BEACON Specialized Living

Training Acknowledgment

Employee Name: Courtney Nickerson Policy/Procedure/Topic: See Below

Trained By: Pam Denise Date Trained: 4-28-2021

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.

Courtney Nickerson
Employee Signature

4-28-2021
Date

Patricia RN
Home Manager Signature

4-28-2021
Date

Copy to Employee
Copy to Employee Personnel File/HR

EMAR - medication documentation - 6 Rights of passing meds
PRN documentation - No blanks on mars
Printed Mar documentation
Calling Medical and on Call medical policy
Provider Contact Sheet
Control Count
When to Call 911
Medication Refusals
Vital Sign Policy
Medication ERRORS

BEACON
Specialized Living

Training Acknowledgment

Employee Name: Candace Nickerson Policy/Procedure/Topic: See Below

Trained By: Pam Denise Date Trained: 4/28/21

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

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Employee Signature — Date: 4/28/21

Home Manager Signature: Pdenise RN — Date: 4-28-2021

Copy to Employee
Copy to Employee Personnel File/HR

EMAR - medication documentation - 6 Rights of passing meds
PRN documentation - No blanks on mars
Printed Mar documentation
Calling Medical and on Call medical policy
Provider Contact Sheet
Control Count
When to Call 911
Medication Refusals
Vital Sign Policy
Medication ERRORS

BEACON Specialized Living

Training Acknowledgment

Employee Name: Kelly Grover Policy/Procedure/Topic: See Below

Trained By: Pam Denise Date Trained: 4/28/21

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Kelly Grover
Employee Signature

4-28-2021
Date

P Denise RN
Home Manager Signature

4-28-2021
Date

Copy to Employee
Copy to Employee Personnel File/HR

EMAR - medication documentation - 6 Rights of passing meds
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Vital Sign Policy
Medication ERRORS

BEACON
Specialized Living

Training Acknowledgment

Employee Name: Kaitlin Dickerson Policy/Procedure/Topic: See Below

Trained By: Pam Date Trained: 4/28/2021

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Kaitlin Dickerson
Employee Signature

4/28/2021
Date

Denise RN
Home Manager Signature

4-28-2021
Date

Copy to Employee
Copy to Employee Personnel File/HR

EMAR - medication documentation - 6 Rights of passing meds
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Provider Contact Sheet
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Medication Refusals
vital Sign Policy
Medication ERRORS

BEACON Specialized Living

Training Acknowledgment

Employee Name: Chloe Baxter Policy/Procedure/Topic: See Below

Trained By: Pam denise Date Trained: 4/28/21

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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.

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Chloe Baxter
Employee Signature

4/28/21
Date

P Denise RN
Home Manager Signature

4-28-2021
Date

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