BEACON
Specialized Living

Training Acknowledgment

Employee Name: Amber Shephard Policy/Procedure/Topic: Medication Count

Trained By: Shelly Kuinath Date Trained: 10/15/2021

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.

A. Shephard
Employee Signature

10/15/21
Date

Shelly Kuinath
~~Home Manager~~ Signature

10/15/2021
Date

DD

Copy to Employee
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Training Acknowledgment

Employee Name: Amber Shephard Policy/Procedure/Topic: Cleaning List

Trained By: Shelly S. Keirath Date Trained: 10/15/2021

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.

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A. Shephard
Employee Signature

10/15/21
Date

Shelly S Keirath
~~Home Manager~~ Signature
DD

10/15/2021
Date

Copy to Employee
Copy to Employee Personnel File/HR

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Specialized Living

Training Acknowledgment

Employee Name: Amber Shephard Policy/Procedure/Topic: Resident Tracking Log

Trained By: Shelly S. Keinath Date Trained: 10/15/2021

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.

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A. Shephard
Employee Signature

10/15/21
Date

Shelly S Keinath
Home Manager Signature
DD

10/15/2021
Date

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Training Acknowledgment

Employee Name: Amber Shepharcl Policy/Procedure/Topic: Weights + vitals

Trained By: Shelly S. Kenneth Date Trained: 10/15/2021

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.

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A. Shephard
Employee Signature

10/15/21
Date

Shelly Kenneth
~~Home Manager~~ Signature
DD

10/15/2021
Date

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Training Acknowledgment

Employee Name: Amber Shephard Policy/Procedure/Topic: Emergency Preparedness Log

Trained By: Shelly Kennedy Date Trained: 10/15/2021

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.

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A. Shephard
Employee Signature

10/15/21
Date

Shelly Kennedy
Home Manager Signature
DO

10/15/2021
Date

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Specialized Living

Training Acknowledgment

Employee Name: Amber Shephard Policy/Procedure/Topic: HM Duties/Ck List

Trained By: Shelly S Keinath Date Trained: 10/15/2021

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.

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A. Shephard
Employee Signature

10/15/21
Date

Shelly Keinath
Home Manager Signature
DD

10/15/2021
Date

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Training Acknowledgment

Employee Name: Amber Shepherd Policy/Procedure/Topic: Controlled Med Count

Trained By: Shelly S. Keinath Date Trained: 10/15/2021

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.

A. Shepard
Employee Signature

10/15/21
Date

Shelly Keinath
Home Manager Signature
DI

10/15/2021
Date

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Specialized Living

Training Acknowledgment

Employee Name: Amber Shephard Policy/Procedure/Topic: Med Count Weekly

Trained By: Shelly S. Kainath Date Trained: 10/15/2021

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.

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A. Shephard
Employee Signature

10/15/2021
Date

Shelly Kainath
Home Manager Signature
DO

10/15/2021
Date

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Specialized Living

Training Acknowledgment

Employee Name: Amber Shephard Policy/Procedure/Topic: Medical Notes

Trained By: Shelly S. Keinath Date Trained: 10/15/2021

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.

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A. Shephard
Employee Signature

10/15/21
Date

Shelly Keinath
Home Manager Signature

10/15/2021
Date

DD

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