



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home:

Bridge St.

Employee receiving In-Service:

Vanessa Berry

Date of 1st In-Service: 02/24/22 Time: 1:00pm L&D: Learning & Development

Date of 2nd In-Service: 3/8/22 Time: 8:00 am pm Medical: Mary Dea up

Date of 3rd In-Service: 3/12/22 Time: 8:00 am pm DMA TTT: Karla Smith

Date of 4th In-Service: 3/14/22 Time: 8:00 am pm DMA TTT: Karla Smith

Date of 5th In-Service: 3/16/22 Time: 8:00 am pm DMA TTT: Karla Smith

Date of 6th In-Service: 3/17/22 Time: 8:00 am pm HM: Keri Sutt

Date of Final Evaluation: 3/18/22 Time: 8:00 am pm DMA TTT: Keri Sutt

Keri Sutt

All staff must complete DMA class, Medical class, Homework and DMA Test in LMS
along with In-Services and Final Evaluation for certification.

Code #1 NA
3354

Code #2 NA
2875

Code #3 NA
6941

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1. MEDICATION AREA-								
a. Location of ample supplies before administration.	X	X	X	X	X	X		
b. Report medication that is 10 days or less. Check expiration dates on all medication (special attention to epi-pen, prn medication not commonly used). If a medication is not available contact management and medical to obtain medication or further direction. This must also be reported to recipient rights as medication error verbally and then followed up with an event report	X	X	X	X	X	X		
d. Location of all medication: Internal, External, Refrigerated, Controlled Substances, PRN's. Medications are separated. Location of: High Alert Board, Sharp's container, Medication posting binder, Prescription Book, Medication Book.	X	X	X	X	X	X		
c. Area is clean, organized, and locked.	X	X	X	X	X	X		



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Medication

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26	After-hour procedures and protocol for found/spilled medication. Location of Epocrates link on staff computer. All medication disposed of must have second staff verification and a complete disposal log. Controlled substances are disposed of in the Dead drug box, all other medication is disposed of in the Rx destroyer jug.	X							
27	2nd Staff Verification, what it is, when it is needed, and how to document it. (Med disposal, Insulin verification, Med reconciliation, controlled substance count)	X							
28	Refusal of Medication procedures (prompt 3 times, then complete IR/ER as applicable) If medication has been popped, store in a sealed baggie labeled with their initial, time, and date in their medication folder. If medication is not administered per approval as applicable dispose at end of shift.	X							
29	For questions or concerns contact your Regional Nurse during business hours. Follow After hours On-Call procedure as applicable. If a medical emergency contact 911 before Medical. Must know the on-call process and the phone numbers	X							

FOLLOW UP CONCERNS

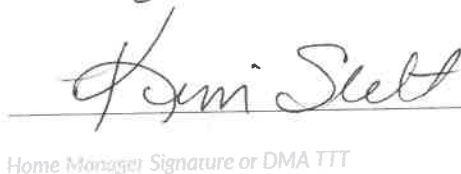
Specify the time frame for completion: _____

X N/A

I have received the above In-services 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 Home Manager or Regional Nurse at my Site during open office hours and to the On-Call person after hours.


Employee Signature

3/8/22
Date


Home Manager Signature or DMA TTT

March 8, 2022
Date