BEACON SPECIALIZED LIVING SERVICES, INC.

Certificate of Completion

is hereby granted to:

_____

to certify that they have completed to satisfaction in

" Amber Fowler "

Type of Training

Completion Date: 10/16/19

Kelsey Beckwith

Trainer Signature

BEACON Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Mission Point

Employee Receiving In-Service: Amber Fowler

Date of 1st In-Service*: 09/25/19 Time: 8:00 am / pm Trainer: K. Beckwith
*This is done by a regional nurse

Date of 2nd In-Service: 10/02/19 Time: 8:00 am / pm Trainer: K. Beckwith

Date of 3rd In-Service: 10/03/19 Time: 4:00 am / pm Trainer: K. Beckwith

Date of 4th In-Service: 10/06/19 Time: 8:00 am / pm Trainer: K Beckwith

Date of 5th In-Service: 10/09/19 Time: 8:00 am / pm Trainer: K Beckwith

Date of 6th In-Service: 10/13/19 Time: 8:00 am / pm Trainer: K Beckwith

Date of Final Evaluation: 10/16/19 Time: 8:00 am / pm Trainer: K Beckwith

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	✓	✓	✓	✓	✓	✓	✓	

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	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6	c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure	✓	✓	✓	✓	✓	✓	✓	
	d. Observe Resident to ensure medication is swallowed	✓	✓	✓	✓	✓	✓	✓	
	e. Offer adequate and appropriate fluid with medication	✓	✓	✓	✓	✓	✓	✓	
	f. Medication record is signed immediately after administration of same	✓	✓	✓	✓	✓	✓	✓	
	g. Controlled substance record is signed immediately after administration of same	✓	✓	✓	✓	✓	✓	✓	
	h. Correct dose is administered	✓	✓	✓	✓	✓	✓	✓	
	i. Medication is administered at correct time	✓	✓	✓	✓	✓	✓	✓	
	j. Verify no additional MAR pages have been added	✓	✓	✓	✓	✓	✓	✓	
7	Infection control technique is reviewed	✓	✓	✓	✓	✓	✓	✓	
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	NA	NA	NA	NA	NA	NA	NA	
	a. Resident is properly positioned, at a 45° sitting angle				✓	✓			
	b. Tube is checked for placement and patency								
	c. Tube is flushed before, between and after medications are administered	✓	✓	✓	✓	✓	✓	✓	
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	✓	✓	✓	✓	✓	✓	✓	
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	✓	✓	✓	✓	✓	✓	✓	
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	✓	✓	✓	✓	✓	✓	✓	
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	✓	✓	✓	✓	✓	✓	✓	
11	DMA administers eye and ear medication according to facility policies and procedures	✓	✓	✓	✓	✓	✓	✓	
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	✓	✓	✓	✓	✓	✓	✓	
13	Medication administration should not interrupted. DO NOT RUSH	✓	✓	✓	✓	✓	✓	✓	
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	✓	✓	✓	✓	✓	✓	✓	
15	Residents' rights are observed	✓	✓	✓	✓	✓	✓	✓	
16	Location, Procedures and Documenting for administering PRN	✓	✓	✓	✓	✓	✓	✓	
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	✓	✓	✓	✓	✓	✓	✓	
18	Medications are administered within time frame per facility policy	✓	✓	✓	✓	✓	✓	✓	

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	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Home Manager and RN teaching medication classes	✓	✓	✓	✓	✓	✓	✓	
20	Medication area is cleaned and locked after completion of medication administration	✓	✓	✓	✓	✓	✓	✓	
21	Designated Medication Administrator can identify action and common side effects of medications administered	✓	✓	✓	✓	✓	✓	✓	
22	Approved Abbreviations List is reviewed	✓	✓	✓	✓	✓	✓	✓	
23	Seizure precautions and documentation	✓	✓	✓	✓	✓	✓	✓	
24	After hour procedures, procedures for found/spilled medication, location of Epocrates link on staff computer	✓	✓	✓	✓	✓	✓	✓	
25	2nd Staff Verification, what it is, when it is needed, and how to document it	✓	✓	✓	✓	✓	✓	✓	
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	✓	✓	✓	✓	✓	✓	✓	

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 _____ Date 10/16/19

Kelsey Beckwith
Home Manager Signature _____ Date 10/16/19