



Change of Status

Send to Operations for approval within 24 hours of any status change
Operations will send to HR, and HR will forward to Payroll

Employee Name: Abigian Rodriguez Title: Direct care professional

Location: Beacon of Kalamazoo Effective Date: 9-27-19

I. PLEASE CHECK ALL BOXES THAT APPLY - SUBMIT ALL DOCUMENTATION WITH THIS COS:

- Transfer, Promotion, Resignation (Voluntary), FMLA, Non-FMLA, Termination, Contact Information, Wage Change, Eligible for Rehire?, Address Change, Return from Leave of Absence, Name Change, Worker's Compensation, Uniform Deduction

Employee Address: City, St, Zip: Phone Number: (Cell) (Home):

II. EMPLOYEE STATUS: Full Time Part Time On-Call

III. LOCATION CHANGE/TRANSFERS

FROM: TO: Job Title & Location Job Title & Location

IV. PROMOTION OR WAGE CHANGE:

Level Change: From: To: Annual Promotion Suspension, duration: Current Pay Rate: 10.25 Amount of Increase: .25 New Pay Rate: 10.50

Level VI or Above: Employee Reimbursement

Computer: Yes No Email: Yes No Credit Card: Yes No

V. APPROVALS: Employees signature is required only if changing their own personal information

Supervisor Signature & Date Director Signature & Date Employee Signature & Date



BEACON

Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Beacon of Kalamazoo

Employee Receiving In-Service: Abigail Rodriguez

Date of 1st In-Service*: 8/28/19 Time: : am / pm Trainer: Kaitlyn Taylor
*This is done by a regional nurse

Date of 2nd In-Service: 9/16/19 Time: 8:00 am pm Trainer: Heather Juan

Date of 3rd In-Service: 9/20/19 Time: 5:00 am pm Trainer: Brenda Norman

Date of 4th In-Service: 9/27/19 Time: 8:00 am pm Trainer: Heather Juan

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 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	/	/	/					



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)							
	NA	NA	NA	NA				
	a. Resident is properly positioned, at a 45° sitting angle							
	NA	NA	NA	NA				
	b. Tube is checked for placement and patency							
	NA	NA	NA	NA				
	c. Tube is flushed before, between and after medications are administered							
	NA	NA	NA	NA				
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							
	✓	✓	✓	✓				



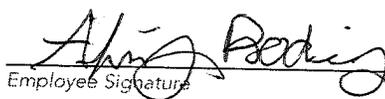
Medication Administration In-Service and Evaluation

	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.


Employee Signature

9/27/19
Date


Home Manager Signature

9/27/19
Date

ANNUAL 'DMA' RECERTIFICATION TEST

1.) List the Six (6) Patient Rights:

Right person
Right Route
Right medication

Right Dose
Right time
Right of ^{Documentation} Medication

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

Yes No

Explain:

has to be on flat surface to make sure its the right amount

3.) Controlled Substance Medication Count Sheet is signed after the shift is over?

Yes No

Explain:

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

Yes No

Explain:

It has to be in quickmar for meds to be crushed

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

Yes No

Explain:

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

Yes No

Explain:

7.) The Medication Room Keys are left hanging on a special hook in the office area?

Yes No

Explain:

Has to be with DMA in till shift change

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:

Call home manager

9.) Always give Lantus insulin regardless of the glucose level?

Yes No

Explain:

have to follow their scale

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

Yes No

Explain:

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

Yes No Explain:

meds have to be hour before or hour after

12.) Medications that have been popped from a bubble pack and then the resident refuses to take them, are put back in the bubble pack?

Yes No Explain:

Have to disposes the med

13.) Orders to no have to be on record for insulin injections?

Yes No Explain:

14.) When a Resident gets up late for a medication pass, just enter in the EMAR system "Resident Not in the Home for Medication Pass" and give the medication to the resident whenever they wake up?

Yes No Explain:

have to call the nurse

15.) OTC means "Other Than Called" for?

Yes No Explain:

16.) One Tablespoon is equal to 30ml?

Yes

No

Explain:

17.) NPO means "para oral"?

Yes

No

Explain:

18.) All Controlled Substances are returned to the pharmacy to be repackaged?

Yes

No

Explain:

19.) Choking and aspiration is a rare problem among Residents on Psychotropic medications?

Yes

No

Explain:

20.) Constipation is never a side effect of Psychotropic medications?

Yes

No

Explain:
