



**Certificate of Completion**  
IS HEREBY GRANTED TO

Faith Genna

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

[Handwritten Signature]

TRAINER SIGNATURE

6/16/20

COMPLETION DATE



**BEACON**  
Specialized Living

**Medication Administration In-Service and Evaluation**

Name of Facility/Home: East Jordan

Employee Receiving In-Service: Faith Genna

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: 6/10/20 Time: 1:45 am / pm Trainer: C. DeBelle

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



**BEACON**  
Specialized Living

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.

F. Stemas  
Employee Signature

6.10.20  
Date

[Signature]  
Home Manager Signature

6/10/20  
Date

# ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

|                      |                 |
|----------------------|-----------------|
| <u>route</u>         | <u>time</u>     |
| <u>dose</u>          | <u>med</u>      |
| <u>documentation</u> | <u>resident</u> |

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

Yes  No Explain:

on flat surface, palm or label

---

---

---

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

Yes  No Explain:

Also when passing a med

---

---

---

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

Yes  No Explain:

Need Dr order

---

---

---

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

*Double*

---

---

---

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

Yes  No Explain:

*All errors need reported*

---

---

---

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

Yes  No Explain:

*On DMA 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:

*Cannot share meds*

---

---

---

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

*Follow orders*

---

---

---

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

Yes  No Explain:

*These are BP meds*

---

---

---

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

Yes  No Explain:

*1 hr. before, 1 hr. after*

---

---

---

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

Yes  No Explain:

*They will be disposed with second staff*

---

---

---

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

All orders need scripts

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:

Refusal, get nurse approval outside of time frame

15. OTC means other than called for?

Yes  No Explain:

over the counter

16. One Tablespoon is equal to 30ml?

Yes  No Explain:

15ml

# 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:

*they will be disposed of by licensed personnel + witness*

---

---

---

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

Yes  No Explain:

*Common side effects*

---

---

---

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

Yes  No Explain:

*Common side effect*

---

---

---