



✓T.E.A.M

EMPLOYEE ID #: \_\_\_\_\_

Mentor(s):  
\_\_\_\_\_  
\_\_\_\_\_

... Welcome to our Team!

# Carlin House ✓T.E.A.M Program

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_

D.O.H: \_\_\_\_\_



Together

Everyone

Achieves

More

EMPLOYEE ID / QR / BARCODE NUMBER ↓

✓T.E.A.M program designed and developed by Cody Clark, CCNA - Development Director & Network Administrator 2/1/2015  
Revised: February 2019

DOCUMENT ID →



TR - 12-CH 6383 - 01 \*02-19

Welcome to the Carlin House team!

During this program, you will be proficiently trained as a Carlin House employee, which is also referred to as a “Universal Worker!”

This program is designed to give you the proper tools to be a proficient and efficient employee here at Carlin House. Please feel free to ask your instructor any and all questions at any time during this program.

**Remember** – “no question is a stupid question!” 😊

**Instructor** –

*Please follow the checklist, once the new employee has been educated and/or demonstrated the understanding of each task, both you and the new employee must sign and date for the training to be valid.*

**\*Return the completed packet to the Development Director.**



# Chain of Command

*(Failure to follow/disregard this sequence may result in appropriate disciplinary action)*

6) Owner (*President/CEO* - Eriksten, LLC – Carlin House) **Mindy Bailey, MBA**



5) Assistant Executive Director (*Administrator*) **Chad Bailey, LNHA**



4) Director of Nursing **Nikkie Beckley, RN**



3) **Senior Leadership Staff** ⇒

**Cody Clark, CCNA – Development Director & Network Administrator**  
**Samantha Schrader – Administrative Assistant & Admissions**  
**Michelle Housh, LPN – Assistant Director of Nursing**  
**Jamie Hedges – Life Enrichment Coordinator**  
**Teresa Barrell – Culinary Manager**



2) LPN, Nurse Supervisor on duty (*variable*)



1) Resident Assistants ( All – Begin here and follow in ascending order )

|  |                            |
|--|----------------------------|
| <b>Cody Clark, CCNA</b><br><i>Development Director &amp; Network Administrator</i> | Cody@carlinhouseal.com     |
| <b>Samantha Schrader</b><br><i>Administrative Assistant &amp; Admissions</i>       | Samantha@carlinhouseal.com |
| <b>Michelle Housh, LPN</b><br><i>Assistant Director of Nursing</i>                 | Michelle@carlinhouseal.com |
| <b>Jamie Hedges</b><br><i>Life Enrichment Coordinator</i>                          | Jamie@carlinhouseal.com    |
| <b>Teresa Barrell</b><br><i>Culinary Manager</i>                                   | Teresa@carlinhouseal.com   |





Carlin House Assisted Living  
*Problem Solving Steps*

1

Identify the problem you want to work on.

2

Gather relevant data.

3

Clarify the problem.

4

Generate possible solutions.

5

Select the best option.

6

Implement your decision and monitor your choice.





Carlin House Assisted Living

ACKNOWLEDGEMENT AND CONSENT

iPhone & Technology Communication & Use

EMPLOYEE NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

In part of our facility policies, and for purposes related to technology and/or any use of communication via Carlin House iPods, iPhones, Computers, Tablets, or equivalent, you as the employee agree to properly, professionally, and respectfully handle all equipment to avoid the risk to damage and breaches in confidentiality (HIPAA) of any Carlin House employees or Residents. By signing below, you agree to correctly sign in and out the appropriate iPhone via the iPhone sign in/out log of which you are assigned each shift. By signing, you understand that you are required to physically carry the appropriate device with you while on duty. \*(this will typically apply to RA's & Nurse Supervisors; or any employee, including dietary staff, who may be covering for an RA).

By signing, I contest that I will use Carlin House's electronic equipment for nothing more than its intended purpose; communication between co-workers related to resident care and/or confidentiality reasons. I will NOT tamper with, alter, modify, damage, up to and including, but not limited to the violation of ANY unlawful act such as theft or equivalent. I understand that I am under absolutely NO circumstances permitted to remove any device(s) from the facility for any reason (unless otherwise WRITTEN permission is granted PRIOR to the removal of any device or equipment by: "Cody Clark, CCNA - Development Director & Network Administrator). Lastly, I understand that if in the event any electronic device or iPhone in which my name is assigned is discovered to be damaged, modified without permission, including any instance listed above OR via in-service written and posted by the Carlin House Development Director/Network Administrator or Executive Director, I will solely be held liable, and understand the appropriate action (including disciplinary actions) will be taken at the discretion of the company and/or the Development Director & Network Administrator.

- Please confirm by selecting the box below, signing, completing all information, and submitting this document to the Development Director & Network Administrator (either hand-written or electronic form).

[ ] Consent. I, the employee, will remain in full compliance with this policy.

Consenting Employee Signature: X \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Carlin House Representative Signature: X \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

# RESIDENT OR VISITOR INCIDENT / INJURY REPORT

(To be completed within 24 hours of incident)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

SS #: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Position: \_\_\_\_\_

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_  A.M.  P.M.

Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_  A.M.  P.M.

Vital Signs: B/P: \_\_\_\_/\_\_\_\_ Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_

To whom was the injury reported? \_\_\_\_\_

Description of injury (be specific naming any objects or substances involved): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part(s) of body injured: \_\_\_\_\_

Name(s) of witness(es): \_\_\_\_\_

Was any medical or emergency treatment necessary?  YES  NO

If so, state name of physician and/or hospital: \_\_\_\_\_

Have you ever had a similar injury?  YES  NO

\*Area Agency on Aging Notified?  YES  NO

Lost time from work (estimated): \_\_\_\_\_ Days \_\_\_\_\_ Hours  None (N/A)

Dr. Notified (who): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_  A.M.  P.M.

Family Notified (who): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_  A.M.  P.M.

By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_  A.M.  P.M.

Employee Signature X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_  A.M.  P.M.

**INTERVENTION:** \_\_\_\_\_

By signing this form, I expressly waive all provisions of law which forbid any person of persons who heretofore did or who hereafter may medically attend, treat or examine me or who may have information of any kind which may be used to render a decisions in my claim for injury/disease of \_\_\_\_\_, 20\_\_\_\_ from disclosing such knowledge to my employer and/or \_\_\_\_\_ (representative of employer). A copy of this form will serve same as the original.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Print Name \_\_\_\_\_

**SUPERVISOR'S REPORT:**

Supervisor's signature is verification that the validity and completeness has been checked. Exceptions: \_\_\_\_\_

\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Date)



✓T.E.A.M TRAINING PROGRAM

Floor Training Checklist

↳ (STNA / CNA / LPN / RN / UNIVERSAL EMPLOYEE)

CARLIN HOUSE → “ COMMUNICATION, PROTOCOL & SURROUNDINGS ”

|                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Phone <b>etiquette</b> (answering and transferring a call)    | <input type="checkbox"/> | Portable Phones / Base Phones                        |
| <input type="checkbox"/> | On-Call Nurse (LPN) Procedure                                 | <input type="checkbox"/> | Resident Room Keys ( <i>location</i> )               |
| <input type="checkbox"/> | iPhone Communication & Automated Telephone System             | <input type="checkbox"/> | Tour of the facility / time clock                    |
| <input type="checkbox"/> | Monthly staff schedule location ( <i>check each week</i> )    | <input type="checkbox"/> | Memory Care keypad & crash bar                       |
| <input type="checkbox"/> | First Aid kits (locations) <i>Report when low on supplies</i> | <input type="checkbox"/> | Emergency Contact Numbers                            |
| <input type="checkbox"/> | Incident reports → ** (fill & complete ‘demo’ report) **      | <input type="checkbox"/> | Red phone system & panel (white box)                 |
| <input type="checkbox"/> | Emergency folders location                                    | <input type="checkbox"/> | Eye wash station(s)                                  |
| <input type="checkbox"/> | Daily shift tasks ( <i>check these daily</i> )                | <input type="checkbox"/> | Aid flow book and in-service binder ( <i>daily</i> ) |
| <input type="checkbox"/> | Emergency supply kits   | <input type="checkbox"/> | Policy / procedure binder location                   |

CARLIN HOUSE → “ ENVIRONMENTAL ”

|                          |  |                          |   |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Housekeeping cleaning cart(s) *(locations; must remain locked)               | <input type="checkbox"/> | Laundry room & functions; detergent, Etc.                     |
| <input type="checkbox"/> | Thermostats in resident rooms **( <i>EXPLAIN 2° RULE</i> )                   | <input type="checkbox"/> | 18” closet <u>clearance</u> rule * <b>FIRE HAZARD</b> *       |
| <input type="checkbox"/> | Trash, soiled, and clean linens  | <input type="checkbox"/> | Gloves, hairnets, and hand washing                            |
| <input type="checkbox"/> | General cleaning ( <i>down time</i> ) → Sx ( <i>sign</i> ) daily task sheets | <input type="checkbox"/> | MC & exit doors <u>will</u> unlock when fire alarm activates. |



- DO NOT TAKE TRASH BIN(S) AND / OR TRASH BAGS THROUGH THE KITCHEN**
- ABSOLUTELY NO SMOKING PERMITTED ON CARLIN HOUSE PROPERTY**

(New Employee / Trainee Initials): \_\_\_\_\_ || (Mentor / Instructor Initials): \_\_\_\_\_

CARLIN HOUSE → “ CLINICAL / RESIDENT CARE ”

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/>   | Oxygen tanks / back up tanks  | <input type="checkbox"/>                         | 15-minute safety checks ( <b>MANDATORY</b> ) |
| <input type="checkbox"/>   | Peri Care   | <input type="checkbox"/>                         | Fire alarms & protocol                       |
| <input type="checkbox"/>   | Nebulizer machine demonstration ( <i>if applicable</i> ) <input type="checkbox"/> N/A | <input type="checkbox"/>                         | Two-hour toileting                           |
| <input type="checkbox"/>   | Chain of Command ( <b>Explain &amp; Give Example</b> )                                | <input type="checkbox"/>                         | Resident confidentiality                     |
| <input type="checkbox"/>   | <b>TEAMWORK</b>   | <input type="checkbox"/>                         | Employee confidentiality                     |
| <input type="checkbox"/>   | Vital signs   | <input type="checkbox"/>                         | Showering residents ↓↓                       |
| <input type="checkbox"/>   | Walk-Through / Rounds — ( <b>MANDATORY</b> ) ↓  | ↳ Review schedule <b>DAILY</b> at start of shift |  |
| ↳ Walking rounds need to be accurate, and are <b>REQUIRED</b> to be completed ... <b>NO EXCEPTIONS!!</b> |   | <input type="checkbox"/>                         | Signing your <b>own</b> flow sheets ↓↓       |
|  |   | ↳ <b>DO NOT SIGN FOR ANOTHER EMPLOYEE</b>        |  |





**CARLIN HOUSE → “ CLINICAL / RESIDENT CARE – (continued) ”**

- “Power Failure” (in the event of power failure, check all O<sup>2</sup> machines & air beds A.S.A.P.)
- Before leaving a resident’s apartment: Make sure **all** care is **completed** ↓ ↓  
*(hearing aides, trash, dishes, call button, men’s face(s) are shaved, resident looks presentable, Etc.)*
- IN THE EVENT THE FIRE ALARM ACTIVATES: CALL 911 IMMEDIATELY!**  
→ ( **ALWAYS CALL: “ CODY CLARK, CCNA ” A.S.A.P. IN SUCH EVENT** )
- EACH EMPLOYEE IS RESPONSIBLE FOR CHECKING HIS OR HER EMAIL FREQUENTLY FOR IMPORTANT UPDATES!!**  **“UNIVERSAL WORKER” (Explain in DETAIL)**
- OTHER:**  **OTHER:**

**CARLIN HOUSE → “ DIETARY DEPARTMENT ”**

- |  |   |
|--|---|
| <input type="checkbox"/> Oven, stove, 3-part sanitizing sink             | <input type="checkbox"/> Regulation and food guidelines             |
| <input type="checkbox"/> Dining menu (location)                          | <input type="checkbox"/> Food preparation menu/serving/transporting |
| <input type="checkbox"/> Always available menu → (explain details)       | <input type="checkbox"/> Cleaning after meals                       |
| <input type="checkbox"/> Dish washer operation                           | <input type="checkbox"/> Dietary diet cards                         |
| <input type="checkbox"/> Recipes   | <input type="checkbox"/> Food Temperatures                          |
| <input type="checkbox"/> When to throw away food                         | <input type="checkbox"/> Dating foods                               |
| <input type="checkbox"/> Heating and cooling foods                       | <input type="checkbox"/> Storing leftover food                      |
| <input type="checkbox"/> Recording resident meal %’s - (resident intake) | <input type="checkbox"/> Make sure refrigerator doors are closed    |

**CARLIN HOUSE → “ TECHNOLOGY, EQUIPMENT, EMPLOYMENT ”**

- Honored Team Member Program – (review details)  **WIFI & INTERNET:** Prohibited for employee use - (unless otherwise authorized by the Network Administrator)
- EMPLOYEE PHOTOGRAPHS:** (mandatory; ALL employees are **REQUIRED** to provide or have their photograph taken).  
↳ If you have **NOT** provided your photograph or have had it taken – you **MUST** contact Cody immediately!
- RESIDENT PENDANTS:** Notify Cody **A.S.A.P.** in the event of malfunction or damaged unit.

I have provided my photograph

**\*\* TRAINING CHECKLIST SIGN-OFF ↓ ↓**

**X**  
\_\_\_\_\_  
New Employee "Trainee"

**X**  
\_\_\_\_\_  
Mentor / Instructor

**X**  
\_\_\_\_\_  
Dietary Mentor

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_





Carlin House New Employee/Resident Assistant Training  
Major points for training

**COMMUNICATION:**

Between the employee and the resident - eye contact, ensuring employee's mouth is visible at all times (for residents who are hard of hearing), overall tone and approach with all residents

-Examples given during training

Between employees - maintaining a positive attitude, not discussing resident conditions in front of other residents, not discussing coworkers in front of residents, not discussing personal problems in front of residents

-Questions taken up with direct supervisor

Proper approach with residents in Memory Care - using people-first language (i.e. "he/she has Alzheimer's," NOT "he/she is an Alzheimer's patient"), tone, appropriate behavior and language, respectfulness

**TOILETING:**

Understanding importance of toileting a resident every two hours and consequences if not completed (skin breakdown and resident rights)

Changing of residents in bed - utilizing non-slip pads and disposable pads, moisture barrier cream, properly moving a resident in bed

**PERSONAL HYGIENE:**

Perineal care and infection control - wearing gloves, wiping residents front to back, hand washing (of staff and residents), bathing residents, brushing teeth and hair, shaving, nail care, cleaning eyeglasses

**VITALS:**

Obtaining a resident's blood pressure, pulse, temperature

-Location of equipment



**SHOWERING:**

Safety in the shower room, slippery surfaces, bathing residents, understanding of shower schedule

**TRANSFERRING AND TRANSPORTING:**

Where to grab and where not to grab on the body, two-assists, proper use of gait belts, lifting with knees and limiting twisting (minimizing back pain and injuries), letting residents know where they are going before moving them in their wheelchairs or Broda chairs

**RESIDENT SAFETY CHECKS:**

Understanding importance of checks and limiting falls

**OXYGEN MACHINES AND TANKS:**

Understanding of LPM, controls, and nasal cannula

**BOOK SIGNING:**

Signing of Flow Sheets, Toileting Sheets, Treatment Sheets, and Safety Check Sheets (Individual Service Plan book/getting to know the residents)

**WALKTHROUGHS:**

What to look for, giving report to RA coming onto shift

Tidying of apartments - how to make a bed, cleaning up after oneself or a resident

**HOSPICE:**

Who they are and what they do

**POLICY AND PROCEDURE:**

Understanding of resident rights and company policy





**DEALING WITH STRESS:**

Appropriate ways and inappropriate ways to handle stressful situations and frustration common in the healthcare field

**TIME MANAGEMENT:**

Useful for making shifts run as smoothly as possible

**LAUNDRY:**

Putting clothes away in resident rooms, reading instructions on clothing before loading washers, placing soiled linen in appropriate cart/bin and clean linen in appropriate carts/baskets

**TRASH:**

Appropriate places for trash and inappropriate places for trash/taking trash out at end of each shift

**CHAIN OF COMMAND:**

Addressing questions and concerns with appropriate department

**FIRE SYSTEM AND EMERGENCY PHONE SYSTEM:**

Location and operation

**CLEANING:**

Location of cleaning supplies

**SHIFT OPERATION:**

Understanding of operation of each shift (first, second, third)



2/24/15 HMW

Training should include going over the basics of the job, intricacies of the job, and *then* completing a checklist. Goal is not to overwhelm new employee with information but instead to provide education and support. The Resident Assistant position is about providing care for those who are no longer able to care for themselves or who just need a little more assistance. We can validate the lives of all the residents by using something as simple as human contact, which we are more than capable of providing on a daily basis.

*[Handwritten signature]*

✓ APPROVED BY:

---

*[Handwritten signature]*, CCNA

Development Director  
Network Administrator

2/24/2015





# Extinguishers Must Fit the Fire



## CLASS "A" FIRES:

Fires in ordinary combustible materials, such as wood, cloth, paper, rubber, and many plastics.



## CLASS "B" FIRES:

Fires in flammable liquids, oils, greases, tars, oil base paints, and flammable gases.



## CLASS "C" FIRES:

Fires which involve energized electrical equipment. It is important that the extinguishing agent be nonconductive.



## CLASS "D" FIRES:

Fires which involve combustible metals or combustible metal alloys (commonly found in a chemical lab). The extinguisher must match the metal. It will be labeled with a list of metals that match the extinguishing agent. (They have no numerical rating).



## CLASS "K" FIRES:

Fires that involve vegetable oils, animal oils, or fats in cooking appliances. This is for commercial kitchens. A placard which identifies the use of the extinguisher as a secondary backup means to the automatic fire extinguisher system should be placed near each portable K fire extinguisher in the cooking area.

A portable fire extinguisher can put out a small fire or contain it until the fire department arrives.

Portable extinguishers are not designed to fight a large or spreading fire. Even against small fires, they are useful only under the right conditions:

- An extinguisher must be large enough for the fire at hand. It must be fully charged and in working order.
- The operator must know how to use the extinguisher quickly without taking time to read directions during an emergency.
- The operator must be reasonably strong to lift and operate the extinguisher.

## When NOT to Fight the Fire

There are times when you should not fight a fire with a portable extinguisher:

- If the fire is spreading beyond the immediate area where it started or is already a large fire.
- If the fire could block your escape route.
- If you are in doubt about whether the extinguisher is the proper type of fire at hand.

If even one of these conditions is true, leave immediately, close off the area, and leave the fire to the fire department.

An Equal Opportunity Employer & Service Provider



Department  
of Commerce  
Division of Fire Marshal

Carlin  
H O U S E  
Assisted Living

Portable Extinguishers Guide



State of Illinois, Department of Commerce, Division of Fire Marshal

Carlin House Assisted Living

1234 Main Street, Chicago, IL 60601



## When to Fight the Fire...

Fight the fire only if all of the following are true:

- Everyone has left or is leaving the building.
- The fire department is being called.
- The fire is small and confined to the immediate area where it started (wastebasket, cushion, small appliance, etc.)
- Your extinguisher is rated for the type of fire you are fighting and is in good working order.
- You know how to use the extinguisher and can operate it effectively.

If you have the slightest doubt about whether you should fight the fire — DON'T! Instead, get out and close the door behind you.

### PROTECT YOURSELF AT ALL TIMES!

Stay low. Avoid breathing the heated smoke and fumes or the extinguishing agent.

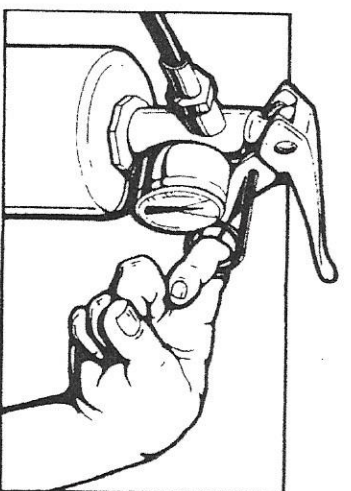
If the fire starts to spread or threatens your escape route, **get out** immediately, and close the door to contain the fire.

## Remember:

If you need to use an extinguisher, just think of the word "P.A.S.S."

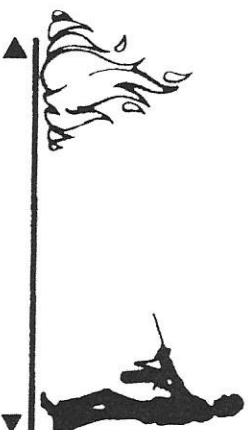
# PULL

the safety pin at the top of the extinguisher located in the handle.



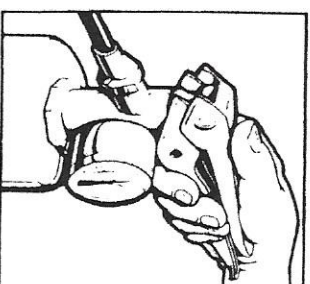
# AIM

the nozzle or hose at the base of the flames. Check the manufacturer's recommendations for a safe discharge distance.



# SQUEEZE

or press the handle.



# SWEEP

from side to side at the base of the fire until it goes out.



**Carlin**  
H O U S E  
Assisted Living

By following these procedures, a fire can be extinguished in the quickest and safest manner possible.





# R.A.C.E. to Fire Safety

It is important that you and your staff are prepared to respond to fires and other emergencies. Review this basic, but critical, fire response information with your team on a regular basis. Follow the "R.A.C.E." acronym if there is a fire or suspected fire:

## What's it stand for?

⇒ ( **Rescue – Alarm – Contain – Extinguish/Evacuate** )

### **Rescue**

Immediately stop what you are doing and remove anyone in immediate danger from the fire to a safe area.

Ambulatory persons should be instructed to leave under their own power and report to the Emergency Assembly Point.

Persons that require assistance with ambulation should be assisted to the Emergency Assembly Point (identified in the Evacuations section of this manual).

Get out as safely and quickly as possible. The less time you and others are exposed to poisonous gases, heat, or flames, the safer everyone will be.

Assist/ensure evacuation per instructions from the Disaster Leader and according to the Evacuations section of this manual.

### **Alarm**

Activate the nearest fire alarm pull stations (if applicable).

Call 911 and/or the front desk (if applicable) to report the location and current extent of the fire.

The front desk is notified so that the entire disaster response team can be quickly notified.

### **Contain**

Close all doors and windows that you can safely reach to contain the fire.

During evacuation close the doors behind you.

### **Extinguish/Evacuate**

Only attempt to extinguish the fire if it is safe for you to do so. **(otherwise evacuate)**

Retrieve the nearest fire extinguisher and follow the "P.A.S.S." procedure:

P = Pull the pin breaking the plastic seal;

A = Aim at the base of the fire;

S = Squeeze the handles together; and

S = Sweep from side to side.

\_\_\_\_\_  
Initials

Revised 2/10/2016  
Cody Clark, Development Director



Carlin House  
Fire/Safety Watch

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Policy and Procedure**

**FIRE/ SAFETY WATCH**

1. Have a Designated a person that is dedicated to make continuous inspections of the center until services are restored.
2. Perform Fire Prevention Watches, looking for:
  - a. Electric overloads
  - b. Overheated electrical equipment
  - c. Anything with a heating element being left on for extended amounts of time
  - d. Dryer lint buildup in the laundry area
  - e. Smoking areas
  - f. Any other possible fire hazards
  - g. Fire watch tours shall occur at ¼ hour intervals, 24 hours a day.
3. If the alarm and or sprinkler system will be out of service contact following agencies:
  - a. Local fire Agency having jurisdiction
  - b. Off duty management staff

**Fire Alarm and Sprinkler Maintenance**

4. Notify, Administrator and/or Local fire Department/and State Fire Marshal and insurance carrier.
5. When notifying Administrator and Fire Department of temporary shutdown of the Fire Alarm or Fire Sprinkler System Advise them of:
  - a. Date of Shut Down
  - b. Time of Shut Down
  - c. Approximate time of shut down
6. Implement a Fire Watch during the down time.

X \_\_\_\_\_

Date Signed: \_\_\_\_\_

Effective 9/1/2004

KWill

Revised 1/10/2018 MBailey



# Vital Sign Training & Education

(must be signed by licensed LPN or RN to be valid)

Vital signs performed on: \_\_\_\_\_

1) Date Taken: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2) Time Taken: \_\_\_\_ : \_\_\_\_  AM  PM

3) Heart Rate (PULSE): \_\_\_\_\_ / BPM

4) Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ (systolic/diastolic)

a)  Sitting

b)  Standing

c) Area:  L-Arm  R-Arm  L-Wrist  R-Wrist

Other: \_\_\_\_\_

5) Temperature \_\_\_\_\_  °F

6) Respiratory Rate: \_\_\_\_\_ / BRPM (*breath rate per minute*)

7) Weight: \_\_\_\_\_  LBS (*pounds*)

Trainee Name: \_\_\_\_\_

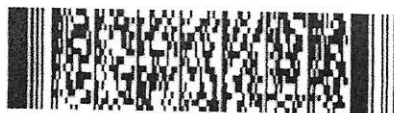
Signature X \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness Name: \_\_\_\_\_

Signature X \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nurse (LPN/RN): \_\_\_\_\_

Signature X \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_





| Mental Illness in the Elderly |  |  |
|-------------------------------|--|--|
| The Illness                   | Description  | Signs and Symptoms   |
| Delirium                      | <p>Develops rapidly in hours or days.</p> <p>Often the first sign of underlying infection, illness, adverse effect or side effect of medication</p>  | <p>Reduced attention span</p> <p>Reduced level of consciousness</p> <p>Rambling incoherent speech</p> <p>Sleep disturbances</p> <p>Change in body movements</p> <p>Disorientation to time or place</p> <p>Memory impairment</p>              |
| Depression                    | <p>An emotion state marked by:</p> <p>Sadness</p> <p>Inactivity</p> <p>Self-depreciation</p> <p>It may be fleeting or permanent, mild or severe, acute or chronic. When depression interferes with normal functioning, it is categorized as a mental illness</p> | <p>Change in appetite</p> <p>Change in effect or emotions</p> <p>Reduced sex drive</p> <p>Low self-esteem</p> <p>Suicidal thoughts</p> <p>Change in sleep patterns</p> <p>Irritable, agitated, or withdrawn</p>                              |
| Suicide                       | <p>Any expression suicidal thought constitutes a medical emergency. Call 911. Make sure you know the mental health resources in your community to help in time of crisis.</p>  | <p>Discussions about wanting to end their life</p> <p>Gives away belongings, makes out will, etc.</p>  |
| Substance Abuse               | <p>Most common forms:</p> <p>Alcohol</p> <p>Prescription medications such as sleep aids, tranquilizers, pain relievers</p> <p>Polypharmacy-multiple physicians prescribing medications without each others knowledge</p>   | <p>Decreased weight</p> <p>Malnutrition</p> <p>Disruptive behavior</p> <p>Sleep disturbances</p> <p>Bottles scattered or hidden</p> <p>Drug-seeking behavior</p>   |
| Generalized Anxiety Disorder  | <p>Chronic condition of excessive anxiety or worry on most days for six months or longer</p> <p>Common side effect of long term tranquilizer use</p> <p>Notify family and have resident evaluated if symptoms persist</p>  | <p>Shortness of breath</p> <p>Rapid heart rate</p> <p>Sweating</p> <p>Dizziness</p> <p>Digestive disturbances</p> <p>Hot flashes or chills</p> <p>Frequent urination</p> <p>Difficulty concentrating</p> <p>Insomnia</p> <p>Irritability</p> |





## Normal Physical Changes Due to Aging

| Changes in the Body  | What You Can do to be Sensitive to Aging  |
|--|---|
| <p>The nervous system slows down.<br/>Speech is slower.<br/>Reaction time is slower.<br/>Sensation at nerve endings is less acute.<br/>It takes longer to learn new information.<br/>Solving complex problems becomes difficult.<br/>Short-term memory decreases.</p>  | <p>Be patient with residents who speak slower<br/>Give a resident some time to process something you have said before they respond<br/>Ask a resident one question at a time instead of asking multiple questions at once<br/>Be respectful when you need to repeat yourself</p>  |
| <p>The circulatory system slows down.<br/>The heart beats slower.<br/>The heart does not pump blood as quickly as it used to.<br/>Arteries, which carry blood from the heart to the rest of the body, may become narrowed with cholesterol<br/>Poor circulation may increase a person's sensitivity to cold temperatures.</p>  | <p>Understand that residents may ask for more help as to not exert themselves<br/>Residents may feel dizzy when they first stand up. Do not rush them when assisting<br/>Residents may tire more easily and need rest periods during the day or during activities. Be sensitive by asking residents if they would like to take a break or would like to rest for a while.<br/>Don't seat residents directly under a cool air vent during meals or in activities</p>   |
| <p>The musculoskeletal system weakens<br/>Muscle fibers decrease in number and in mass<br/>Bone mass is reduced<br/>Disks in the spine may shrink and lead to a loss of height and a stooped posture</p>   | <p>Residents may move more slowly or cautiously. Show patience. Do not rush them<br/>Range of motion may decrease. Be alert that residents may need assistance putting on sweaters or jackets reaching for certain items.</p>   |
| <p>Senses of sight, hearing, taste, smell, and touch decrease<br/>Vision may decrease to the point of needing glasses<br/>Eyes may become sensitive to glare and temperature<br/>Eyes may yellow, and eye color may fade<br/>Hearing structures in the ear become stiff, resulting in increased hearing loss<br/>Peripheral vision narrows<br/>Number of taste buds is reduced, so the person may have reduced sensitivities to sour, sweet, or salty tastes<br/><br/>Loss of nerve endings in nose and sinuses reduces ability to smell<br/>Teeth become brittle and the enamel becomes thinner<br/>Skin becomes tight and less elastic, causing wrinkles</p> | <p>Hold objects closely to those who do not see well<br/>Speak in a deep clear tone. Do not yell at hard-of-hearing residents. Learn if they hear out of one ear better than another<br/>Change your voice to a tone or pitch that is easier to hear<br/>Stand close to a hard of hearing resident when you speak to them<br/>Make eye contact. Stand in front of the resident. Look for feedback that shows the resident understands.<br/>When a resident complains about foods, be empathetic. They might not be able to taste food as they once did<br/>Be gentle when touching a resident's skin during bathing, Dressing, etc.</p> |
| <p>The respiratory system becomes weaker.<br/>Decreased force of cough and inability to clear secretions increase risk of colds, flu, and pneumonia</p>  | <p>Be alert to a resident who has difficulty coughing or sounds congested when they speak<br/>Understand that residents may have less stamina for exercising and walking</p>  |
| <p>Gastrointestinal and urinary systems become more sensitive<br/>Gag reflex becomes weaker<br/>Ability to digest certain foods becomes difficult<br/>Decreased ability to move bowels results in constipation<br/>Weak bladder muscles interfere with urination</p>   | <p>Be alert during mealtimes and snacks when a resident could experience choking<br/>Know which residents need reminders for using the bathrooms<br/>Preserve the dignity of residents who experience incontinency</p>  |



## ELDERLY HEALTH OBSERVATION

| <b>Helping Residents Cope with the Transition</b> |   |
|---|---|
| <b>Timeframe is:</b>                              | <b>Explanation</b>  |
| Pre- Admission                                    | <p>Residents often are experiencing difficulty with:</p> <ul style="list-style-type: none"> <li>Memory Loss</li> <li>Walking and moving about</li> <li>Meal preparation and other household duties</li> <li>Completing ADLs</li> </ul> <p>Use the resident needs assessment to gather critical information for individualizing the resident's care</p>  |
| Move-In   | <p>Move-in is a highly stressful time for residents. Their feelings of loss and change often make it difficult to recognize or appreciate the benefits of living in the new residence</p> <p>Use information on the resident needs assessment to effectively assist the resident during move-in.</p> <p>A resident needs a friendly ear and when its appropriate to emphasize benefits of the new setting</p> |
| Post Move-In Transition                           | <p>It can take a resident several months to adjust to a major change. If she cannot cope with the stress of the change, she may begin to show signs of mental illness.</p> <p>Be aware of signs of adjustment problems or dysfunction. When you identify these signs early on, you can provide resources for diverting larger problems. You may also prevent premature discharge or move-out.</p>             |





**\*\*\* MANDATORY → DO NOT SKIP (provide notes / comments) \*\*\***

**INSTRUCTOR / MENTOR COMMENTS:** ↓ ↓ ↓

Rate your trainee's willingness to contribute —  
*(check-mark; 1 = lowest || 5 = highest)*

1     2     3     4     5

Which area(s) related to your trainee's overall training do you feel he/she could benefit from additional training and / or education? (provide feedback below):

**ADDITIONAL COMMENTS:**

Instructor / Mentor Initials: \_\_\_\_\_

**NEW EMPLOYEE COMMENTS:** ↓ ↓ ↓

Rate your instructor's willingness to teach —  
*(check-mark; 1 = lowest || 5 = highest)*

1     2     3     4     5

Which area(s) related to your mentor's overall training do you feel he/she could have done to make your training more effective? (provide feedback below):

Overall, do you feel your training has been efficient and thorough?     YES     NO

**ADDITIONAL COMMENTS:**

New Employee / Trainee Initials: \_\_\_\_\_





EMPLOYEE ID / QR / BARCODE NUMBER ↓

✓T.E.A.M

By signing, I \_\_\_\_\_ agree that I feel comfortable in my position and am aware of my job responsibilities. I understand I may ask questions at any time, and request additional training should I not feel completely comfortable. I agree to follow all of Carlin House policy and procedures, and have a clear understanding where to locate the policy and procedures for my own reference. I understand that all resident information is confidential, and I will **not** share details outside of Carlin House, or in front of any residents within the facility without exception.

**\*\*\* DO NOT SIGN UNTIL ALL TRAINING IS COMPLETE AND CHECKED OFF \*\*\***

✓T.E.A.M program training course is **void** unless signed/dated, and must be re-completed in the event of no signature. → **Sign and return to the Development Director & Network Administrator upon completion.**

Employee ID: \_\_\_\_\_

X \_\_\_\_\_  
(New Employee "Trainee" Signature) (Date of Completion)

X \_\_\_\_\_  
 (Instructor Signature) (Date of Completion)  
Employee ID

X \_\_\_\_\_  
(Instructor Signature)  (Date of Completion)  
Employee ID  
 Select if only one (1) instructor

X \_\_\_\_\_  
**Cody Clark, CCNA** (Date Authorized)  
Development Director & Network Administrator  
**(Final Authorization)**

✓T.E.A.M program designed and developed by Cody Clark, CCNA - Development Director & Network Administrator 2/1/2015  
*Revised: February 2019*

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