



Training Acknowledgment

Employee Name: Beth Pierce Policy/Procedure/Topic: Tablet
Trained By: Rachel Kornilakis Date Trained: 3/29/21

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.

Beth Pierce
Employee Signature

3/29/21
Date

[Signature]
Home Manager Signature
Copy to Employee
Copy to Employee Personnel File/HR

3/29/21
Date

Beth Peirce Sheffield

When can the tablet be used?

- Beacon Behavior Monitoring
- Beacon Clinical Meetings
- Beacon Therapy
- Beacon Compliance Department Team Meetings
- Med Reviews

Jackson is disappointed they can't use for Lifeway's meetings although that is the majority of their meetings.

Where do you plan to keep the tablet? She is keeping it in front filing cabinet

When will this be charged? At least overnight every night.

Who is going to inservice this to the rest of your staff? Beth stated she will inservice them.

Can the resident use it in private? Yes – but not really applicable to this home