



Training Acknowledgment

Employee Name: Ben S. Green / B. Gibson Policy/Procedure/Topic: IM-005

Trained By: Leroy Freeman, Jr Date Trained: ~~3/9/21~~ 3/19/21

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.

Brittany Gibson
Employee Signature

3/19/2021
Date

Home Manager Signature

Date

Copy to Employee
Copy to Employee Personnel File/HR

Tablet Quiz

Brittney Gibson

3/19/21

1. What is the tablet use for?

TEAMS contact with case manager, med reviews, Friday events. Compliance and home audits.

2. Where do you keep the tablet?

Medication room.

3. When will it be charge?

During third shift.

4. Who is going to in-service the rest of your staff?

The assistance home manager

5. Is the resident allowed to use the tablet in private?

Yes.

Prompted to use in the office.