



### Training Acknowledgment

Employee Name: Terna Phoenix Policy/Procedure/Topic: TABLET  
Trained By: Rachel Konialis Date Trained: 3.31.21

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.

Terna Phoenix  
Employee Signature

3-31-21  
Date

Home Manager Signature

3.31.21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR

Trina Phenix Ypsilanti

When can the tablet be used?

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

Where do you plan to keep the tablet? Trina stated they would keep it in the med room so DMAs can get it out. She is afraid residents will take it if left out in home. There is no office in this home to keep it in.

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

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

Can the resident use it in private? Yes