



# BEACON Specialized Living

## Training Acknowledgment

Employee Name: Jermaine Blu 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: Jermaine Blu

Date: 5/28/20

Home Manager Signature: Jacqueline Wilson

Date: 05/27/2020

- Completing Emergency Preparedness monthly
- Completing Firebooks and refresh
  - Copy to Employee
  - Copy to Employee Personnel File/HR
- Completing brochures
- Following the order of service
- Tow of the home knowing where the shut off
- Completing COVID-19 drills
- Emergency lock
- Passing meds outside of the home
- Exception report (when to use exceptions)
- What to do when a resident refuse a med
- Cleaning the car (when a resident / no eating in the car)
- Time off / vacation request
- Current + medical
- Reading up
- monthly wey HPS + vitals
  - documented in 2 places, Blue
  - medical note
  - \* Do a med wk after every back appointment
  - \* POCs less how to fix them out