



EVALUATION FORM

Direct Care Staff

Date of Hire: 9-30-19 Name: Daphne O'Brien Date: 8-24-2020

A. The following categories represent the major scope of the employee's responsibilities. Each area is to be rated by the employee's supervisor. Based on the 3 items listed below, please check the rating box for each category which most closely identifies the employee's annual performance and competency levels.

1. YES (Y): All standards/expectations are met in that Category.
2. NO (N): None if the standards/expectations were met in that Category.
3. INCOMPLETE (I): Some of the standards/expectations were met in that Category.

Competency Category	Y	N	I	Explanation of Rating
Employee Attendance: On time, no call offs, work attendance within policy guidelines. As evidenced by Time Sheets.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Does above and beyond covering shifts</i>
Completes electronic & paper documentation correctly at the end of each shift. As evidenced by incomplete documentation. (unfinalized notes, unsealed forms, incomplete data on paper documentation)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mandatory Reporting is done on time, when required. (ie: abuse, neglect, AWOLs, etc.) As evidenced by Incident Report or Reports from internal or external parties.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Complete shift duties, including daily cleaning tasks, assists & interacts with residents and follows activities schedule. As evidenced by Progress Notes, no Progressive Actions and appearance of home.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Prepares, implements and follows the Dietary needs of all residents. (Menus, Diet Orders) As evidenced by documentation on menus and observation of meals being served.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	



EVALUATION FORM

Direct Care Staff

Strengths:

1. easy to talk to
2. level headed

Areas for Development:

1. Work on having more patience
2. Learning more within the company

B. Please state at least two goals/objectives you would like to accomplish in the next year:

1. Goal: Daphne will continue to develop patience
How will I get there?: By working on herself in and outside of work
2. Goal: Daphne will go to other sites to experience more of Beacon
How will I get there?: Work at other site

Are annual In-Service Trainings complete?

Yes No

If no, when are they scheduled? _____

Is TB test current (3 years)?

Yes No

If no, one needs to be scheduled immediately.

Is Annual Health Review Form current?

Yes No

If no, one needs to be filled out immediately.

Is Driver's License current/valid?

Yes No

If no, needs to be renewed immediately.

Daphne Obrien

Employee Signature

8/24/2020

Date

Kym Howard

Evaluator's Signature

8/24/2020

Date



Annual Health Review

Pursuant to Department of Social Services regulations, R400.14205 & R400.15205, the home must annually review the health status of all employees, including the administrator/site supervisor, direct care staff and members of the household.

Check Only One:

I state that during the past year, my health status has not changed.

Debra King
Employee Signature

8/24/2020
Date

I state that during the past year, my health status has changed as it relates to my ability to do the job for which I was hired, as explained herein:

Employee Signature

Date

OFFICE USE ONLY:

Reviewed By:

Signature

Date

Action Taken:

Daphne

ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

<u>Right Medication</u>	<u>Right documentation</u>
<u>Right Route</u>	<u>Right time</u>
<u>Right Consumer</u>	<u>Right dose</u>

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

Yes No Explain:

Liquid medication is poured at eye level holding the cup on the counter to ensure accurate dosage

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

Yes No Explain:

Controlled substance log is signed as soon as the medication has been passed and at shift change.

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

Yes No Explain:

The DMA is to pass the medication according to the instructions in eMAR.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Controlled substances are kept
double locked according to policy
and procedure.

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

Yes No Explain:

All medication errors need to
be recorded regardless of the
outcome.

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

Yes No Explain:

Medication room keys are kept
in the ~~position~~ possession of the
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:

No. That should never happen
because of weekly medication
counts.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

LANTUS IS A SLOW ACTING INSULIN
DESCRIBED TO PEOPLE TO USE AT NIGHT
REGARDLESS OF THE GLUCOSE LEVEL.

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

Yes No Explain:

Blood pressure reading are not used
to monitor the treatment results of Lisinopril,
Tenormin, or Norvasc.

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

Yes No Explain:

Eight o'clock medication is to be passed at
8 but you have an hour before (7) and
an hour after (9) to pass.

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

Yes No Explain:

Medications that have been popped and
refused need to be documented properly
and placed in the med disposal.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Orders do need to be on record
for insulin injections.

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:

This should never happen as you
have a 1 hour window to pass
medications; however, contact on-call
medical to find allotted time.

15. OTC means other than called for?

Yes No Explain:

OTC means 'over the counter'

16. One Tablespoon is equal to 30ml?

Yes No Explain:

One tablespoon is not equal
to 30ml.

ANNUAL DMA RECERTIFICATION TEST

17. NPO means nothing para oral?

Yes No Explain:

Npo means 'NOTHING para oral'

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

Yes No Explain:

They are determined DEA by
the company nurse

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

Yes No Explain:

Choking and aspiration can happen
among residents on psychotropic medications.

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

Yes No Explain:

Constipation is often a side effect
of psychotropic medications.



Medication Administration In-Service and Evaluation

Name of Facility/Home: Red Mill

Employee Receiving In-Service: Daphne O'Brien

Date of 1st In-Service*: 8/24/2020 Time: 12:00 am / pm Kim
*This is done by a registered 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: / / Time: : am / pm Trainer:

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 sample 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	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)								
	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: 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	✓							



Medication Administration In-Service and Evaluation

	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.

Daphne Obino
Employee Signature

8/24/2020
Date

Kym Howard
Home Manager Signature

8-24-2020
Date