Non-profit Organization Serving Children
With Exceptional Medical Needs and Their Families

Phone: (301) 925-9271
Fax: (301) 925-6269

2nd Family, Inc.
337 Brightseat Road, Ste 111
Landover, MD 20785

August 18, 2014

Stephany Stevens, RN, MSN
Nurse Surveyor
Office of Health Care Quality
Spring Grove Center, Bland Bryant Building
55 Wade Avenue
Catonsville, MD 21228

Ms Stevens,

Please find attached the Plan of Correction from survey Dates 07/23/2014 – 07/25/2014 regarding Staff Tmining. The following staff persons, ., and ., will have received their 40 hours of initial training required for working with individuals starting 08/18/2014 and all staff will be completed training by the end of September 2014.

Please find attached the training schedules for August and September.

Thank you for your assistance and support in making sure that the appropriate and safe care is provided for the individuals we serve.

Sincerely,

David Flemmons
Director of Human Resources
Second Family, Inc.
337 Brightseat Road, Ste. 111
Landover, MD 20785
240-455-7835 (o)
301-925-9271 (f)
DavidFlemmons@2ndfamilyinc.com

Second family - PDC for 7/23/2014 Survey

July 24, 2014

MANDATORY!!

ALL - STAFF TRAINING

Monday, July 28, 2014 @ 8:00 am & 2:00 pm in Lan II!

Staff Development Calendar August, 2014.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
17	18	19	20	21	22	23
	@Brightseat with .00am-2:00pm	@Brightseat with 8:00am-2:00pm Day	@Brightseat with 8:00am-2:00pm Day	@ Brightseat with 8:00am-2:00pm Day	@Brightseat with 8:00am-2:00pm Day	
24	25	26	27	28	29	30
	@Brightseat with 4:00pm-8:00pm Total Time: 4hrs	@Brightseat with 4:00Pm-8:00pm. Total Time: 4hrs	@Brightseat with. 4:00pm-8:00pm Total Time: 4hrs	@Brightseat with 4:00Pm-8:00pm. Total Time: 4hrs		

Staff Development. 240-619-3827 Please call and schedule @ least a day before Class

31

Staff Development: 240-619-3827

Office opens from 8:30am-5:00pm

[CDA1 & CDA2 Mornings,CDA Cont., G-Tube, Dysphasia, Documentation, Trach & Vent] [CDA1 & CDA2 Evenings]. [CPS1 & CPS2]

Please call and schedule @ least a day before Class

Phone lines are active from 9:00am Call on 301 925-7034 to register for CNA training.

Ms. Betty [CNA,CPR/First Aid

Staff Development Calendar Sept, 2014.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1-Sep	2	3	4	5	6
		@Brightseat 8:00am-2:00pm	@Brightseat 8:00am-2:00pm	DDA 1 @Brightseat 8:00am-3:30pm	DDA 2 @Brightseat 8:00am-3:30pm	
7	8	9	10	11	12	13
	@Brightseat 4:00p-8:00pm	@Brightseat 4:00p-8:00pm	DDA 1 @Brightseat 4:00p-8:00pm	DDA 2 @Brightseat 4:00pm-8:00pm	DDA Continue @Brightseat 4:00PM-8:00pm	
14	15	16	17	18	19	20
	@Brightseat 8:00am-2:00pm Day	DDA Continue @Brightseat 8.00am-2.00pm	@Brightseat 8:00am-2:00p Day	@Brightseat 8:00am-2:00pm Total Time: 4hrs Day		
21	22	23	24	25	26	27
	@Brightseat 4:00pm-8:00pm	DDA Continue @Brightseat 4.00pm-8:00pm	@Brightseat 4:00pm-8:00pm	@Brightseat 4:00pm-8:00pm		
28	29	30				
	@Brightseat 8:00am-2:00pm	@Brightseat 8:00am-2:00pm				

Staff Development: 240-619-3827 Please call and schedule @ least a day before Class

Office opens from 8:30am-5:00pm Phone lines are active from 9:00am Call on 301-925-7034 to register for CNA Training.

[DDA1 & DDA2 Mornings,DDA Cont., G-Tube, Dysphasia, Documentation, Trach & Vent]. [DDA1 & DDA2 Evenings] [BPS1 & BPS2] [CNA,CPR/First Aid]

Non Profit Organization Serving Children
with Exceptional Medical Needs and Their Families
in the Community since 1999

2nd Family Inc.
337 Brightseat Road, Suite 111
Hyattsville, MD 20785

Phone: (301) 925-9271
Fax: (301) 925-6269

From: Joseph Labulé, Executive Director & Program Administrator
To: OHCQ
RE: Corrective Action Plan - Staff Training, Individualized Nursing Care Plans for 8 Newly Placed Children from Lifeline, Inc.
Date: 07/25/14

The following children, placed with Second Family, Inc. from Lifeline, Inc. on 7/2/14 reside at the following homes:

By 7/30/14, all staff taking care of the above listed children will have received training on the Individualized Nursing Care Plans for these children.

dress	Child Name	D.O.B.	Age	Comments
				Adm.
				Adm
				Adm.
	(Trans:)			Adm.
	(Trans:)			Adm.
	(T, GT)			Adm.
	(T, J-T, G-T) ✓			Adm.
	(T, V, J-T, G-T) ✓			Adm.
	Vacant			
	Vacant			
	Vacant			
	(T, G-T, J-T) ✓			Adm.
	(T, G-T, V,) ✓			Adm.
	Vacant			

Jejunostomy Tube - Jejunostomy is an ative to gastrostomy when the stomach is table for a feeding tube

Gastrostomy Tube - a feeding tube through the nd the stomach wall, directly into the stomach.

V - Ventilator - a device for giving artificial respiration or aiding in pulmonary ventilation.

Tracheostomy - A surgically created hole through the front of your neck and into your windpipe (trachea).

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: / /

Documentation is based on requirements defined in COMAR 14.31.06.05, Section F: Training of Child Care Workers.

Areas of Training/Teaching

- ☐ Apnea Monitor Teaching
- ☑ Body Mechanics
- ☐ Bowel/Bladder Training
- ☐ Chest Physiotherapy
- ☐ CPAP
- ☑ CPR instruction/Review
- ☐ Deep Suctioning
- ☐ Diabetic Care
- ☐ Diet/Nutrition
- ☑ Enteral Feeding
- ☑ Feeding Techniques
- ☐ Growth & Development
- ☑ Medication Administration
- ☑ Medication Action/Side Effects
- ☐ Ostomy Care
- ☑ Oxygen Administration (PRN)
- ☐ Physiology of Disease Process
- ☑ Proper Positioning of Body Alignment
- ☑ PulseOx
- ☑ Respiratory Tx
- ☑ Safety Factors (2 person care)
- ☑ S/S Compliance
- ☑ Standard Precautions/Infections
- ☑ Trach Care/Suctioning
- ☐ Vent
- ☑ Wound Care (Superficial wound)
- ☐ Other: _____

Specific Training Done	Action	Retention	Level of Understanding
CPAP N/A	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
PulseOx	☐ New ☑ Continue	☐ Demonstration ☑ Verbalization	☑ Complete ☐ Partial ☐ None
Vent Training LPT ☐ N/A	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
G-Tube or N-GT ___ Size: ___ Type: ___	☐ New ☑ Continue	☐ Demonstration ☑ Verbalization	☑ Complete ☐ Partial ☐ None
Catherization	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Other	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None

Second Family, Inc.

Individualized Nursing Care Plan/Training

Other topics discussed:

I. Safety of wheel chair and comfort
   A. Transport to appts. in wheelchair until appt. c to determine if treatment for previous surgery is needed. (

II. Assessment for crying/
   - need changing
   - need repositioning
   - pain / pain medication from Dr.'s Order
   - ↑ HR also indicates discomfort

III - Temperature control
   - likes cool temps.
     Monitor clothing & covering
   - Do not turn fan on during AM/PM care

IV - Emergency Protocol for 911
   - If unable to stabalize / immediate 911 and call RN
   - CNA's/CMT's, LPN teams working 911

Revised 07/24/14
BR/NS

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: ___/___/___

RN Supervisor Signature: _____ Date: _____

Revised 07/24/14
BR/NS

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: ___/___/___

Documentation is based on requirements defined in COMAR 14.31.06.05, Section F: Training of Child Care Workers.

Areas of Training/Teaching

- ☐ Apnea Monitor Teaching
- ☑ Body Mechanics
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- ☐ Diabetic Care
- ☐ Diet/Nutrition
- ☑ Enteral Feeding
- ☑ Feeding Techniques
- ☐ Growth & Development
- ☑ Medication Administration
- ☑ Medication Action/Side Effects
- ☐ Ostomy Care
- ☑ Oxygen Administration
- ☐ Physiology of Disease Process
- ☑ Proper Positioning of Body Alignment
- ☑ PulseOx
- ☑ Respiratory Tx
- ☑ Safety Factors (2 person care)
- ☑ S/S Compliance
- ☑ Standard Precautions/Infections
- ☑ Trach Care/Suctioning
- ☑ Vent
- ☐ Wound Care
- ☐ Other: _____

Specific Training Done	Action	Retention	Level of Understanding
CPAP N/A	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
PulseOx	☐ New ☑ Continue	☑ Demonstration ☑ Verbalization	☑ Complete ☐ Partial ☐ None
Vent Training ~~LPT~~ ☑	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
G-Tube or N-GT _____ Size: _____ Type: _____	☐ New ☑ Continue	☐ Demonstration ☑ Verbalization	☑ Complete ☐ Partial ☐ None
Catherization	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Other	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None

Second Family, Inc.

Individualized Nursing Care Plan/Training

Other Topics Discussed:

I Emergency Protocol for 911
- Any emergency noted and unable to stabilize - call 911 and RN. K
- Know where all supplies are and maintain adequate amt. at all times

II - Know protocol for ↓ HR - notify nurse if CNA observe
- reposition
- check feeds
- check diaper
- check for discomfort (especially if is crying.
- check temperature

III - Monitor BP's x 2 per shift and notify nurse of changes

IV - Always - 2 person transfer and all care given

Revised 07/24/14
BR/NS

Second Family, Inc.

Individualized Nursing Care Plan/Training

RN Supervisor Signature: _____ Date: _____

Revised 07/24/14
BR/NS

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: _____

Documentation is based on requirements defined in COMAR 14.31.06.05, Section F: Training of Child Care Workers.

Areas of Training/Teaching

- ☐ Apnea Monitor Teaching
- ☒ Body Mechanics
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- ☐ CPAP
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- ☐ Diabetic Care
- ☐ Diet/Nutrition
- ☒ Enteral Feeding
- ☒ Feeding Techniques
- ☐ Growth & Development
- ☒ Medication Administration
- ☒ Medication Action/Side Effects
- ☐ Ostomy Care
- ☐ Oxygen Administration
- ☐ Physiology of Disease Process
- ☒ Proper Positioning of Body Alignment
- ☐ PulseOx
- ☒ Respiratory Tx
- ☒ Safety Factors
- ☒ S/S Compliance
- ☒ Standard Precautions/Infections
- ☐ Trach Care/Suctioning
- ☐ Vent
- ☐ Wound Care
- ☐ Other: _____

Specific Training Done	Action	Retention	Level of Understanding
CPAP N/A	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
PulseOx	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Vent Training LPT ☐ N/A	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
G-Tube or N-GT _____ Size: ___ Type: ___	☐ New ☒ Continue	☐ Demonstration ☒ Verbalization	☒ Complete ☐ Partial ☐ None
Catherization	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Other	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: / /

Other Topics Discussed

I. Follow-up c̄ PCP on 8/20/14 to discuss (L) arm. Larger than (L) arm ~~swelling~~. No apparent pain on movement. Arrived @ previous placement c̄

Revised 07/24/14
BR/NS

Second Family, Inc.

Individualized Nursing Care Plan/Training

Staff Name (Please print)

Staff Signature *(Date)*

RN Supervisor Signature: _____ Date: _____

Revised 07/24/14
BR/NS

DR

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: _____

Documentation is based on requirements defined in COMAR 14.31.06.05, Section F: Training of Child Care Workers.

Areas of Training/Teaching

- ☐ Apnea Monitor Teaching
- ☑ Body Mechanics
- ☑ Bowel/Bladder Training
- ☐ Chest Physiotherapy
- ☐ CPAP
- ☑ CPR instruction/Review
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- ☐ Diet/Nutrition
- ☐ Enteral Feeding
- ☐ Feeding Techniques
- ☐ Growth & Development
- ☑ Medication Administration
- ☑ Medication Action/Side Effects
- ☐ Ostomy Care
- ☐ Oxygen Administration
- ☐ Physiology of Disease Process
- ☑ Proper Positioning of Body Alignment
- ☐ PulseOx
- ☐ Respiratory Tx
- ☑ Safety Factors
- ☐ S/S Compliance
- ☑ Standard Precautions/Infections
- ☐ Trach Care/Suctioning
- ☐ Vent
- ☐ Wound Care
- ☐ Other: _____

Specific Training Done	Action	Retention	Level of Understanding
CPAP	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
PulseOx	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Vent Training LPT ☐	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
G-Tube or N-GT _____ Size: _____ Type: _____	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Catherization	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Other	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: _____

Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)

RN Supervisor Signature: _____ Date: _____

Other Topics:

I Choking & Dysphagia

II Transfers and Care with (2) staff

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name: _____ DOB: ___/___/___

Documentation is based on requirements defined in COMAR 14.31.06.05, Section F: Training of Child Care Workers.

Areas of Training/Teaching

- ☐ Apnea Monitor Teaching
- ☐ Body Mechanics
- ☐ Bowel/Bladder Training
- ☐ Chest Physiotherapy
- ☐ CPAP
- ☐ CPR instruction/Review
- ☐ Deep Suctioning
- ☐ Diabetic Care
- ☐ Diet/Nutrition
- ☐ Enteral Feeding
- ☐ Feeding Techniques
- ☐ Growth & Development
- ☐ Medication Administration
- ☐ Medication Action/Side Effects
- ☐ Ostomy Care
- ☐ Oxygen Administration
- ☐ Physiology of Disease Process
- ☐ Proper Positioning of Body Alignment
- ☐ PulseOx
- ☐ Respiratory Tx
- ☐ Safety Factors
- ☐ S/S Compliance
- ☐ Standard Precautions/Infections
- ☐ Trach Care/Suctioning
- ☐ Vent
- ☐ Wound Care
- ☐ Other: _____

Specific Training Done	Action	Retention	Level of Understanding
CPAP	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
PulseOx	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Vent Training LPT ☐	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
G-Tube or N-GT _____ Size: _____ Type: _____	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Catherization	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Other	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None

Second Family Inc

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: _____

Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)
Staff Name (Please print)	Staff Signature (Date)

RN Supervisor Signature: _____ Date: _____

Other Topics:
I. Choking & Dysphagia
II. Transfers and Care with (2) Staff

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: _____

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Areas of Training/Teaching

- ☐ Apnea Monitor Teaching
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- ☑ CPR instruction/Review
- ☑ Deep Suctioning
- ☐ Diabetic Care
- ☑ Diet/Nutrition
- ☑ Enteral Feeding (5)
- ☑ Feeding Techniques
- ☐ Growth & Development
- ☑ Medication Administration
- ☑ Medication Action/Side Effects
- ☐ Ostomy Care
- ☑ Oxygen Administration
- ☐ Physiology of Disease Process
- ☑ Proper Positioning of Body Alignment
- ☑ PulseOx
- ☐ Respiratory Tx
- ☑ Safety Factors
- ☐ S/S Compliance
- ☑ Standard Precautions/Infections
- ☑ Trach Care/Suctioning
- ☐ Vent
- ☐ Wound Care
- ☐ Other: _____

Specific Training Done	Action	Retention	Level of Understanding
CPAP	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
PulseOx	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Vent Training LPT ☐	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
G-Tube or N-GT _____ Size: _____ Type: _____	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Catherization	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Other	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None

BR/NS

_____

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB:

RN Supervisor Signature: _____ Date: _____

Other Topics Reviewed

I - Does Not Hyperextend Neck

II - ↓ Constipation

III - ↑ Secretions

IV - Sensitivity to light

V - Hygiene care (baths, showers, shampoo)

Revised 07/24/14
BR/NS

Second Family. Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: _____

Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)
Staff Name (Please print)	Staff Signature	(Date)

RN Supervisor Signature: _____ Date: _____

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: _____

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- ☒ PulseOx
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- ☒ Standard Precautions/Infections
- ☒ Trach Care/Suctioning
- ☒ Vent
- ☐ Wound Care
- ☐ Other: _____

Specific Training Done	Action	Retention	Level of Understanding
CPAP	☐ New ☒ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
PulseOx	☐ New ☒ Continue	☐ Demonstration ☒ Verbalization	☒ Complete ☐ Partial ☐ None
Vent Training EPAP ☒	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
G-Tube or N-GT _____ Size: _____ Type: _____	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None
Catherization (Nurses) q 6 h	☐ New ☒ Continue	☐ Demonstration ☒ Verbalization	☒ Complete ☐ Partial ☐ None
Other	☐ New ☐ Continue	☐ Demonstration ☐ Verbalization	☐ Complete ☐ Partial ☐ None

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: ____

Other Topics Discussed

I. Talk to ____ and explain what is being done to ally anxiety.

II Monitor handsplints @ night. ____ moves hand frequently and can dislodge G/J tube. Use pillow under the arm & the splint

Second Family, Inc.

Individualized Nursing Care Plan/Training

Individual's Name _____ DOB: ____/____/____

RN Supervisor Signature: _____ Date: _____

Revised 07/24/14
BR/NS