



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Ravine Rd

Employee Receiving In-Service: Juella Gallaway

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: 11/9/20 Time: 4:00 am / pm Trainer: Kelley Fee

### 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

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|----|---|-----|-----|-----|-----|-----|-----|-------|----------|
| 6  | c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure          |     |     |     |     |     |     | X     |          |
|    | d. Observe Resident to ensure medication is swallowed   |     |     |     |     |     |     | X     |          |
|    | 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 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~~

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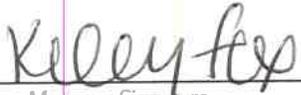


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I have received the above In-service and have read the Organizations **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Coordinator of Care at my Site during open office hours and to the On-Call person after hours.

  
 \_\_\_\_\_  
 Employee Signature

11/9/20  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Home Manager Signature

11/9/20  
 \_\_\_\_\_  
 Date



## Residential Direct Care Staff Level System Level I to Level II

- Understands the PCP/BP connection, able to apply both PCP goals objectives and BP  
Knows what to track & when to demonstrate application of linking goals and ways to accomplish the goals

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- Required paperwork is complete, accurate, factual, timely, and neat
- Increased competence with computer application/able to follow-through on tasks
- Understanding and application of HCBS Guidelines

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- Works well with Residents, confident, has a trustworthy respect from and for the Residents
- Job responsibilities expectation is successfully and consistently met

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- Any substantiated recipient rights or licensing violations reviewed and discussed with VP of Operations and HR
- Understands On-Call Procedures:  
 Medical       Clinical       Maintenance       Home

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- Knows all relevant policies and procedures and have a track record of adhering to the policies  
Can go to website for clarification and/or reference
- Willing to take on additional responsibilities when requested with a smile
- Understanding of referral acknowledgment policy and demonstrates knowledge of conflict resolution process within the organization, universal precautions; infection control; HIPAA; emergency shut offs, medication administration; OTC PRN protocol; personal cell phones; assignment of residents, smoking policy; special diets; sharps, temperature logs, phone call etiquette, hand off communication
- Demonstrates understanding of the Menu and Food Tracking Process
- Understanding of CPRT Team Meetings, Root Cause Analysis and Medication Non-Compliance Intervention Processes
- Works well with other staff - consistently displays a positive attitude, communication takes direction, problem solves with peers, part of the solution/process, trust others, willingness to listen

**WAGE: \$10.50 - \$11.00**

Each level will have an advancement evaluation, advancement competency test addressing objective and subjective elements, and recommendation by the site supervisor. Candidate must successfully pass the competency test and evaluation. Each candidate must pass a drug test/criminal/vehicular background check. Shift changes may be required.



**BEACON**  
Specialized Living

**EVALUATION FORM**

Direct Care Staff

Date of Hire: 9/19/2018 Name: Jason Gallaway Date: 10/15/20

- A. The following categories represent the major scope of the employee's responsibilities. Each area is to be rated by the employees 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"/> | Good Attendance       |
| 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"/> | NO PAS                |
| 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. Good repore w/ Residents
2. Good attendance

Areas for Development:

1. Leveling up
2. Policies

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

1. Goal: My goal is to keep leveling up in the company

How will I get there?: By asking questions and trying to learn more

2. Goal: To be a good role model to other staff and new staff.

How will I get there?: Teaching them what I know and the right ways to do.

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.

Employee Signature: Paula Galbraith

Date: 10/15/20

Evaluator's Signature: Kelly Fee

Date: 11/9/20