



Training Acknowledgment

Employee Name: Alivia Askew Policy/Procedure/Topic: _____
Trained By: Pam Denise Date Trained: Jan. 25th 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.

Alivia Askew

Jan. 25th 2021

Pam Denise

1-25-2021

Diabetes
Insulin Administration

BS sliding Scale
When to call medical

Copy to Employee
Copy to Employee Personnel File/HR

hypoglycemia
hyperglycemia



Training Acknowledgment

Employee Name: Bart Baylon Policy/Procedure/Topic: Medications
Trained By: [Signature] Date Trained: 5-11-2021

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.

[Signature]
Employee Signature
[Signature]
Home Manager Signature

5-11-21
Date
5-11-2021
Date

Copy to Employee
Copy to Employee Personnel File/HR

DO NOT use Code 6 when passing meds.
When meds not in home. Call Regional Nurse
NO blanks on Mars. if Emer is down. Use paper mar
Write Misc note when resident is on log for meds.
2 people Control Count. Shift Change and whenever DMA leaves home.
Send Regional Nurse discharge paper works.
Email Regional Nurse for refusals of meds.
All antibiotics, pain meds and Ointments get filled at local pharmacy.
with high B/p - If 1st B/p is high. Take B/p again on other arm.
and Call Medical



Training Acknowledgment

Employee Name: Kennedy Campbell Policy/Procedure/Topic: Med Ed
Trained By: Potemse RN Date Trained: 5-19-2021

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.

Kennedy L. Campbell
Employee Signature

5-19-2021
Date

Potemse RN
Home Manager Signature

5-19-2021
Date

Copy to Employee
Copy to Employee Personnel File/HR

- 1. Documentation with medication - 6 Rights of medication pass
2. Insulin - 2 people Verification with Signatures
3. Control Count when and how & 2 Signatures
4. Running low on Meds acknowledgement.