ Confidentiality Review
- SJ HIPAA Review
- SJ Organizational Structure and Chain of Command
- SJ Mission Statement/Philosophy of the Organization
- SJ Tour of Facility - form given to DCS, if applicable
- SJ Review of AFC Licensing Rules Act 218 and Location of Book
- SJ Recipient Rights Review (Schedule class if one hasn't been scheduled yet)
- SJ Review Abuse/Neglect/Confidentiality/Chapters 7&7A
- SJ Review DCH Incident Report Form, Location & Use
- SJ Review Licensing Incident Report, Event Tracking Tool, Location and Use in Electronic Resident Record
- SJ Initial Training and Employee Database Complete with all Required Documentation
- SJ House Rules Review and Location of Poster
- SJ Corporate Compliance Plan Review and Training
- SJ Electronic Medical Record Review and Password Given
- SJ Electronic Resident Record Review and Password Given

Date Completed:

- _____ Classroom Mental Health/Gentle Teaching Training with Inga
If not complete, when is it scheduled? Date: _____
- _____ Classroom CPI & CPR/First-Aid Training
If not complete, when is it scheduled? Date: _____
- _____ Classroom Recipient Rights Training at CMH or with Sue
If not complete, when is it scheduled? Date: _____



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Medical Review

Initials:

- Resident Medications Locations (PRN's, OTC, Controlled Substance, etc.)
- Universal Precautions
- Universal Precaution Supplies Locations
- Medication Sheets and Why We Use Them (Back up for EMAR)
- Seizure Protocol
- Health Care Appraisals - What are they and where are they located?
- Vitals Chart and How Often Completed
- Weight Log and How Often Completed
- Influenza Vaccine
- Hypo-Hyper Glycemic Protocol

Date Completed:

- Medical Training with Nurse Manager
- DMA Training
- If not complete, when is it scheduled? Date: _____

Site Orientation, Menu Planning, SDS and Fire Safety

Initials:

- Orient to Where things are Kept and Located
- SDS Book and Revised Poster Location
- Utility Shutoffs
- First-Aid Kit
- Door Alarm Shutoffs and Code
- Bio-Hazard Kit
- Fire Alarm Shutoffs
- Emergency Numbers
- Secured Cleaning Supplies
- Secured Resident Storage and how is it maintained
- Labeling/Dating Food/Fridge
- Food Preparation and Substitutions and Where to Document
- Resident Diets/Menu and Where to Document
- Emergency Preparedness Log Book
- Fire Drills and Place of Safety
- Tornado Drills and Place of Safety
- CPR Masks Location
- Evacuation Plans and Location of Safety
- All Hazards Commander
- Resident Case Book Location, if applicable



BEACON
Specialized Living

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Vehicle Orientation

Initials:

- CS Weekly Vehicle Inspection
- CS First-Aid Kit and Fire Extinguisher
- CS Mileage Log
- CS Insurance and Registration Location
- CS Cell Phone Policy
- CS Outing Log (In House)
- CS Van Accident Reporting
- CS Food, Drinks and Smoking Prohibited
- CS Posted Speed Limit
- CS Driving Requirements/Obedying the Law
- CS Valid Driver's License
- CS Report Speeding/Driving Violations
- CS Turning Corners and Wheelchairs
- CS Tie-Downs in Vans with Wheelchairs
- CS Seat Belts for ALL must be buckled
- CS Emergency Supply Contents Location
- CS Orange Cones Use

Date Completed:

_____ Driver Training with Facility Maintenance Manager
If not complete, when is it scheduled? Date: _____

I acknowledge orientation training of the above with Beacon Specialized Living and have been thoroughly in-serviced. I understand that I have full access to Beacon's policies on the website at www.beaconemployee.com

I understand that I have 30 days to complete the Competency Assessment and turn it in to my Home Manager and J2S Human Resources Department (if applicable) when complete. I also understand that if the Competency Assessment is not complete within 30 days of the initial shadow shift, I may be removed from the schedule until it is complete. (At any time during the Competency Assessment period, I may ask to meet with the Home Manager to address any issues or concerns related to the assessment.)

Both the Orientation Checklist and Competency Assessment are to be uploaded into the Employee Database immediately when complete.

[Signature]
Employee Signature

2/24/22
Date

[Signature]
Home Manager Signature

[Signature]
Date