

Annette Robidoux

ANNUAL 'DMA' RECERTIFICATION TEST

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

<u>Medication</u>	<u>Time/Date</u>
<u>Person</u>	<u>Route</u>
<u>Dose</u>	<u>Documentation</u>

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

Yes No Explain:
Eye level on a flat surface with
palm covering label.

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

Yes No Explain:
signed when passing medication,
and at shift change. Also anytime keys
are handed over.

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

Yes No Explain:
Must have doctor's written authorization

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

Yes No Explain:
Must be double locked, i.e. -
door and cabinet.

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

Yes No Explain:

All errors are to be reported to nurse and home manager.

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

Yes No Explain:

DMA has keys on person 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:

Never use another resident's medication. Call the doctor for a refill.

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

Yes No Explain:

~~Dose changes with levels.~~ Call Medical below 70, if low give diabetic kit. if over 350 call medical, give insulin.

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

Yes No Explain:

Taken when passing medication for hypertension, call medical if over 90/ under 50.

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

Yes

No

Explain:

May be taken between 7 and 9.

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:

Must be documented + destroyed.

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

Yes

No

Explain:

All medical orders, medication + injections must be on record.

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:

Medication can be given up to 1 hour before + one hour after. There is an additional 30 minute window (write miss note) After this call medical for permissions + instructions

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

Yes

No

Explain:

Over the counter.

16.) One Tablespoon is equal to 30ml?

Yes No

Explain:

= 15 mL

17.) NPO means "para oral"?

Yes No

Explain:

Nothing by mouth.

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

Yes No

Explain:

Destroyed by nurse. Noted + put into lock box.

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

Yes No

Explain:

Common problem

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

Yes No

Explain:

Common with some. Side effects vary with patient.



EVALUATION FORM

Direct Care Staff

Date of Hire: 3/31/2020 Name: Annette Robidoux Date: 4-6-2021

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"/>	
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. Empathy / Guidance
2. Dependability

Areas for Development:

- 1. Learn more about injections + protocols.
2. Learn + memorize medications and their purpose.

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

1. Goal: Become more efficient locating forms
How will I get there?: Study scheduled + unscheduled forms + employee website.

2. Goal: Be less critical of co-workers mistakes.
How will I get there?: Patience + look in the mirror at my own shortcomings.

Are annual In-Service Trainings complete? [X] Yes [] No
If no, when are they scheduled? _____

Is TB test current (3 years)? [] Yes [X] No
If no, one needs to be scheduled immediately.

Is Annual Health Review Form current? [] Yes [X] No
If no, one needs to be filled out immediately.

Is Driver's License current/valid? [X] Yes [] No
If no, needs to be renewed immediately.

[Signature]
Employee Signature

4/6/21
Date

[Signature]
Evaluator's Signature

4/6/2021
Date

