

Beacon Specialized Living
Training Summary Form

Credit Hours: _____

I. Employee: Loveee Lombard **MALTREATMENT REPORTING AND INTERNAL REVIEW 101**
= *Maltreatment of Vulnerable Adults Reporting and Internal Review Policy and Procedures*
= *Maltreatment of Minors Mandated Reporting and Internal Review Policy and Procedures*

II. **Description of Training Content:**
Review and instruction with the mandated reporter regarding the protection of vulnerable adults and minors from maltreatment and reporting incidents of alleged or suspected maltreatment. Explanation of the definitions and reporting requirements in MN Statutes 626.557 and 626.5572 (Vulnerable Adults), 626.556 (Maltreatment of Minors), and applicable requirements of MN Statutes 245A.65 and 245A.66 (Human Services Licensing Act). Review and instruction on the Beacon Specialized Living policies and procedures related to employee roles and responsibilities for protecting persons served and implementing Beacon's maltreatment reporting policies and procedures for vulnerable adults and children. (Maltreatment of Vulnerable Adults Reporting and Internal Review Policy; Maltreatment of Minors and Mandated Reporting and Internal Review Policy; and Funds and Property Policy).

III. **Training Procedures:**

Training Format	Instructional Methods	Competency Evaluation
☒ Individualized Training	Written: Policies & procedures	☒ Knowledge Testing (Quiz)
☐ Supervisory Meeting	On-line instruction	☐ Observed Skill Assessment
☐ Team Meeting	Oral Presentation and Dialogue	Other: _____
☒ Beacon Inservice	Guided Practice	
☐ Other: _____	Other: <u>Distribution of reporting card</u>	

IV. **Training Dates and Times:**

A. Star Services on-line Mandated Reporting: Date: _____ Times: _____ to _____
M/D/Y

B. Beacon Specialized Living policies (3) review and instruction Date: 11/10/20 Times: _____ to _____
M/D/Y

Trainer Signature: [Signature] Employee Signature: [Signature]

OWAKIHI INC. MALTREATMENT REPORTING AND INTERNAL REVIEW POLICIES

****Supplement to Star Services on-line training***

Review and instruction regarding Owakihi's maltreatment reporting and internal review policy requirements and procedures:

1. Trainer confirms that Star Services on-line training courses have been completed (Mandated Reporting: Vulnerable Adult Act and Mandated Reporting: Maltreatment of Minors).
2. Trainer provides staff with copies of the Owakihi Inc. Maltreatment of Vulnerable Adults Reporting and Internal Review Policy and the Maltreatment of Minors and Mandated Reporting and Internal Review Policy for review. Trainer confirms expectation that staff are responsible for protecting persons served and compliance with these policies.
3. Trainer reviews the policy sections specific to maltreatment reporting as identified on attached pages.
4. Trainer provides staff with the Owakihi Inc. Funds and Property Policy, and reviews policy with staff.
5. Trainer provides staff with Owakihi's Reporting Card. Trainer identifies the locations of External Investigative Agency telephone numbers on the Reporting Card, in both policies, and in this training packet.
6. Trainer answers staff questions and provides staff with resources for further training or questions.
7. Trainer ensures that Maltreatment Reporting and Internal Review Training Summary Form 101 is completed (with staff and trainer signatures), and submitted for training database entry.

Training Summary Form

I. Employee: LOVETEE LOMBEL Topic: DATA PRIVACY PRACTICES 135 Credit Hours: _____

II. Description of Training Content

Information regarding state and federal privacy regulations governing services for people with disabilities. Meets general training requirements on Minnesota Data Privacy and HIPAA. Review and instruction on Owakihi's internal policies and procedures regarding data privacy including individual privacy rights (i.e. Notice of Privacy Practices) and security procedures.

III. Training Procedures

Training Format

Self Study _____
 Individualized Training _____
 Supervisory Meeting _____
 Team Meeting _____
☒ Owakihi Inservice

Instructional Methods

Place X below for instructional methods used

_____ *On-line Data Privacy (StarSvcs)
☒ Written: Policies
☒ Oral Presentation and Dialogue

Competency Evaluations

Quiz (On-line certificate includes quiz) _____
 Sign-offs: _____
 -Computer & Info. Usage Agreement and
 -Network Security _____
 Observed Skill Assessment _____

IV. Training Dates and Times

If applicable: Star Services on-line Data Privacy Practices

PART I Date(s): _____ Times: _____ to _____
 AM or PM (On-line = 0.5 hour learning credit)

PART II

Date(s): 11/10/20 Times: _____ to _____ Location: _____
 M/D/Y AM or PM AM or PM

All Staff (Mandatory): Policy review & discussion

Trainer Signature: [Signature]

Employee Signature: [Signature]

- *1) On-line training requirement: Follow-up discussion with Beacon Support Coordinator or HR representative for internal policies review.
 2) On-line training requirement: Trainer must confirm that on-line training was completed by employee PRIOR to internal policies review.

Employee records training hours on timecard for reimbursement and training documentation purposes. Keep copy of verification.

DATA PRIVACY PRACTICES 135 OUTLINE
****Supplement to Star Services on-line training***

Review and discussion of Owakihi's data privacy requirements and procedures:

1. Trainer confirms that Star Services on-line training (Data Privacy Practices: MN Data Privacy & HIPAA) has been completed PRIOR to conducting training on Beacon's data privacy policies and procedures.
2. Trainer provides staff with copies of Beacon's data privacy policies for review. Trainer reviews policy sections, as follows.
 - Data Privacy Practices for Beacon Specialized Living
 - Components
 - Who it applies to
 - Purpose of Privacy Rule
 - Protected Health Information (PHI Identifiers)
 - Required Disclosure
 - Permitted Disclosure
 - Exceptions
 - Treatment, Payment and Operations (TPO)
 - Notice of Privacy Practices
 - Individual Rights Policy and Procedures
 - Security Practices
3. Trainer answers staff questions, and provides staff with resources for further training or questions.
4. Trainer ensures that Data Privacy Practices 135 Training Summary Form, Computer and Information Usage Agreement, and Network Security (with staff signatures) are completed and submitted for training database entry.

New Hire Orientation Quiz

Name: Louise Lombard

- What should you do if you are going to miss work?
 - Nothing, there is enough coverage there – they won't miss me.
 - Send a text to my supervisor and let them know I won't be there.
 - ☒ Call my supervisor or on-call person to let them know I won't be there and find out how they would like for me to proceed.

- If you have a question about your employment at Beacon where are the places that you would be able to find and reference the Employee Handbook? (circle all that apply)
 - ☒ O: Drive (Beacon Network)
 - ☒ Program Site
 - ☒ The Administrative office
 - ☒ My personal copy I have been offered
 - ☒ ADP

- If you have a question about a policy or procedure what should you do? (circle all that apply)
 - ☒ Ask your supervisor
 - ☒ Reference the Policies and Procedures Manual (available online or at the site)
 - ☐ Do what I think is best

- You are working with Joe when he tells you that he is really frustrated with his current services. He says he doesn't like his staff or his housemates and wants to call his case manager to complain and asks for your help to call. What should you do?
 - ☐ Do nothing, he's just venting.
 - ☒ Help him call the case manager.
 - ☐ Tell him his case manager is busy and probably doesn't want to talk to him.

Why?

He have the right to call the his case manager

- Ramona lives in her own apartment and receives support services from staff 2-3 times/week for a few hours at a time. When you go to work with her on Tuesday she tells you that she had a disagreement with the staff who was working with her on Sunday. She told you that the staff person loaned \$5 from her at Target and when she asked for it back the staff person swore at her, told her she was stupid, and left. Is this abuse as defined by the Vulnerable Adult Act?
 - ☒ Yes
 - ☐ No

Name: Louise Lombel

If NO, why?

If YES, then what could/should you do?

- (a) Contact the house supervisor or on-call person and let them know about the situation, they will determine if it is abuse and contact (or not contact) the Common Entry Point. If they don't contact them I will get a letter and I can choose to contact the CFP myself.
- b. Contact the staff person and ask them what happened before you report this to the supervisor.
- (c) Contact the Common Entry Point to report the situation.
- d. Document it in the staff notebook, but don't report it to anyone.

6. Michael has been playing his Xbox all afternoon. You've asked him three times to clean his room and he has refused. What should you do? (Circle all appropriate responses).
- a. Unplug the Xbox and lock it in the staff office until he cleans his room.
- b. Nothing, it's his apartment and he can decide when he'd like to clean it.
- (c) Encourage him to clean his room and offer choices of how he could do it.
- (d) Offer to help him clean his room and then you could play Xbox together for a little bit afterwards.

7. List three examples of how you can be an advocate for someone you support?

- a. Listen to them
- b.
- c.

Name: Louette Lombard

8. True or False. If you are working with a minor and you suspect that there has been abuse you have the choice as to whether or not you'd like to report this to Child Protection Services.
a. True
b. ☒ False

9. Based on the Universal Precautions Policy what are three ways you can practice Universal Precautions?
a. Wear masks
b. Hand washing
c. goggles gloves

10. True or False: Maltreatment of Vulnerable Adults or Minors should be reported immediately but absolutely no later than 24 hours after initial knowledge of the incident.
a. ☒ True
b. False

Policy Acknowledgement and Orientation Completion Statement
I acknowledge that I have completed New Hire Orientation. I have been trained on company policies and procedures and been offered a copy of Beacon Specialized Living Policies and Procedures. If I have further questions regarding any of the topics I have learned today I know that I can either reference the manuals or ask my supervisor.

Employee Signature Louette Lombard
Date 11/10/20

Beacon Specialized Living
Training Summary Form

I. Employee: Loyette Lombard Topic: Covid-19 Emergency Preparedness Plan Credit Hours: 1 hour

II. Description of Training Content:

Review of the current Covid – 19 Emergency response and preparedness plan and current safety precautions and practices.

III. Training Procedures:

<u>Training Format</u>		<u>Instructional Methods</u>	<u>Demonstrated Competency</u>
☒ Self Study	Written: _____	Oral Presentation and Dialogue	Knowledge Testing (Quiz)
☐ Individualized Training	☒ _____	Guided Observation	Observed Skill Assessment
☐ Team Meeting	_____	Guided Practice	Other: <u>Fill in the blank guide</u>
☒ Beacon Inservice	_____	Other: _____	
_____ Other: _____			

IV. Date(s): 4/10/20 Trainer/Position: Leadership Dev. Manager
(M/D/Y)
Time(s): _____ Trainer Signature: [Signature]
(AM or PM)

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

Employee Signature: [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.

Beacon Specialized Living
Training Summary Form

I. **Employee:** Lovette Lombel **Topic:** New Hire Orientation **Credit Hours:** 5.25 hours

II. **Description of Training Content:**

New Hire Orientation: This five hour course discusses the following topics; Beacon Mission and Values, Employee Handbook, Beacon Policies and Procedures, Vulnerable Adult Act, Maltreatment of Minors, Beacon VAA & MOMA Reporting Procedures, Incident Reporting, Staff Responsibilities to Individual Rights, HIPAA, Individual Rights, Universal Precautions, and Introduction to Person Centered Services.

III. **Training Procedures:**

Training Format		Instructional Methods	Demonstrated Competency
☒ Self Study		Written: _____	☒ Knowledge Testing (Quiz)
☐ Individualized Training	☒	Oral Presentation and Dialogue	☐ Observed Skill Assessment
☐ Team Meeting	_____	Guided Observation	☐ Other: _____
☒ Beacon Inservice	_____	Guided Practice	
☐ Other: _____	_____	Other: _____	

IV. **Date(s):** 11/10/20 **Trainer/Position:** Leadership Dev. manager
(M/D/Y)
Time(s): 10-315p **Trainer Signature:** [Signature]
(AM or PM)

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

Employee Signature: [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.

