



BEACON Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Anchor Pointe

Employee Receiving In-Service: Brittany Gibson

Date of 1st In-Service*: / / Time: : am / pm Trainer:
*This is done by a regional nurse

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: 12 / 18 / 20 Time: 2 : 00 am / pm Trainer: Heather Lane

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							✓	
							✓	
							✓	
							✓	
							✓	
							✓	
							✓	
							✓	
7							✓	
8							/	
							/	
							/	
							/	
9							✓	
							✓	
							✓	
10							✓	
11							✓	
12							✓	
13							✓	
14							✓	
15							✓	
16							✓	
17							✓	
18							✓	



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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.

Bethany Gibson
Employee Signature

12/18/2020
Date

[Signature]
Home Manager Signature

12-18-20
Date