



BEACON
Specialized Living

Certificate of Completion

IS HEREBY GRANTED TO

Lindsey Jones

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

3/18/20

COMPLETION DATE

Cherita Hoffman

TRAINER SIGNATURE



Medication Administration In-Service and Evaluation

Name of Facility/Home: EAST JORDAN

Employee Receiving In-Service: LINDSEY JONES

Date of 1st In-Service*: 02/24/2020 Time: 10:00 am / pm Trainer: Tracie Vinayard

Date of 2nd In-Service: 02/24/2020 Time: 2:00 am / pm Trainer: Chassidy DeFelle

Date of 3rd In-Service: 3/13/20 Time: 8:00 am / pm Trainer: C. Harner

Date of 4th In-Service: 3/15/20 Time: 8:00 am / pm Trainer: C. Harner

Date of 5th In-Service: 3/15/20 Time: 8:00 am / pm Trainer: C. Harner

Date of 6th In-Service: 3/18/20 Time: 4:00 am / pm Trainer: C. Harner

Date of Final Evaluation: 3/18/20 Time: 5:00 am / pm Trainer: C. Harner

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

		In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1	Medication Area									
	a. Location of ample supplies prior to administration			✓	✓	✓	✓	✓	✓	
	b. Area is clean and organized			✓	✓	✓	✓	✓	✓	
	c. Area is always locked			✓	✓	✓	✓	✓	✓	
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)			✓	✓	✓	✓	✓	✓	
2	DMA washes hands prior to administering medications and between each Resident			✓	✓	✓	✓	✓	✓	
3	Medication keys are retained by DMA			✓	✓	✓	✓	✓	✓	
4	Resident is identified per facility policy and procedure prior			✓	✓	✓	✓	✓	✓	
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications			✓	✓	✓	✓	✓	✓	
	a. If Pulse and BP are required, hands and equipment are washed per facility policy			✓	✓	✓	✓	✓	✓	
	b. If Apical Pulse is required, privacy is provided			✓	✓	✓	✓	✓	✓	
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'			✓	✓	✓	✓	✓	✓	
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR			✓	✓	✓	✓	✓	✓	
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle			✓	✓	✓	✓	✓	✓	



Medication Administration In-Service and Evaluation

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
7		✓	✓	✓	✓	✓		
8		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
9		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
		✓	✓	✓	✓	✓		
10		✓	✓	✓	✓	✓		
11		✓	✓	✓	✓	✓		
12		✓	✓	✓	✓	✓		
13		✓	✓	✓	✓	✓		
14		✓	✓	✓	✓	✓		
15		✓	✓	✓	✓	✓		
16		✓	✓	✓	✓	✓		
17		✓	✓	✓	✓	✓		
18		✓	✓	✓	✓	✓		



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Medication Administration In-Service and Evaluation

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19		✓	✓	✓	✓	✓		
20		✓	✓	✓	✓	✓		
21		✓	✓	✓	✓	✓		
22		✓	✓	✓	✓	✓		
23		✓	✓	✓	✓	✓		
24		✓	✓	✓	✓	✓		
25		✓	✓	✓	✓	✓		
26		✓	✓	✓	✓	✓		

FOLLOW UP CONCERNS

Specify time frame for completion: _____ N/A

I have received the above In-service and have read the Organizations **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Coordinator of Care at my Site during open office hours and to the On-Call person after hours.

[Handwritten Signature]

 Employee Signature

[Handwritten Date]

 Date

[Handwritten Signature]

 Home Manager Signature

[Handwritten Date]

 Date