



# BEACON Specialized Living

## Training Acknowledgment

Employee Name: Deasha Pittman 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.

J. Pittman

Employee Signature

5.28.20

Date

Jacqueline Wilson

Home Manager Signature

05/27/2020

Date

- Completing Emergency Preparedness monthly
- Completing Floorbooks and rest of
- Copy to Employee
- Copy to Employee Personnel File/HR
- Completing job duties
- Following the order 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 chokes/Aspirated
- Cleaning the car / when a visitor / no entry into the
- Time off / vacation request
- Current + Medical
- Checking up
- monthly weight + vitals
- documented in 2 places, Book
- medical note
- \* Do a med r/o after every day
- appointment
- \* POC's less has to further at