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|  | **RESIDENTIAL CARE EMPLOYEE RECORDS**  State Form 53877 (R3 / 4-21)  INDIANA STATE DEPARTMENT OF HEALTH / DIVISION OF LONG-TERM CARE | | | | | | | Name of facility | | | | | | | | | | | |
| Facility number | | | | | | | Date *(month, day, year)* | | | | |
| ***FACILITY COMPLETES COLUMNS A, B, AND C. MAKE ADDITIONAL COPIES AS NEEDED. Include all contractual consultants.*** | | | | | | | | | | | | | | | | | | | |
| **A. FULL NAME** | | **B.**  **JOB TITLE** | **C.**  **START DATE**  ***(mm/dd/yyyy)*** |  | **D.**  **LICENSE OR CERT.** | **E. PRE-EMPLOYMENT SCREENING** | | | **F.**  **HEALTH SCREEN** | **G.**  **TB TEST** | | | | **H.**  **ORIENT.** | | | **I.**  **JOB DESC.** | **J. TRAINING NEW HIRE / ANNUAL** | |
|  | **Criminal** | **References** | |  | **1st Step** | **2nd Step** | **Chest X-ray** | **Annual Risk Assessment** | **General** | | **Specific** |  | **Resident Rights** | **Dementia** |
|  | | Administrator |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
|  | | Licensed Nurse |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
|  | | Beautician |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
|  | | Pharmacist |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
|  | | Dementia Care  Director |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
|  | | Registered Dietician |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
|  | | Activity Director |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
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| **RESIDENTIAL CARE EMPLOYEE RECORDS *(continued)***  State Form 53877 (R3 / 4-21)  INDIANA STATE DEPARTMENT OF HEALTH / DIVISION OF LONG-TERM CARE | | | | | | | | | | | | | | | | | | | | | | | |
| ***FACILITY COMPLETES COLUMNS A, B, AND C. MAKE ADDITIONAL COPIES AS NEEDED. Include all contractual consultants.*** | | | | | | | | | | | | | | | | | | | | | | | |
| **A. FULL NAME** | | **B.**  **JOB TITLE** | | **C.**  **START DATE**  ***(mm/dd/yyyy)*** |  | | **D.**  **LICENSE OR CERT.** | **E. PRE-EMPLOYMENT SCREENING** | | | **F.**  **HEALTH SCREEN** | | **G.**  **TB TEST** | | | | | **H.**  **ORIENT.** | | **I.**  **JOB DESC.** | | **J. TRAINING NEW HIRE / ANNUAL** | |
|  | **Criminal** | | **References** |  | | **1st Step** | **2nd Step** | **Chest X-ray** | **Annual Risk Assessment** | | General | Specific |  | | **Resident Rights** | **Dementia** |
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| **CPR CERTIFIED** | | | | | | | | | | | | | | | | | | | | | | | |
| **Week of:** | **Sunday** | | **Monday** | | | **Tuesday** | | | **Wednesday** | | | **Thursday** | | | | | **Friday** | | | | **Saturday** | | |
| **First Shift** |  | |  | | |  | | |  | | |  | | | | |  | | | |  | | |
| **Second Shift** |  | |  | | |  | | |  | | |  | | | | |  | | | |  | | |
| **Third Shift** |  | |  | | |  | | |  | | |  | | | | |  | | | |  | | |
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| **FIRST AID CERTIFIED** | | | | | | | | | | | | | | | | | | | | | | | |
| **Week of:** | **Sunday** | | **Monday** | | | **Tuesday** | | | **Wednesday** | | | **Thursday** | | | | | **Friday** | | | | **Saturday** | | |
| **First Shift** |  | |  | | |  | | |  | | |  | | | | |  | | | |  | | |
| **Second Shift** |  | |  | | |  | | |  | | |  | | | | |  | | | |  | | |
| **Third Shift** |  | |  | | |  | | |  | | |  | | | | |  | | | |  | | |