



Training Acknowledgment

Fall Risk

Employee Name: Dia Sheera Jadyon Policy/Procedure/Topic: Oxygen + Tubing
Honey thick
Mech Soft diet
Trained By: [Signature] Date Trained: 6-4-2021

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

6/4/2021
Date

[Signature]
Home Manager Signature

6-4-2021
Date

Copy to Employee
Copy to Employee Personnel File/HR



BEACON Specialized Living

Training Acknowledgment

Fall Risk

Oxygen & tubing
Honey thick liquids
Mech. Soft diet

Employee Name: Te 'auna Barnes Policy/Procedure/Topic: Mech. Soft diet
Trained By: Pam Denise RN Date Trained: 6-4-2021

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.

Te'auana Barnes
Employee Signature

June 4, 2021
Date

Pam Denise RN
Home Manager Signature

6-4-2021
Date

Copy to Employee
Copy to Employee Personnel File/HR