



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Chester Sub

Employee Receiving In-Service: Pam Graubay

Date of 1st In-Service*: 4/27/20 Time: 8 am / pm Trainer: Ray Kye

*This is done by a regional nurse

Date of 2nd In-Service: 4/27/20 Time: 10 am / pm Trainer: Ray Kye

Date of 3rd In-Service: 4/27/20 Time: 2 am (pm) Trainer: Ray Kye

Date of 4th In-Service: 4/27/20 Time: 4 am (pm) Trainer: Ray Kye

Date of 5th In-Service: 5/2/20 Time: 8 am / pm Trainer: Ray Kye

Date of 6th In-Service: 5/2/20 Time: 10 am / pm Trainer: Ray Kye

Date of Final Evaluation: 5/2/20 Time: 4 am (pm) Trainer: Ray Kye

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	—	—	—	—	—		
	a. Resident is properly positioned, at a 45° sitting angle	NA	—	—	—	—	—		
	b. Tube is checked for placement and patency	NA	—	—	—	—	—		
	c. Tube is flushed before, between and after medications are administered	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	NA	—	—	—	—	—		
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	NA	—	—	—	—	—		
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	—	—	—	—	—	—		



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	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.

Pam Grawba
Employee Signature

Jan 25 21
Date

Ray Kuznetsov
Home Manager Signature

1/25/2021
Date



Medication Administration In-Service and Evaluation

Name of Facility/Home: Chesterfield

Employee Receiving In-Service: Rainie Henry

Date of 1st In-Service*: 1/9/21 Time: 8 am / pm Trainer: _____

*This is done by a regional nurse

Date of 2nd In-Service: 1/7/21 Time: 10 am / pm Trainer: _____

Date of 3rd In-Service: 1/8/21 Time: 8 am / pm Trainer: _____

Date of 4th In-Service: 1/8/21 Time: 10 am pm Trainer: _____

Date of 5th In-Service: 1/9/21 Time: 8 am / pm Trainer: _____

Date of 6th In-Service: 1/10/21 Time: 10 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.

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	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	✓	✓	✓	✓	✓	✓	✓	
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6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'	✓	✓	✓	✓	✓	✓	✓	
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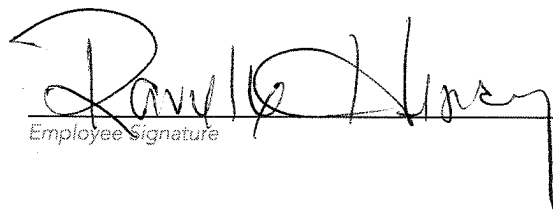
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Employee Signature

1-10-2021
Date


Home Manager Signature

Jan 10 2021
Date