



# BEACON Specialized Living

## Training Acknowledgment

Employee Name: Satony, Boko 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.

Employee Signature

05/28/2020

Date

Jacqueline Wilson

Home Manager Signature

05/27/2020

Date

- Completing Emergency Preparedness monthly
- Completing Floorbooks and restops
  - Copy to Employee
  - Copy to Employee Personnel File/HR
- Completing job duties
- Following Fire plan of Service
- Tow of the home/ knowing where the shut off
- Completing Wound care
- Emergency Toler
- Passing meds outside of time frame
- Exception Report (when to use exception)
- What to do when a resident is in a med
- Cleaning the OR / OR inspection / no entry into OR
- Time off / vacation request
- Current + Medical
- Checking up
- monthly weight + vitals
- documented in 2 places, Book
- medical note
- \* Do a med note after every day
- appointment
- \* POC's loss has to be treated