



Division of Licensing and Certification

Certificate of Completion



Jacob A Young



Effective 1/23/2020

has successfully met the requirements for
Personal Support Specialist Training (PSS)
(2019 Curriculum Revision)



Dow, Diane M
PSS Training 2019
Instructor

William Montejo
William Montejo, Acting Director
Division of Licensing and Certification

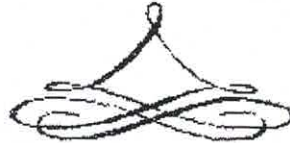


Division of Licensing and Certification

Certificate of Completion



Jacob A Young



Effective 7/24/2019 through 7/24/2021

Certified Residential Medication Aide Course

40-Hour course



Dow, Diane M
CRMA Training Instructor

Sarah Taylor, Director
Division of Licensing and Certification

Jacob Young
7-24-19

DIABETIC TRAINING

STAFF MEMBER:

DATE OF TRAINING:

July 1st every year with all staff

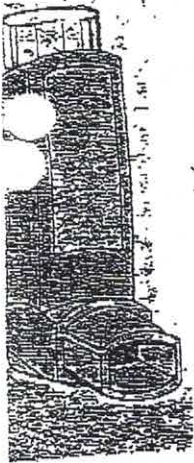
PRESENTED BY:

Diane Dow, RN
Administrator

TRAINING CONTENT:

1. Dietary Requirements
 - a. Portion control
 - b. Limiting concentrated sweets
 - c. Awareness of carbohydrates
2. Anti-Diabetic Oral Medications
3. Insulin mixing, action, and storage
 - a. Refrigerator all insulin
 - b. Date all insulin when opened
 - c. Insulin must be discarded 30 days after opening, except Lantus which must be discarded after 28 days
 - d. When mixing insulin, clear insulin then cloudy insulin
 - e. Sliding scale insulin administration
 - f. Assure correct kind/type of insulin
4. Injection techniques and site rotation
 - a. Keeping lancet device clean
 - b. Remove lancet after use
 - c. Do not recap needles
5. Review of hypo and hyperglycemia, signs and symptoms and treatment, prevention
6. Foot care
7. Lab testing, urine testing, and blood glucose monitoring
8. Standard Precautions

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Inhalers and Spacers

Inhalers are medication prescribed by the resident's physician to open airways that may be blocked due to asthma, emphysema and many other lung diseases.

Inhalers come in many different types and are used to dilate the airways, decrease the inflammation in the airway and also to prevent future episodes of airway constriction.

How to use an inhaler:

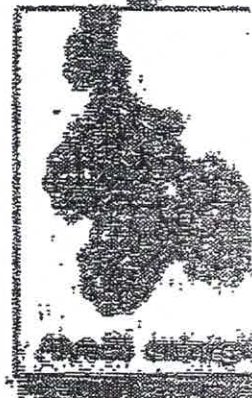
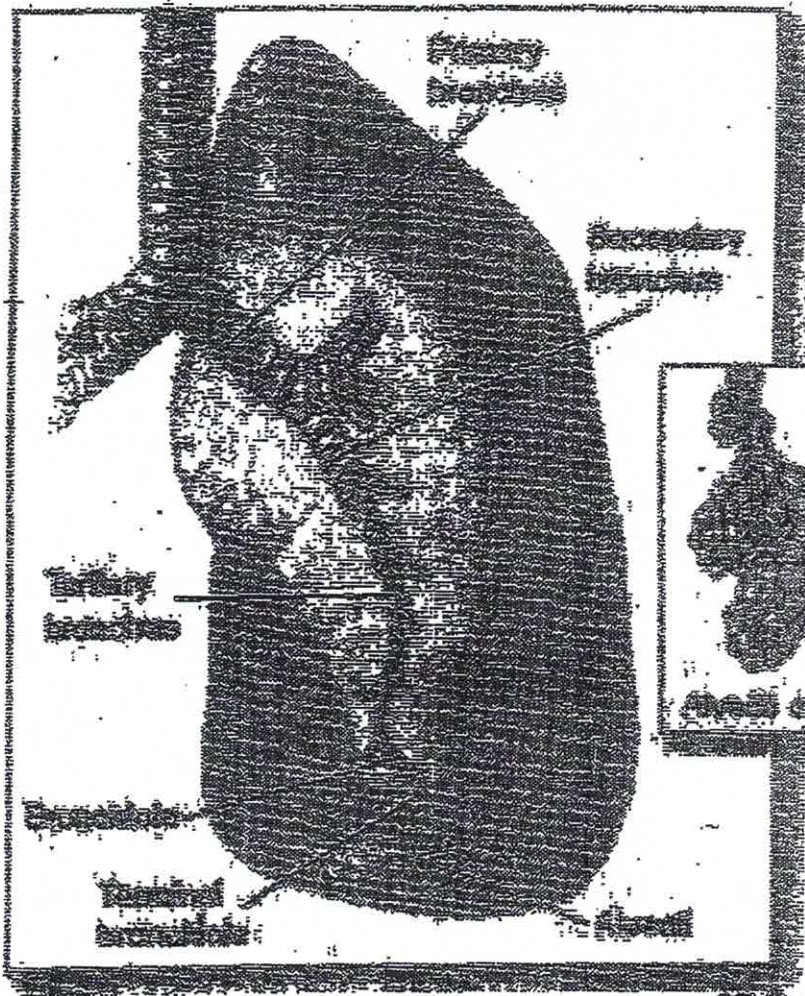
1. Shake the inhaler before each inhalation.
2. Remove the cap from the mouthpiece.
3. Hold the inhaler up to 2 inches away from your open mouth. Least preferably, use the closed-mouth method by placing the mouthpiece of the inhaler in the resident's mouth and closing lips tightly.
4. Instruct resident to breathe in deeply and slowly through their mouth while pressing firmly down on the canister. Resident will continue to inhale, then try to hold their breath 5-10 seconds before breathing out. Wait one minute between the next inhalation.
5. Clean inhaler thoroughly after each use by rinsing under warm, running water.

Use of a spacer with the inhaler.

Spacers are used so that the resident is able to receive the full dose of medication and to prevent yeast infections in the mouth when using a steroid inhaler. Attach the inhaler to the spacer and shake well. Press the canister releasing the medication into the chamber. Place the mouthpiece in resident's mouth and ask resident to inhale slowly. Instruct resident to hold breath a few seconds and then exhale. Wait one minute between inhalations.



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PADA

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Nebulizer Training:

1) How to assemble

- a) power source
- b) wash hands
- c) flat surface
- d) connect tubing
- e) assemble parts

2) Medication

- a) follow all protocol
- b) regulations- follow all regulations
- c) unit dose vial-administer per doctor's order

3) Caring for the nebulizer

- a) taking nebulizer apart
- b) washing parts

4) Trouble shooting

- a) machine won't mist

5) Replacing Tubing, parts and pieces

Oxygen:

1) Different Modalities

- a) Concentrator
- b) Portable tanks
- c) Large nonmobile tank
- d) Cleaning all
- e) Replacing tubing, parts, and pieces, etc.

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7-24-19

- 2) Hooking up and turning on
- 3) Following doctor's orders
- 4) Frequent safety checks
- 5) Planning ahead for oxygen needs
- 6) Knowing what to do in different situations

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Jacob Young

Applicant Information

Personal

First Name: Jacob

Last Name: Young

Address: 101 Orange Highway

City: [Blank]

State: [Blank]

Zip: [Blank]

Phone: [Blank]

Applicant ID: [Blank]

State ID or Driver's License #: [Blank]

Date of Birth: [Blank]

Email: [Blank]

Address

Address:

101 Orange Highway

City:

State:

Zip:

Country:

Address 2:

City:

State:

Zip:

Country:

Address 3:

City:

State:

Zip:

Country:

Address 4:

City:

State:

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Address 18:

City:

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Country:

Address 19:

City:

State:

Zip:

Country:

Address 20:

City:

State:

Zip:

Country:

Registry Checks

Professional License(s) and/or Certification(s)

INFO: There is no professional license or certification number to verify.

Required Registries

Registry Name	Were there any adverse findings?	Date Updated
Office of Inspector General	No	6/29/2019 7:25:31 AM
National Sex Offender Public Website	No	6/29/2019 7:25:31 AM
Male Excluded Providers	No	6/29/2019 7:25:31 AM

Page 8 of 9

Access Office of Inspector General search

Access National Sex Offender Public Website

Access Male Excluded Provider Manual Search

Registry Name	Were there any adverse findings?	Date Updated
Male Sex Offender	No	6/29/2019 7:25:31 AM

Page 9 of 9

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Criminal History

Letter	Date Received	Status
Non Disqualifying Offense Found	07/16/2010	Non Disqualifying Offense Found

Application Information

Application ID: [REDACTED]

Board: [REDACTED]

Family Name: [REDACTED]

Category: [REDACTED]

Any Other Court Action Waiver: [REDACTED]

Position: [REDACTED]

Study / Abstract: [REDACTED]

Date Entered: [REDACTED]

Last Update: [REDACTED]

Status: [REDACTED]

Final Decision

Decision: [REDACTED]

Reason to deny this applicant: [REDACTED]

Application Status: [REDACTED]

Employment Start Date: [REDACTED]

Decision Date: [REDACTED]

Status Date: [REDACTED]

Notes

1. Currently there are no notes entered for this applicant.