



**BEACON**  
Specialized Living

Training Acknowledgment

Employee Name: Tanisha Pittman Policy/Procedure/Topic: See Below

Trained By: Jacqueline Wilson Date Trained: 11/25/2020

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.

Tanisha Pittman  
Employee Signature

11.25.20  
Date

Jacqueline Wilson  
Home Manager Signature

11/25/2020  
Date

Copy to Employee  
Copy to Employee Personnel File/HR

& Medication

- med count do not submit med count with errors.
- Insulin And Blood Sugar for residents. Informing staff to not do Blood Sugar check. Due to resident drinking pop.
- Giving medications to residents going on L.A. without documenting med's given time & date.