



Certificate of Completion IS HEREBY GRANTED TO

Taylor Cicchetti
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Certification

TYPE OF TRAINING

2/4/21 Jennifer McLanahan
COMPLETION DATE TRAINER SIGNATURE



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Mission Point

Employee Receiving In-Service: Taylor Ciochetto

Date of 1st In-Service*: 1/13/21

*This is done by a regional nurse

Time: 1:00 am / ☒ pm

Trainer: Trainers

Date of 2nd In-Service: 1/13/21

Time: 3:00 am / ☒ pm

Trainer: Trainers

Date of 3rd In-Service: 2/3/21

Time: 7:00 am / ☒ pm

Trainer: Jennifer McClanahan

Date of 4th In-Service: 2/4/21

Time: 7:00 am / ☒ pm

Trainer: Jennifer McClanahan

Date of 5th In-Service: 2/4/21

Time: 7:15 am / ☒ pm

Trainer: Jennifer McClanahan

Date of 6th In-Service: 1/1/21

Time: 7:15 am / ☒ pm

Trainer: Jennifer McClanahan

Date of Final Evaluation: 2/4/21

Time: 7:15 am / ☒ pm

Trainer: Jennifer McClanahan

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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Medication Administration In-Service and Evaluation

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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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.

Jayne Ciochetto
Employee Signature

2/4/2021
Date

Jennifer McClanahan
Home Manager Signature

2/4/2021
Date