

Love Respect and Care Home Health Aide Agency/Registry LLC
Employee/Staff Annual Training

I, _____, have
received training on the following by Love Respect and Care Home Health Aide Agency/Registry LLC
on _____:

- ISP
- Prevention of Elder Abuse and Neglect
- Reporting Critical Incident Reporting
- Participant Complaint Resolution
- Department Issue Policy and Procedures on QMP
- Fraud and Financial Abuse Prevention

I understand that this training is required by State Regulation to be done annually. My signature indicates that I will abide by this State Regulation as long as I'm employed by Love Respect and Care Home Health Aide Agency/Registry LLC.

Employee Signature (Electronic)

Date