

**Leisure Living for the Elderly, Inc.
 Caregiver and Manager Training School
 507 N. Nantucket Ct., Chandler, AZ 85225**

Student Name: _____

Address: _____

Phone # _____ **E:mail:** _____

Program: () Caregiver

Note: Please write down the date taken of each subject and initial before submitting to Instructor.

PROGRAM COURSE STUDY

Levels of Care Training provided as follows:

Supervisory Care- requires **20 hours** or the amount of time needed to verify that an individual demonstrates the specific skills and knowledge in the learning objectives in each of the following training components:

Topics	Required Hours	Date Taken	Initial
1 . Assessing the needs and Abilities of the care receiver (resident)	2		
<ul style="list-style-type: none"> • Promoting resident dignity, independence, self-determination, privacy, choice, resident rights and ethics. 			
2. Empowering your care receiver	2		
<ul style="list-style-type: none"> • Communicating effectively with a resident, a representative and relatives, individuals who appear angry, depressed or unresponsive. 			
3. Managing Time	2		
<ul style="list-style-type: none"> • Managing personal stress 			
4. The process of normal	2		
<ul style="list-style-type: none"> • Changes in personality. Learning and memory • Sensory loss (5 senses: vision, hearing, taste, smell and feel) 			
5. Overview of common Diseases	2		
<ul style="list-style-type: none"> • Controlling the spread of disease and infection; 			
6. Following and implementing resident service plans;	2		
7. Nutrition, hydration and food services	2		
8. Developing and providing social, recreational and rehabilitative activities	2		
9. Fire, safety and emergency procedures	2		

10. Elder Abuse	2		
• Abuse, Neglect, Exploitation Reporting			

Personal Care- requires **30 hours** or the amount of time needed to verify that an individual demonstrates specific skills and knowledge in the learning objectives of each of the following training components:

Topics	Required Hours	Date Taken	Initial
1. Activities of Daily Living	6		
<ul style="list-style-type: none"> * Assisting residents in <u>Activities of daily living</u> and taking vital signs. * Bathing, dressing, grooming, eating, mobility, transfer and toileting. * Promotes resident rights, dignity, privacy, self-determination, and choice in each activity of daily living. 			
2. Mobility	2		
4. Medications:			
o Medication Management	4		
Legal and Ethical issues			
• Negligence			
• Medication Errors			
• Resident bill of Rights			
o Medication Orders	2		
• Six rights (Medication, dose, resident, route, time, documentation)			
• Non-Prescription (over the counter) Medications			
o Medication:	10		
• Charting and Documentation			
• Purpose of the resident’s medication record			
• Legal and ethical considerations			
• Rules for charting medication			
• Related Charting			
- PRN or “as needed”			
- Discontinuing Medication			
- Expired medication			
- Administering medication appropriately			
o Medication Preparation	6		
• Preparing Oral Medications			
• Preparing Liquid medication			
• Preparing Powdered medication			
• Crushing tablets			

Directed Care- requires **12 hours** or the amount of time needed to verify that an individual demonstrates specific skills and knowledge in the learning objectives of each of the following training components;

Topics	Required Hrs.	Date Taken	Initial
<ul style="list-style-type: none"> • Overview of Alzheimer’s disease and related dementias; 	4		
<ul style="list-style-type: none"> • Communicating with resident who is unable to direct self-care; 	2		
<ul style="list-style-type: none"> • Providing services, including problem solving, maximizing functioning and life skills training for a resident who is unable to direct self-care; 	2		
<ul style="list-style-type: none"> • Managing difficult behaviors in a resident who are unable to direct self-care. 	2		
<ul style="list-style-type: none"> • Developing and providing social, recreational and rehabilitative activities for residents who are unable to direct self-care. 	2		

I hereby acknowledge that the above topics/subjects are studied by me and understand to the best of my ability.

Student Signature

Date Completed

Approved By: Instructor’s Name

Date