

Owakihi, Inc.  
Training Summary Form

I. Employee: Shadia Abdulorder Topic: SERVICE SITE ENVIRONMENT AND SAFETY 420 Credit Hours: .50

\*Training for staff working in Community Residential Settings that are owned, rented or leased by Owakihi. SITE: Kape

II. Description of Training Content: Review and instruction on the service site's Program Abuse Prevention Plan (PAPP) and the written plan for responding to emergencies, according to MS 2013 Chapter 245D.22, subd. 5.

To ensure the health and safety of persons served, this training includes but is not limited to: how to maintain a clean residential environment that is free from safety hazards, and procedures to prepare for and respond to emergencies at the service site.

III. <u>Training Procedures</u>	<u>Training Format</u>	<u>Instructional Methods</u>	<u>Competency Evaluations</u>
<input checked="" type="checkbox"/>	Self Study	Written: _____	Knowledge Testing (Quiz)
<input type="checkbox"/>	Individualized Training	Oral Presentation and Dialogue	Observed Skill Assessment
<input type="checkbox"/>	Team Meeting	Guided Observation	Other: _____
<input type="checkbox"/>	Owakihi Inservice	Guided Practice	
<input type="checkbox"/>	Other: _____	Other: _____	

IV. Date(s): 6/24/20 Trainer/Position: \_\_\_\_\_  
Time(s): \_\_\_\_\_ (AM or PM) Trainer Signature: \_\_\_\_\_

I understand the information I received and my responsibilities for implementation with this company and persons served.  
Employee Signature: \_\_\_\_\_

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.



### Training Module 420 Quiz SERVICE SITE ENVIRONMENT AND SAFETY

EMPLOYEE NAME: Shadia Abdulqader DATE OF QUIZ: 6/24/20

Directions: Upon completion, please return the completed quiz and attached Training Summary Form to your Designated Coordinator (DC) or Designated Manager (DM) for review and approval.

1. What residential service site do you work at? Kape

2. What is the purpose for the residential site's Program Abuse Prevention Plan (PAP)? For the health and safety of our clients

3. Identify locations for the following items at your residential service site:

a. First aid supplies in the med closet

b. Emergency contact information (with mandated reporters listed) staff office clients Ball

c. Written fire escape plan and log of quarterly fire drill logs staff office for escape route

d. Site plan that identifies designated assembly points outside the site floor escape plan in Ryan Book

4. You are working at your site during a summer storm. A tornado damages the home, resulting in an emergency evacuation. Where do you and the residents go? Basement take plan and look for cover with flash

5. What will you do to maintain a clean, safe environment at your work site? Mark safe

6. Please identify any questions that you have regarding maintaining a safe environment and implementing proper emergency procedures at your residential service site: The house is clean

a. Based on the information you have reviewed, what further instruction do you need in this training topic to be competent in performing your job responsibilities? N/A

b. Identify 2 agency resources that you can use for more information and/or consultation: DC

KNOWLEDGE TESTING BY TRAINER  
> Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s)

> The employee identified above has demonstrated competency in completion of the quiz questions.

Signature of DC or DM [Signature]  
Date 6/24/20

# Training Summary Form

I. Employee: Shacka Abdulqader Topic: SERVICE RECIPIENT NEEDS AND PLAN 116 Credit Hours: 1  
 Person's Initials/ID#: \_\_\_\_\_

II. Description of Training Content and Materials =Please check boxes for applicable training=

**Review and instruction on the employee's specific job functions and skills within the scope of services:**

- Service recipient's diagnosis and identified disabilities, unique strengths, functional skills and abilities, behaviors and symptoms, needs and risks, preferences, and personal goals;
- Staff responsibilities for understanding person's rights and ensuring that these rights are exercised and protected.
- Service recipient's file including the Coordinated Service and Support Plan (CSSP) and Coordinated Service and Support Plan Addendum (CSSP-A); self-management and skills assessments; IAPP; person's plan with service outcomes and behavior outcomes (as applicable) with supports and methods; and progress reports.
- For residential: Review and instruction on the Program Abuse Prevention Plan and the emergency plan to maintain the person's safety.
- How to implement person-centered planning and support services for this individual in response to the person's identified needs, interests, preferences, and desired outcomes, per CSSP and CSSP-A; fostering self-determination; and balancing risk and opportunities in the most integrated, inclusive settings.
- How to implement outcome-based services as assigned in the CSSP and CSSP Addendum. Implement supports and methods to facilitate the accomplishment of outcomes related to acquiring, retaining, or improving skills; document activities and instructional strategies using measurable, observable criteria. Keep updated and trained regarding the changing needs and personal outcomes.
- Record-keeping and reporting requirements, including use of progress notes/documentation forms.
- Instructional strategies with appropriate and safe techniques for achieving personal outcomes and completing applicable activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
- An understanding of what constitutes a healthy diet according to data from the Centers for Disease Control and Prevention and the skills necessary to prepare that diet.
- Safe and current operation of medical equipment used by the person, as applicable.
- Team roles and specific staff responsibilities for plan implementation and service coordination, as appropriate to position.

# Complete training documentation on back side (page 2)

Service Recipient Needs and Plan 116 – Page 2 of 2

- Instructions on safety practices and health care coordination for individual in service site(s).
- Instructions and supervised on-the-job training from the Designated Coordinator or Designated Manager.
- Other topics as determined necessary in the person's CSSP or CSSP Addendum \_\_\_\_\_

### III. Training Procedures

#### Training Format

- Self Study
- Individualized Training
- Team Meeting
- Other: \_\_\_\_\_

#### Instructional Methods

- Written: \_\_\_\_\_
- Audio or Video: \_\_\_\_\_
- Oral Presentation and Dialogue
- Guided Observation & Practice
- Other: \_\_\_\_\_

#### Demonstrated Competency

- Knowledge Testing (Quiz) \_\_\_\_\_
- Observed Skill Assessment \_\_\_\_\_
- Other: \_\_\_\_\_

IV. Date(s): 6/20/20 (M/D/Y) Time(s): \_\_\_\_\_

Trainer/Position: \_\_\_\_\_ Signature: \_\_\_\_\_

*I understand the information I received and my responsibilities for implementation with this company and persons served.*

Employee Signature: \_\_\_\_\_

15 Hours of Training Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Day of Contact: _____
First Day Unsupervised: _____

### Training Module 116 Quiz Service Recipient Plan Review

Employee Name: Shacka Abdulqader

Date of Quiz: 6/22/20

Directions: This quiz requires completion with the employee's supervisor. It is the responsibility of the supervisor to collect and review all information to assess the employee's job competence using knowledge testing and observed skill assessments.

Service Recipient Initials/ID #: NS

1. What was the main topic you reviewed and received instruction on today? Safety of Clients  
Person centered Rights of clients

2. How did you obtain the information? From all the books in the office

3. Summarize 3 key points from the information received:  
Person centered  
Rights and ~~steps~~ of individuals  
health and privacy of the clients

4. How does this information impact your implementation of the person's service plan or procedures?  
Get to know to my clients better understand their  
Rights treat them with dignity and respect  
Person centered

5. Please identify any questions that you have related to this material and/or your work with this person.  
N/A

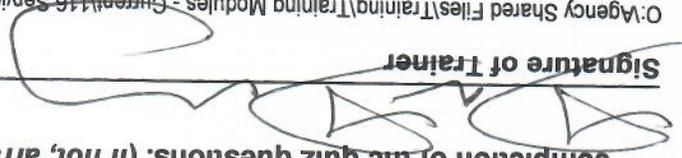
6. What further instruction do you need to be competent in performing your job functions?  
Identify 2 supervisory staff you can speak with to get further information regarding implementation of your job functions?  
DC / DM

### KNOWLEDGE TESTING BY THE TRAINER

> Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s)

> The employee demonstrated understanding of the service recipient and competence in completion of the quiz questions. (If not, arrange follow-up)

Signature of Trainer



Date

6/22/20



Owakihi Inc.  
Training Summary Form

I. Employee: Shachia Abdulparker Topic: SERVICE RECIPIENT NEEDS AND PLAN 116 Credit Hours: 1

Person's Initials/ID#: \_\_\_\_\_

II. Description of Training Content and Materials =Please check boxes for applicable training=

**Review and instruction on the employee's specific job functions and skills within the scope of services:**

- Service recipient's diagnosis and identified disabilities, unique strengths, functional skills and abilities, behaviors and symptoms, needs and risks, preferences, and personal goals;
- Staff responsibilities for understanding person's rights and ensuring that these rights are exercised and protected.
- Service recipient's file including the Coordinated Service and Support Plan (CSSP) and Coordinated Service and Support Plan Addendum (CSSP-A); self-management and skills assessments; IAPP; person's plan with service outcomes and behavior outcomes (as applicable) with supports and methods; and progress reports.
- For residential: Review and instruction on the Program Abuse Prevention Plan and the emergency plan to maintain the person's safety.
- How to implement person-centered planning and support services for this individual in response to the person's identified needs, interests, preferences, and desired outcomes, per CSSP and CSSP-A; fostering self-determination; and balancing risk and opportunities in the most integrated, inclusive settings.
- How to implement outcome-based services as assigned in the CSSP and CSSP Addendum. Implement supports and methods to facilitate the accomplishment of outcomes related to acquiring, retaining, or improving skills; document activities and instructional strategies using measurable, observable criteria. Keep updated and trained regarding the changing needs and personal outcomes.
- Record-keeping and reporting requirements, including use of progress notes/documentation forms.
- Instructional strategies with appropriate and safe techniques for achieving personal outcomes and completing applicable activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
- An understanding of what constitutes a healthy diet according to data from the Centers for Disease Control and Prevention and the skills necessary to prepare that diet.
- Safe and current operation of medical equipment used by the person, as applicable.
- Team roles and specific staff responsibilities for plan implementation and service coordination, as appropriate to position.

**Complete training documentation on back side (page 2)**

Service Recipient Needs and Plan 116 – Page 2 of 2

- Instructions on safety practices and health care coordination for individual in service site(s).
- Instructions and supervised on-the-job training from the Designated Coordinator or Designated Manager.
- Other topics as determined necessary in the person's CSSP or CSSP Addendum \_\_\_\_\_

**III. Training Procedures**

Training Format

- Self Study
- Individualized Training
- Team Meeting
- Other: \_\_\_\_\_

Instructional Methods

- Written: \_\_\_\_\_
- Audio or Video: \_\_\_\_\_
- Oral Presentation and Dialogue
- Guided Observation & Practice
- Other: \_\_\_\_\_

Demonstrated Competency

- Knowledge Testing (Quiz) \_\_\_\_\_
- Observed Skill Assessment \_\_\_\_\_
- Other: \_\_\_\_\_

IV. Date(s): 6/18/20 (MDY) Time(s): \_\_\_\_\_

Trainer/Position: DE Signature: [Signature]

15 Hours of Training Completed?  Yes  No  
 First Day of Contact: 6/10/20  
 First Day Unsupervised: \_\_\_\_\_

**I understand the information I received and my responsibilities for implementation with this company and persons served.**

Employee Signature: [Signature]

Signature of Trainer

*[Handwritten Signature]*

Date

*6/23/20*

completion of the quiz questions. (If not, arrange follow-up)

The employee demonstrated understanding of the service recipient and competence in

\_\_\_\_\_

Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s)

KNOWLEDGE TESTING BY THE TRAINER

7. Identify 2 supervisory staff you can speak with to get further information regarding implementation of your job functions?  
*DC LDM*

6. What further instruction do you need to be competent in performing your job functions?  
*NA*

5. Please identify any questions that you have related to this material and/or your work with this person.  
*NA*

4. How does this information impact your implementation of the person's service plan or procedures?  
*Get to know to my clients better understand their rights health and safety freedom of choice*

3. Summarize 3 key points from the information received:  
*person centered rights health and privacy of the clients*

2. How did you obtain the information?  
*in the office all the books*

1. What was the main topic you reviewed and received instruction on today?  
*safety of the clients*

Service Recipient Initials/ID #: *MC*

Directions: This quiz requires completion with the employee's supervisor. It is the responsibility of the supervisor to collect and review all information to assess the employee's job competence using knowledge testing and observed skill assessments.

Employee Name: *Shadka Abdulqadery*  
Date of Quiz: *6/18/20*

Training Module 116 Quiz  
Service Recipient Plan Review

*Scanned*



On-Site Orientation Checklist (Person Specific)



Employee Name: Shadia Abdulqader

On-Site Date: 5/29/20

2 hours

This orientation, your background check, and all overriding 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: NS

Overriding Medical Needs:	Listed area of training	Date of Training
	Listed area of training	5/29/20
Physician/Therapist specific Orders:	Listed area of training	5/29/20
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 SA  
Supervisor Initials

Staff Initials	Topic
	Medical
<u>SA</u>	Pertinent medical conditions have been reviewed with me and I know how to respond.
<u>SA</u>	I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.
<u>SA</u>	I understand how, where to take this individual to the hospital or emergency room.
<u>SA</u>	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:
<u>SA</u>	I am aware of any allergies listed on this individual's medication treatment sheets.
<u>SA</u>	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

[Signature]

**On-Site Orientation Checklist (Person Specific)**



Other Cares	
I understand the amount of assistance this individual needs in regard to personal cares (toileting, dressing, oral hygiene, grooming, bathing, positioning).	
SA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does this individual have a seizure disorder?	
SA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, I have accurately relayed the seizure protocol information to the Supervisor who has trained me on its content.	
Diet & Nutrition	
SA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does this individual have any dietary restrictions or are they on a special diet?	
SA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please list the special diet information here: _____	
Documentation & Information review for this person	
SA	I have read and understand the County CSSP
SA	I have read and understand the CSSP Addendum and Self-Management Assessment
SA	I have read and understand the IAPP
SA	I have reviewed and understand the most recent Health Progress Notes and Daily Logging (last 7 days)
SA	I have reviewed and understand the location of the Face Sheet which includes emergency contact information for this person
SA	I understand and have been trained on positive support strategies and proactive interaction specific to this person.
SA	Does this individual have a Behavior Support Plan or specific written behavior supports? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please list the behavior support strategies here:	
Interfering or Target Behavior	Strategy
Supervision Plan	
SA	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.
SA	I understand the Supervision plan and response procedures for this person if the plan is not followed.
SA	Community Alone Time <input type="checkbox"/> 0
SA	Alone Time at Home <input checked="" type="checkbox"/> All the time with supervision
Outcomes/Goals	
SA	I understand the Outcomes this person has chosen and how to support them to achieve their goals.
SA	I understand the Documentation process for outcomes and outcome data collection for this person.
SA	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  
Supervisor Initials

*[Handwritten initials]*

**On-Site Orientation Checklist (Person Specific)**



Financial

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.

SA

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

SA

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? \$ 50

SA

Transportation

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.

SA

List any specific procedures or practices when this person is a passenger in a vehicle: JUST Remind To seat Belt.

SA

List where this person goes to school or work and which transportation company is used: have school called 19

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:** Jacole **Date completed:** 6/18/20

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



### On-Site Orientation Checklist (Person Specific)



Employee Name: Shada Abdulvader

On-Site Date: 5/29/20

2 hours

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: ~~Shada~~ MC

Overriding Medical Needs:	Listed area of training	Date of Training
		<u>5/29/20</u>
Physician/Therapist specific Orders:	Listed area of training	Date of Training
		<u>5/29/20</u>
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 SA  
Supervisor Initials

Staff Initials	Topic
	Medical
<u>SA</u>	Pertinent medical conditions have been reviewed with me and I know how to respond.
<u>SA</u>	I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.
<u>SA</u>	I understand how, where to take this individual to the hospital or emergency room.
<u>SA</u>	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:
	_____
	_____
<u>SA</u>	I am aware of any allergies listed on this individual's medication treatment sheets.
<u>SA</u>	I understand when to administer and document a Standing Order Medications/PRN (As Needed) to this person.
<u>SA</u>	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 SA



On-Site Orientation Checklist



Employee Name: Shadia Abdul Dacki  
Location: Kape  
On-Site Date: 5/29/20

Staff Initials	Topic	Site Specific
SA	I have had a thorough tour of the house, yard, and garage.	
SA	I know where house and client financial information, including receipts are stored.	
SA	I know where forms are kept.	
	Do I need prior permission to use House Petty Cash? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	What is the house petty cash used for? <u>used for inventories</u>	
	All spare site keys are kept <u>in the office</u> and I know what to do if they are missing.	
	The lockbox combination(s) is/are <u>631</u>	
Emergencies and Responsiveness		
SA	I understand how to use the heating and cooling systems	
SA	I understand how to use all household appliances	
SA	If appliances are not working I will call Xcel Energy at <u>800 895 1999</u> and the manager.	
SA	If heating or cooling systems are not working I should call Xcel or CenterPoint as indicated by the emergency call list.	
SA	I know this house has fuses/breakers, where they are located, and how to use them	
SA	The water shut off valve for the house is located <u>in the basement</u> The laundry room <u>in the office</u>	
SA	The Program Policy and Procedure Manual for Beacon Specialized Living is located <u>in the office</u>	
SA	I have been shown how to reference and use the Policy and Procedure manual.	
SA	I understand the fire evacuation route and plan and I know where it is posted in the house.	
SA	I understand where the smoke detectors, carbon monoxide detectors, and fire extinguishers are located and how to use and maintain them.	
SA	I understand where PPE is stored, how to properly dispose of contaminated items	
SA	I understand where the flashlights, battery operated radio, first aid kit are located and how to use and maintain them.	
SA	I replenish First Aid supplies by <u>from the Pharmacies Walgreens or CVS</u>	
Meals and Meal Prep		
SA	I understand the menu plan and how to follow the directions for meal preparation.	
SA	If the site runs out of something that was on that day's menu, I know I need to <u>Do what's on the menu</u> .	

On-Site Orientation Checklist



Vehicle

- SA I understand where vehicle keys are located and stored.
- SA I understand the process for making sure the vehicle has gas when necessary
- SA I understand the process for Seating, Tie Downs, Special Equipment, Lifts etc. when transporting individuals receiving services.
- SA 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: HEALTH CARD REFERR
- Medical/Dental/Psychiatric appointments are documented in the FOR NEXT STEP
- For what other reasons are Health Progress Notes written? FOR ANYTHING DEALING WITH INDIVIDUALS
- The completed medical referral form is placed IN THE OFFICE BEHIND THE DESK.
- Medication side effects are found IN THEIR MATHS or \_\_\_\_\_.
- 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: CALL THE PHARMACY AND RE ORDER

- SA I understand the procedure for ordering current medication: CALL GETTONE
- List the procedure followed when a prescription medication is changed or discontinued: PRESCRIBE NEW MEDS
- 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.
- SA I know where medications are stored and I understand they must be locked at all times.
- SA I understand the purpose and location of Standing Order Medications
- SA I understand the process for administering and documenting the use of Standing Order Medications
- SA 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: NA

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: [Signature] Date completed: 6/18/20

Supervisor Signature: [Signature]

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



### On-Site Orientation Checklist (Person Specific)



Employee Name: Shadia AbdulBroder On-Site Date: 6/17/20 1 hour

#### 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 staffs 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: MK

Overriding Medical Needs:	Listed area of training	Date of Training
<u>SUPERVISION</u>	<u>RESPECT LISTEN CARE SPACE CALM</u>	<u>6/17/20</u>
Physician/Therapist specific Orders: <u>N/A</u>	Listed area of training	Date of Training
		<u>X</u>
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

SA

Staff Initials

Topic

Medical

SA

Pertinent medical conditions have been reviewed with me and I know how to respond.

SA

I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.

SA

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: we can only do that when the DR sends order

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

Supervisor Initials

SA

**On-Site Orientation Checklist (Person Specific)**



Other Cares

SA

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: lactas

Documentation & Information review for this person

SA

I have read and understand the County CSSP

SA

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

SA

I have read and understand the IAPP

SA

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

SA

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

SA

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 DONT ANGRY CALM WAY ON SAFETY CHECK THE ENVIRONMENT

Supervision Plan

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.

SA

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

SA

Community Alone Time

Alone Time at Home

0  
ALL days

Outcomes/Goals

SA

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

SA

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

SA

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

Supervisor Initials

*[Handwritten Signature]*

**On-Site Orientation Checklist (Person Specific)**

**SCANNED**  
6/24/20

Financial

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.

SA

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? \$ 50

Transportation

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.

SA

List any specific procedures or practices when this person is a passenger in a vehicle: MAKE SURE CLIENT HAS SEATBELT ON

List where this person goes to school or work and which transportation company is used: STAFF TRANSPORT THE CLIENTS

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:** [Signature] **Supervisor Signature:** Wesley Spelman

**Date completed:** 06/10/20

### Training Summary Form



I. **Employee:** Shadia Abdulqader **Topic:** CHILD FOSTER CARE 410 **Credit Hours:** 1.50

II. **Description of Training Content:**

Review and instruction on Minnesota Rules, Chapter 2960, Parts 2960.3000 – 2960.3340 for Child Foster Care with applicability to position at Owakhi Inc.

III. **Training Procedures**

<u>Training Format</u>	<u>Instructional Methods</u>	<u>Competency Evaluations</u>
<input checked="" type="checkbox"/> Self Study	<input type="checkbox"/> Written: CFC statute	<input checked="" type="checkbox"/> Knowledge Testing (Quiz)
<input type="checkbox"/> Individualized Training	<input type="checkbox"/> Oral Presentation and Dialogue	<input type="checkbox"/> Observed Skill Assessment
<input type="checkbox"/> Team Meeting	<input type="checkbox"/> Guided Observation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Owakhi Inservice	<input type="checkbox"/> Guided Practice	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

IV. **Date(s):** 6/18/20 **Trainer/Position:** \_\_\_\_\_  
**Time(s):** \_\_\_\_\_ **Trainer Signature:**

*I acknowledge that I have received and read Minnesota Rules Chapter 2960 (Umbrella Rule/Licensing Standards). I understand the Discipline Policy that prohibits corporal punishment.*

**Employee Signature:** **Date:** 6/18/20

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.

SCANNED  
6/18/20

Training Module 410 Quiz  
CHILD FOSTER CARE

EMPLOYEE NAME: Shadia Abdulwacker DATE OF QUIZ: 6/18/20

Directions: Upon completion, please return the completed quiz and attached Training Summary Form to your Designated Coordinator (DC) or Designated Manager (DM) for review and approval.

1. The DHS Child Foster Care Rule defines a "foster child" as a person who is under 18 years of age.

2. According to the DHS Child Foster Care License Holder Qualifications, employees must be at least 21 years old to work. TRUE FALSE

3. "Cooperation Required" (subpart 5 in part 2960.3080) - Identify at least one area of responsibility for the license holder/Owakihi Inc. that pertains to developing and implementing the child's case plan: safety and health

4. What is the name of the Owakihi Inc. policy that identifies procedures for addressing complaints and grievances? Grievance Policy

5. Place an X next to the Staff Training Requirements that are required for child foster care:  
 emergency procedures  
 cultural diversity  
 pet care  
 data practices

6. a. Please identify any questions that you have at this time regarding child foster care: N/A

b. Based on the information you have reviewed, what further instruction do you need in this training topic to be competent in performing your job responsibilities? N/A

c. Identify 2 agency resources that you can use for more information and/or consultation:

1) DC 2) DM

KNOWLEDGE TESTING BY TRAINER

> Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s)

> The employee identified above has demonstrated competency in completion of the quiz questions.

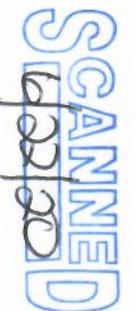
Signature of DC or DM

*[Handwritten Signature]*

Date

6/18/20

Beacon Specialized Living  
Training Summary Form



I. Employee: Shadia Abdulwadey Topic: BASIC FIRST AID / SIGNS & SYMPTOMS 130 Credit Hours: 1

II. Description of Training Content – Basic first aid including signs and symptoms of illness

III. Training Procedures

Training Format

- Self-study
- Individualized Training
- Owakhi Inservice

Instructional Methods

- Written: First Aid Curriculum
- DVD: First Aid (American Red Cross)
- Oral Presentation and Dialogue

Competency Evaluations

- Knowledge Testing (Quiz)
- Observed Skills Assessment

IV. Date(s): 6/16/20

(MM/DD/YYYY)

Time(s): 6pm

(AM or PM)

Location(s): KAPE

Trainer/Position: DSP

Approval Signature: 

Employee Signature: 

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.



Training Module 130 Quiz

Basic First Aid  
Signs and Symptoms

Employee Name: Shadia Abdulwadeer

Date of Quiz: 6/22/20

Directions: Upon completion, return the quiz and attached Training Summary Form to your supervisor for review.

Complete the questions below after viewing the DVD First Aid (American Red Cross):

1. There are two categories of first aid treatment:

- a. Minor Injuries
  - b. Temporary Aid
- that do not require emergency medical assistance to stabilize the victim until professional medical assistance arrives

2. (Select all that apply) When you become aware of an emergency situation, take the following actions):

- a. Remain calm
- b. Assess the situation for further risks to yourself and others
- c. Administer first aid
- d. Contact emergency assistance, if necessary

3. (Select one response) When phoning 911 for help, you should stay on the phone with the dispatcher until:

- a. The advanced medical team arrives
- b. The dispatcher tells you it is okay to hang up (the caller is the last person to hang up)
- c. The injured person's supervisor is notified.

4. Checking the victim's vital body functions can be accomplished by what is commonly referred to as the ABCs. What does ABC stand for?

- a. Airway, breathing, consciousness
- b. Airway, blood pressure, circulation
- c. Airway, breathing, circulation

5. When the victim is unconscious, you should first:

- a. Check if the victim has a bracelet, necklace, or card identifying any medical condition that may have caused the current situation
- b. Check around the area to see if anyone knows what happened
- c. Survey the scene for possible causes
- d. Make sure the area is secured

6. You should never move a victim unless his or her life is in danger. TRUE T or FALSE \_\_\_\_\_

7. An injured person is becoming pale, cold, and sweating. These can be symptoms of shock. What is the appropriate treatment?

- a. Give the person a drink of water
- b. Help the victim lie down and keep warm covering with a blanket
- c. Leave the area so the victim can rest



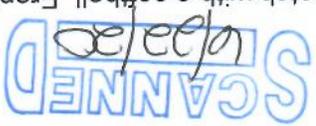
Complete the questions below after reviewing the First Aid/Signs & Symptoms curriculum

8. List first aid priorities.
- EFFECT a. Resuscitate from water or fire or etc
  - Control severe Bleeding
  - Ensure Airways and Give CPR as necessary
  - Treat poisoning or ingestion of harmful
  - Call 911 if life threatening situations occurs
9. A service recipient comes to you holding her left arm which is bleeding from a laceration above the elbow. What are the first steps you take to control the bleeding?
- Stop Bleeding immediately! If there is severe bleeding use Direct pressure with a thick clean pad or cloth

10. Ima Hurt has been stung by a bee on her left calf. Upon examination you are able to see the stinger is still present. Describe your treatment and aftercare for this injury.
- Remove the stinger by gently scraping across area with a credit card apply ice for pain and swelling wash wound and cover watch for allergic reaction such as red and swollen area at site ~~hives on the body~~ ~~breathing difficulties~~ call 911 ~~follow CSSP plan~~
11. Jill Jackson comes in from a long winter walk. She appears very lethargic and is complaining of a headache. Her skin appears pale, and is clammy to the touch. Based on this information, which of the following conditions would you suspect?
- Hypothermia
  - Heat exhaustion
  - Heat stroke
  - Frostbite

12. Describe your actions in treating the condition identified in question #11 (above):
- Give sips of salt water (1 tsp salt glass 1/2 every 15 minutes over one hour period don't give if vomiting - go to hospital if vomiting have person lie down and raise feet 8-12 inches apply cool wet cloths.

13. Julia Kidd is assisting you in preparing dinner when her hand is scalded with hot water. What is your initial action? ~~immersers in cold water until pain subsides~~
- Apply sterile dressing Do not break blisters Do not use ointment cream or salve notify health services ~~professionally immediately~~



14. During a picnic, Darrell and Frank are playing catch with a softball. Frank misses the ball and it smacks him in the nose. Frank's nose begins to bleed profusely shortly after the impact. What do you do for Frank?

Apply Direct pressure by firmly pinching both nostrils shut with thumb and forefinger sit down  
lean forward keeping back matter blood Run down Throat keep pinching for 10 minutes Dont stop And check because it may  
DR or ER Room Do NOT Blow or Rub nose may start Bleeding  
15. You notice that Julia's arm has been splashed with grease, blisters are developing, and it is becoming red and mottled. What type of burn is this, and how would you treat it?  
second Degree Burn immerse in cold water until pain subsides use  
sterilize Dressing Do NOT Break Blisters Do NOT use ointment cream or saline Notify health services immediately

16. After first aid procedures have been implemented for an accident or injury that does not require physician treatment, and the situation is under control, what follow-up steps should be taken for reporting and documenting the accident or injury?

Notify The legal ~~representative~~ Representative or supervisor  
Complete An incident Report

17. Identify two sources that you can use to obtain additional first aid information:

options include But NOT limited to  
availability Nurse First Aid instruction First Aid Materials

18. Please identify any questions that you have at this time regarding basic first aid:

For Consumer-specific procedures Refer to persons file

### KNOWLEDGE TESTING

The employee identified above has demonstrated competency (80%+) in completion of the quiz questions. (If not, refer employee to his/her Supervisor.)

Signature of Quiz Reviewer / Designated Coord. or Designated Manager

Date

6/20/20



Owakihi, Inc.

### Training Summary Form

I. Employee: Shadia Abdulbaki Topic: MEDICATION ADMINISTRATION 253

Credit Hours: 9.50

II. Description of Training Content: Review and instruction on medication administration—see below

#### III. Instructional Methods

SA PART I On-line (or class) Med Basics\*

SA PART II Community Med Admin Class

SA PART III Owakihi med policies review and observed skill assessment

Training Source

RC 84%

#### IV. Competency Evaluations

SA PART I: Certificate for completion of on-line Star Services

SA PART II: Verification of class completion and observed skill assessment

SA PART III: Verification of Owakihi medication policies/procedures review and observed skill assessment

#### V. Training Dates and Times, as applicable:

PART I Star Services On-line Med Admin Basics Date(s): 5/20/20

Times: 4pm

PART II Med Admin Class with skill assessment Date(s): 5/20/20

Times: 6pm

PART III Owakihi policies review & skill assess. Date(s): 5/20/20

Times: 9pm

Trainer Signature: [Signature]

Employee Signature: [Signature]

\*1) On-line orientation requirement: Follow-up with COO to arrange Part II med. class & Part III for internal policies review and skills demonstration.  
2) Coordinator must confirm that Part I on-line and Part II med-admin class were completed by employee PRIOR to internal policies review.

MAR Documentation Quiz

1. (T) or F a med hole can become a medication error if not filled?
2. What do you write on the MAR if the medication is being held? H
3. What do you write on the MAR if the medication is being refused? R
4. What do you write on the MAR if the resident is not at home and it is time to pass medications for them? LOA
5. Where on the MAR should you document why the resident refused medication, is not home, or the reason the medication is being held? health progress notes or next step
6. Should you follow up with results after giving a PRN medication or OTC medication? Where should the results be documented? in their health notes



1295 Bandana Blvd N  
Suite 135  
Saint Paul, MN 55108  
651-644-3140

# CERTIFICATE OF ATTENDANCE

Shadia  
of  
Abdulqader  
Beacon Specialized Living

## Medication Administration (7 hrs)

5/30/2020 10:00 - 17:30

This course provides employees with the skills needed to administer medication properly and safely; document medical cares correctly in order to maintain an adequate, legal health record; and understand different categories and types of medications and their side effects.

The following were successfully demonstrated by the participant: (1) Oral medication (tablet, capsule, lozenge) - bottle and bubble pack; (2) Oral liquid medication; (3) Eye medication (drop and ointment); (4) Ear drop medication; (5) Topical and transdermal medication; (6) Metered dose inhaler.

This course is taught by STAR Services RNs. Participants complete a written test and demonstration of medication administration. This training is not a certification of the participant's competency by STAR Services. Assurance of the participant's skills and competencies is the responsibility of the employing company. Some companies may require a participant to demonstrate competency of the medication demonstration skills on/offsite following this course. This course meets 245D requirements for medication administration training.

Instructor Credentials: STAR Services is a training, education, staffing, consulting, and business development resource for social service agencies, individuals, families, social service professionals, schools, and government agencies. STAR Trainers have a combined experience of over 100 years of supporting individuals with various disabilities and mental health conditions in a variety of settings. All curriculum has been developed by a team of QDDPs, mental health practitioners, and a licensed social worker, along with other experts in the field.

Instructor: **Tatiana Kerestesh, RN**

Score: **84%**

Tuesday, June 2, 2020

# Training Summary Form



I. Employee: Bobby Cox Topic: Miracle Crittenden "I Feel" Statement training Credit Hours: 0.5

II. **Description of Training Content:** Educational reading on what and "I feel" statement is, how to use it and how to prompt and teach others how to use it. When a person feels that they are being blamed—whether rightly or wrongly—it's common that they respond with defensiveness. "I" statements are a simple way of speaking that will help your clients avoid this trap by reducing feelings of blame. A good "I" statement takes responsibility for one's own feelings, while tactfully describing a problem.

III. **Training Procedures:**

Training Format

- Self Study
- Individualized Training
- Team Meeting
- Inservice
- Other: \_\_\_\_\_

Instructional Methods

- Written: \_\_\_\_\_
- Oral Presentation and Dialogue
  - Guided Observation
  - Guided Practice
  - Other: Reading

Demonstrated Competency

- Knowledge Testing (Quiz)
- Observed Skill Assessment
- Other: Worksheet

IV. Date(s): 6-23-2020

(M/D/Y)

Time(s): \_\_\_\_\_

(AM or PM)

Trainer/Position: Designated Manager

Trainer Signature: 

*I understand the information received and my responsibilities for implementation with this company and persons served.*

Employee Signature: Bobby Cox

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.



## Constructing I-Statements

When you're angry, frustrated, hurt, or fearful, the words you choose to communicate our feelings can either heighten or relieve the level of anger and intensity.

### I-Statements

I-statements are a method of effective communication. Using I-statements can help you express your feelings in a manner that will not provoke a negative response in your listener. I-statements can take many forms. As you become more skilled in constructing them, you will most likely find yourself coming up with many variations. However, when you first begin working with them, it is helpful to have an initial template to follow.

### ➤ I-statements have four parts. Each part is stated in the following order:

1. "I".

2. What you feel or want.

3. The event that evoked your feeling(s) or desire (typically something that is not going to be offensive to the listener).

4. The effect the event has on you.

### ➤ Combine the parts to form a sentence.

For example:

"(#1) I feel #2 \_\_\_\_\_ when #3 \_\_\_\_\_, because #4 \_\_\_\_\_."

"(1) I feel (2) very rushed to leave work (3) when you come in late, because (4) I have to pay more money when I am late picking up my child from daycare."

### ➤ Practice a few I-statements out loud. Write a few down.

## Common Errors When Constructing I-Statements

### 1. Avoid inserting "that" or "like"

The phrases "I feel that..." or "I feel like..." are really expressions of thought, often an opinion or judgment. The use of "I feel" should always be followed by a feeling such as "sad", "glad", "afraid", etc.

### 2. Avoid disguised YOU statements

These include sentences that begin with "I feel that you..." or



"I feel like you..." Again, these phrases immediately put the listener into a defensive position. You are backing them into a corner, and they may feel the need to verbally strike back.

**3. Avoid accentuating your negative feelings**  
Many people spend a lot of time focusing on communicating their negative feelings and forget to communicate their positive feelings. It is equally important to express your joy, happiness, relief, etc. This way, the person feels appreciated and praised.

**4. Avoid downplaying the intensity of your feelings**  
When individuals first start working with I-statements, it is common for them to at first send a message that minimizes the intensity of their feelings and consequently their attempt to communicate has less impact on the receiver. Remember: It is very important to match the message you send to your level of feeling.

✓ Avoid using I-statements to express anger. Instead, learn to express primary feelings (hurt, frustration, fear, disappointment) before you get angry.

I feel happy when I go to the park  
because I enjoy sunbathing on the swings.