**Marshall County Group Homes, Inc.**

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| **DIRECT OBSERVATION** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Hire \_\_\_\_\_\_\_\_ Annual

\*Observational Testing: (***If not applicable to the program put NA)***

1. Demonstrate removing a consumer in a wheel chair from the building.

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Demonstrate how to transfer individual from a wheel chair to bed or chair or Toilet using Hoyer or Pal Lift or similar lift equipment.

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Demonstrate use of tie downs in the vehicle.

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Demonstrate where fire extinguishers are located and how to use an extinguisher.

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Where is the AED unit located in this home?

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Where is the First aid Kit located in this home?

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Where would you locate the policy manual or emergency procedures policy?

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Demonstrate the one arm non-violent come along on a co-worker.

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Observe staff member and consumer working on a goal, are positive support strategies used? Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_
2. Where would you find a consumer Disability Diagnosis or Allergies?

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Give an example of what constitutes a healthy diet meal?

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Explain how you would provide care for ( *(Name a consumer in your program)*?

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Where would you find and Individual Abuse Prevention Plan for ( (*Name a consumer in your program*)?

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Where would you find the Health Care Plan for ( (*Name a consumer in your program*)?
2. Demonstrate how to use a piece of medical or treatment equipment for ( (*Name a consumer in your program*)?

Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_

1. Where can you find contact information for VA and Program abuse Prevention Plan for this Facility?
2. Supervisor ask Team Member to demonstrate anything you feel needs more work or any other topic demand necessary according to a specific consumers CSSP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pass: \_\_\_\_\_\_Retrain: \_\_\_\_\_\_
3. Describe Person Centered Planning?
4. Define Cultural Diversity?
5. Write down any questions an employee has on policies or procedures:

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

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­ Date: \_\_\_\_\_\_\_\_\_\_\_