



# BEACON Specialized Living

## Training Acknowledgment

Employee Name: Sequoia Prince-Dantzler Policy/Procedure/Topic: See Below

Trained By: Jacqueline Wilson Date Trained: 05/28/2020

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Sequoia Prince-Dantzler  
Employee Signature

5/28/20  
Date

Jacqueline Wilson  
Home Manager Signature

05/27/2020  
Date

- Completing Emergency Preparedness Monthly
- Completing Playbooks and resets

Copy to Employee  
Copy to Employee Personnel File/HR

- Completing job duties
- Following the plan of service
- Tow of the home knowing where the shut off
- Completing Wound Care
- Emergency Toler
- Passing meds outside of timeframe
- Exception Report (when to use exception)
- What to do when a resident Choke/Asphyx
- Cleaning the car / the vector / do entry into car
- Time off / vacation request

- Cholesterol & Medical
- Resolving w/
- monthly weight & vitals
- documented in 2 places, Book
- medical note
- \* Do a med roll after every day
- \* POCS less has to be treated