

Certificate of Completion  
IS HEREBY GRANTED TO

Amber Couley

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

6/9/20

COMPLETION DATE

[Signature]

TRAINER SIGNATURE

# ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

Right Resident  
Time  
Dose

medication  
Route  
Documentation

2. Liquid medication is poured at eye level holding the cup with your hand?

Yes  No Explain:

Set cup on the counter and  
knelt down to be level with  
the cup

3. Controlled substance log is signed after the shift is over?

Yes  No Explain:

You sign controlled substance log  
as you go and at the end of shift

4. The DMA may crush tablets if resident does not want to swallow whole?

Yes  No Explain:

Can only crush if there is a  
crush order

# ANNUAL DMA RECERTIFICATION TEST

5. Controlled substances are stored ( single locked ) according to policy and procedures?

Yes  No Explain:

controlled substances are double  
locked

6. Medication errors only need to be reported if the error causes harm?

Yes  No Explain:

medication errors should always  
be reported

7. The medication room keys are left hanging on a special hook in the office area?

Yes  No Explain:

medication keys are on DMA staff  
at all times

8. If a resident runs out of a psychotropic medication and another bubble pack is not in the house, you can use one from another resident?

Yes  No Explain:

you can never transfer medication  
between residents

# ANNUAL DMA RECERTIFICATION TEST

9. Always give Lantus insulin irregardless of the glucose level?

Yes  No Explain:

~~You should not give insulin if blood~~  
~~sugar is low~~ lantus is long acting  
insulin so you can give it while increasing  
sugar level

10. Blood pressure readings are used to monitor the treatment results of Lisinopril, Tenormin, or Norvasc?

Yes  No Explain:

Blood Pressure Reading can be used  
to monitor these medications

11. Eight o'clock medication may be given at 8:00, 9:00, or 10:00?

Yes  No Explain:

You can give medication an hour before  
or an hour after

12. Medications that have been popped and then the resident refuses are put back in the bubble packs?

Yes  No Explain:

Popped medications must be  
destroyed

# ANNUAL DMA RECERTIFICATION TEST

13. Orders do not have to be on record for insulin injections?

Yes  No Explain:

~~ORDER always have to be on  
RECORD For any medication~~

14. When a resident gets up late for a medication pass, just enter in the quickMAR, resident not in house for the med pass, and give the medication whenever they get up?

Yes  No Explain:

~~you must call medical to get  
permission to pass meds late~~

15. OTC means other than called for?

Yes  No Explain:

~~over the counter~~

16. One Tablespoon is equal to 30ml?

Yes  No Explain:

~~2 TABLESPOONS equals 30 ML~~

# ANNUAL DMA RECERTIFICATION TEST

17. NPO means nothing para oral?

Yes  No Explain:

Nothing by mouth

18. All controlled substances are returned to the pharmacy to be repackaged?

Yes  No Explain:

Controlled substances are put  
in the drug destruction box

19. Choking and aspiration is a rare problem among residents on psychotropic medications?

Yes  No Explain:

20. Constipation is never a side effect of psychotropic medications?

Yes  No Explain:

Constipation is a common side effect  
of psychotropic medications



### Medication Administration In-Service and Evaluation

Name of Facility/Home: Fife Lake Annual eval

Employee Receiving In-Service: Amber Cowley

Date of 1st In-Service\*:      /      /      Time:      :      am / pm Trainer:     

Date of 2nd In-Service:      /      /      Time:      :      am / pm Trainer:     

Date of 3rd In-Service:      /      /      Time:      :      am / pm Trainer:     

Date of 4th In-Service:      /      /      Time:      :      am / pm Trainer:     

Date of 5th In-Service:      /      /      Time:      :      am / pm Trainer:     

Date of 6th In-Service:      /      /      Time:      :      am / pm Trainer:     

Date of Final Evaluation: 6/9/20 Time: 8:00 am / pm Trainer: ENBOROP

**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           |     |     |     |     |     |     | ✓     |          |



# BEACON

Specialized Living

## Medication Administration In-Service and Evaluation

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

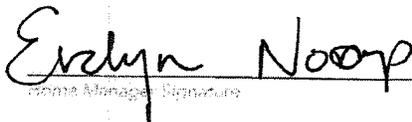
### FOLLOW UP CONCERNS

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.

  
Employee Signature

6/9/20  
Date

  
Home Manager Signature

6.9.2020  
Date