BEACON Specialized Living

On-Site Orientation Checklist

Employee Name: Fnu Nadeem-Ndawo
Location: Sora
On-Site Date: 4/23/20

Staff Initials	Topic
	Site Specific
NN MV	I have had a thorough tour of the house, yard, and garage.
NN MV	I know where house and client financial information, including receipts are stored.
✓	I know where forms are kept.
	Do I need prior permission to use House Petty Cash? ☐ **Yes** ☐ **No** ☒ N/A
	What is the house petty cash used for? N/A
	All spare site keys are kept lock box and I know what to do if they are missing.
	The lockbox combination(s) is/are N/A
	Emergencies and Responsiveness
MV	I understand how to use the heating and cooling systems
	I understand how to use all household appliances
	If appliances are not working I will call Xcel Energy at (___) ___-____ and the manager.
	If heating or cooling systems are not working I should call Xcel or CenterPoint as indicated by the emergency call list.
	I know this house has fuses/breakers, where they are located, and how to use them
	The water shut off valve for the house is located under steps
	The Program Policy and Procedure Manual for Beacon Specialized Living is located in kitchen
	I have been shown how to reference and use the Policy and Procedure manual.
	I understand the fire evacuation route and plan and I know where it is posted in the house.
	I understand where the smoke detectors, carbon monoxide detectors, and fire extinguishers are located and how to use and maintain them.
	I understand where PPE is stored, how to properly dispose of contaminated items
	I understand where the flashlights, battery operated radio, first aid kit are located and how to use and maintain them.
	I replenish First Aid supplies by Michelle or Lead DSP.
	Meals and Meal Prep
	I understand the menu plan and how to follow the directions for meal preparation.
	If the site runs out of something that was on that day's menu, I know I need to go get it.

BEACON Specialized Living

On-Site Orientation Checklist

Vehicle

MV I understand where vehicle keys and located and stored.
I understand the process for making sure the vehicle has gas when necessary
I understand the process for Seating, Tie Downs, Special Equipment, Lifts etc. when transporting individuals receiving services.
I understand, If I need directions to an appointment, activity, or other destination I should call that destination before leaving.

Appointments/Medical Information

I need to take the following with me on all medical appointments: Emergency Folder + referral form
Medical/Dental/Psychiatric appointments are documented in the Nurse Step.
For what other reasons are Health Progress Notes written? N/A

The completed medical referral form is placed to DC or w/ Dr check.
Medication side effects are found MAR or _____.
MW I understand when a medication is dropped or spit out, I need to call the nurse or physician and/or contact my supervisor (if the home does not have a nurse) and follow the instructions given.
List the procedure for ordering new medication: doctor will ALWAYS send

List the procedure for ordering current medication: call pharmacy + enter Rx #

List the procedure followed when a prescription medication is changed or discontinued: use method learned in Med class

MW I understand, when medications are delivered the person who receives the medications must compare the medication label to the medication sheets and count the medications to ensure the orders are correct and the proper amount was delivered. If any information is incorrect staff must contact the nurse and/or Program Manager.
MW I know where medications are stored and I understand they must be locked at all times.
MW I understand the purpose and location of Standing Order Medications
MW I understand the process for administering and documenting the use of Standing Order Medications
MW I understand medication errors are determined by the nurse and/or supervisor. If I find discrepancies I must report them to the nurse and supervisor and follow the instructions given:

I am requesting further training on the following topic(s) in this Site Orientation Section: NO.

I have received training on the information and procedures outlined in this checklist and am willing to assume responsibility for performing the tasks outlined. **Staff Signature**: _____ **Date completed**: 5/19/20

I have reviewed the information and procedures outlined in this checklist with the employee.
Supervisor Signature: _____

BEACON Specialized Living

On-Site Orientation Checklist (Person Specific)

Employee Name: Fnu Nadesh-Ndawa **On-Site Date:** 4/23/20

Individual Specific

This orientation, your background check, and all over riding training must be completed before a staff is allowed to work independently, or left alone with any individual receiving services. It is intended this document be completed while the staff is working at the site with the individual receiving services present and while assisting with daily routines. After the Supervisor has gone over the information with the staff and they have both signed this training document, it will be placed in the staff's training file. At that point, the staff may work independently.

Client Name: Danielle Baetce

Overriding Medical Needs:	Listed area of training	Date of Training
	None.	
Physician/Therapist specific Orders:	**Listed area of training**	**Date of Training**
	None.	
CSSP Identified Training:	**Listed area of training**	**Date of Training**
	none	

I understand I cannot work independently until completing Employee Onsite Orientation, and all over-riding medical training listed above.

Staff Initials _____

Supervisor Initials _____

Staff Initials	Topic
	Medical
MN	Pertinent medical conditions have been reviewed with me and I know how to respond.
	I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.
	I understand how, where to take this individual to the hospital or emergency room.
	I have reviewed the side effect information for all Prescription Drugs & Over the Counter Drugs.
	I am familiar with the name, type, and reason for each medication and its individual uses.
	List the individual specific instructions for administering medications for this individual. (How does this person usually take their meds? example: mixed into food, taken with pudding, taken with water or juice, special language or requests used, etc.), specifics: Pudding, crushed + liquid + hot chocolate
MN	I am aware of any allergies listed on this individual's medication treatment sheets.
	I understand when to administer and document a Standing Order Medications/PRN (As Needed) to this person.
	I understand I may not pass a medication until I have received training to do so and
	I understand I may not pass a medication until I have demonstrated my ability to do so for each type of medication.

Staff Initials MN

Supervisor Initials MN

BEACON Specialized Living

On-Site Orientation Checklist (Person Specific)

Other Cares

MW I understand the amount of assistance this individual needs in regard to personal cares (toileting, dressing, oral hygiene, grooming, bathing, positioning).

Does this individual have a seizure disorder? ☒ Yes ☐ No

If Yes, I have accurately relayed the seizure protocol information to the Supervisor who has trained me on its content.

Diet & Nutrition

Does this individual have any dietary restrictions or are they on a special diet? ☐ Yes ☒ No

If yes, please list the special diet information here: _____

Documentation & Information review for this person

MW I have read and understand the County CSSP

I have read and understand the CSSP Addendum and Self-Management Assessment

I have read and understand the IAPP

I have reviewed and understand the most recent Health Progress Notes and Daily logging (last 7 days)

I have reviewed and understand the location of the Face Sheet which includes emergency contact information for this person

I understand and have been trained on positive support strategies and proactive interactions specific to this person.

Does this individual have a Behavior Support Plan or specific written behavior supports? ☒ Yes ☐ No

If yes, please list the behavior support strategies here:

Interfering or Target Behavior	Strategy
Scratching	redirect, go to different area, cut finger nails
Screaming	redirect to room, offer coping strategies
Property Destruction	Slamming doors, throw chairs, rip stuff off walls
Elopement	follow for safety & encourage to come back

Supervision Plan

MW I understand the Guardian/Advocate/ IDT involvement for this person. As part of this discussion, family dynamics, expectations, and any special routines have been explained to me.

I understand the Supervision plan and response procedures for this person if the plan is not followed.

Community Alone Time	None
Alone Time at Home	None

Outcomes/Goals

MW I understand the Outcomes this person has chosen and how to support them to achieve their goals. .

I understand the Documentation process for outcomes and outcome data collection for this person.

I have been trained on Next Step and the process for documentation within the Next Step system

I have successfully demonstrated how to implement and document all outcomes and behavior support plans as applicable:

Staff Initials NM

Supervisor Initials MW

BEACON Specialized Living

On-Site Orientation Checklist (Person Specific)

Financial
MW I understand what my responsibilities are when I get a paycheck, personal check, check stub, information regarding benefits, or any financial information for this individual. I understand the money-handling abilities and the financial arrangement for this individual When assisting this individual in spending their money (either cash or check) how much can be spent before I need the Supervisor or Guardian's permission? None.
Transportation
MW I understand the specific information for this individual regarding transportation including where they sit both in personal and company vehicles, behaviors that may be displayed including a plan of action, transferring, positioning, and safety issues including supervision levels and transfer of responsibility. List any specific procedures or practices when this person is a passenger in a vehicle: None. List where this person goes to school or work and which transportation company is used: None.

I am requesting further training on the following topic(s) in this Site Orientation Section: _____

I have received training on the information and procedures outlined in this checklist and am willing to assume responsibility for performing the tasks outlined. **Staff Signature**: _____ **Date completed**: 8/19/20

I have reviewed the information and procedures outlined in this checklist with the employee.
Supervisor Signature: _____

BEACON Specialized Living

On-Site Orientation Checklist (Person Specific)

Employee Name: Fnu Nadeen-Ndawi | **On-Site Date:** 4/23/20

Individual Specific

This orientation, your background check, and all over riding training must be completed before a staff is allowed to work independently, or left alone with any individual receiving services. It is intended this document be completed while the staff is working at the site with the individual receiving services present and while assisting with daily routines. After the Supervisor has gone over the information with the staff and they have both signed this training document, it will be placed in the staff's training file. At that point, the staff may work independently.

Client Name: Briana Prince

Overriding Medical Needs:	Listed area of training	Date of Training
Seizures	seizure protocol in MAR + emergency folder	
Physician/Therapist specific Orders:	Listed area of training	Date of Training
Individual Therapy	Washburn Center for Children	
CSSP Identified Training:	Listed area of training	Date of Training

I understand I cannot work independently until completing Employee Onsite Orientation, and all over-riding medical training listed above.

Staff Initials _____

Supervisor Initials _____

Staff Initials	Topic
	Medical
MV	Pertinent medical conditions have been reviewed with me and I know how to respond.
MV	I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.
MV	I understand how, where to take this individual to the hospital or emergency room.
MV	I have reviewed the side effect information for all Prescription Drugs & Over the Counter Drugs.
	I am familiar with the name, type, and reason for each medication and its individual uses.
	List the individual specific instructions for administering medications for this individual. (How does this person usually take their meds? example: mixed into food, taken with pudding, taken with water or juice, special language or requests used, etc.), specifics:
	_____
	_____
MV	I am aware of any allergies listed on this individual's medication treatment sheets.
MV	I understand when to administer and document a Standing Order Medications/PRN (As Needed) to this person.
	I understand I may not pass a medication until I have received training to do so and
	I understand I may not pass a medication until I have demonstrated my ability to do so for each type of medication.

Staff Initials _____

Supervisor Initials _____

BEACON Specialized Living

On-Site Orientation Checklist (Person Specific)

	Other Cares
MV	I understand the amount of assistance this individual needs in regard to personal cares (toileting, dressing, oral hygiene, grooming, bathing, positioning).
	Does this individual have a seizure disorder? ☑ Yes ☐ No
	If Yes, I have accurately relayed the seizure protocol information to the Supervisor who has trained me on its content.
	Diet & Nutrition
	Does this individual have any dietary restrictions or are they on a special diet? ☑ Yes ☐ No
	If yes, please list the special diet information here: Special plates, follow menu & give her meals
	Documentation & Information review for this person
MV	I have read and understand the County CSSP
	I have read and understand the CSSP Addendum and Self-Management Assessment
	I have read and understand the IAPP
	I have reviewed and understand the most recent Health Progress Notes and Daily logging (last 7 days)
	I have reviewed and understand the location of the Face Sheet which includes emergency contact information for this person
	I understand and have been trained on positive support strategies and proactive interactions specific to this person.
	Does this individual have a Behavior Support Plan or specific written behavior supports? ☐ Yes ☒ No

If yes, please list the behavior support strategies here:

Interfering or Target Behavior	Strategy
Scrawling face elopement	offer PRN coping strategies Follow, bring shoes if needed, keep clothes on

	Supervision Plan
MV	I understand the Guardian/Advocate/ IDT involvement for this person. As part of this discussion, family dynamics, expectations, and any special routines have been explained to me.
	I understand the Supervision plan and response procedures for this person if the plan is not followed.
Community Alone Time	None
Alone Time at Home	None
	Outcomes/Goals
MV MV	I understand the Outcomes this person has chosen and how to support them to achieve their goals. .
	I understand the Documentation process for outcomes and outcome data collection for this person.
	I have been trained on Next Step and the process for documentation within the Next Step system
	I have successfully demonstrated how to implement and document all outcomes and behavior support plans as applicable:

Staff Initials MM

Supervisor Initials MV

BEACON Specialized Living

On-Site Orientation Checklist (Person Specific)

Financial

N/A

I understand what my responsibilities are when I get a paycheck, personal check, check stub, information regarding benefits, or any financial information for this individual.

I understand the money-handling abilities and the financial arrangement for this individual

When assisting this individual in spending their money (either cash or check) how much can be spent before I need the Supervisor or Guardian's permission? _____ .

Transportation

N/A

I understand the specific information for this individual regarding transportation including where they sit both in personal and company vehicles, behaviors that may be displayed including a plan of action, transferring, positioning, and safety issues including supervision levels and transfer of responsibility.

List any specific procedures or practices when this person is a passenger in a vehicle: None .

List where this person goes to school or work and which transportation company is used: Watoi Transportation

I am requesting further training on the following topic(s) in this Site Orientation Section: _____

I have received training on the information and procedures outlined in this checklist and am willing to assume responsibility for performing the tasks outlined. **Staff Signature**: _____ **Date completed**: 5/21/20

I have reviewed the information and procedures outlined in this checklist with the employee.

Supervisor Signature: _____