



BEACON Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Anchor Pointe

Employee Receiving In-Service: Thomas Frame

Date of 1st In-Service*: 12/17/20 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: 12/17/20 Time: 1:30 am / pm Trainer: Kelley Muen

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.

Sharon Funn
Employee Signature

12/17/20
Date

[Signature]
Home Manager Signature

12-17-20
Date