



BEACON Specialized Living

Training Acknowledgment

Employee Name: Carmella Johnson 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.

Carmella Johnson
Employee Signature

5/27/2020
Date

Jacqueline Wilson
Home Manager Signature

05/27/2020
Date

- Completing Emergency Preparedness Monthly
- Completing Firebooks and tests
 - 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 ^{fire} tests
- Emergency tests
- Passing meds outside of the home
- Exception report {when to use exception}
- What to do when a resident refuse a med
- Cleaning the van / van inspection / no eating in the van
- Time off / vacation request
- Current + Medical
- Checking up
- monthly weight + vitals
- documented in 2 places, Book
- medical note
- * Do a med note after every doctor appointment
- * POCS logs has to fill them out