



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Morton Terrence

Employee receiving In-Service: Taniya Steele

Date of 1st In-Service: 04/7/22 Time: 1:00 pm L&D: Learning & Development

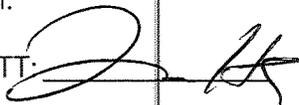
Date of 2nd In-Service: / / Time: : : am / pm Medical:

Date of 3rd In-Service: / / Time: : : am / pm DMA TTT:

Date of 4th In-Service: / / Time: : : am / pm DMA TTT:

Date of 5th In-Service: / / Time: : : am / pm DMA TTT:

Date of 6th In-Service: / / Time: : : am / pm HM:

Date of Final Evaluation: 4/29/22 Time: 8:00 am / pm DMA TTT: 

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

Code # 11737 Code # 21978 Code # 39532

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1. MEDICATION AREA- a. Location of ample supplies before administration.	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						✓	
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						✓	
c. Area is clean, organized, and locked.	X						✓	
2 DMA washes hands before administering medications and between each Resident when a sink is in the medication room. If not, wash hands before and between each 3 rd person, always sanitizing between each. Sanitizing and wearing gloves is never a substitute for handwashing. Masks should be worn at all times when out of the	X						✓	



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	medication room when required								
3	Medication keys are retained by DMA. When completing DMA change complete appropriate documentation. This is to be completed at shift change and the staff must attest that all medications and event reports written, when applicable	X							✓
4	A resident is identified per facility policy and procedure before administering meds. At least 2 patient identifiers per Joint Commission National Patient Safety Goals.	X							✓
5	All medications require a prescription including lotions, creams, powders, and OTC medication.	X							✓
6	Vital signs are taken per facility policy before administering medications (if applicable), always on cardiac and BP medications	X							✓
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	X							✓
	b. Follow vital range guidelines unless otherwise specified with a written prescription by the prescribing physician.	X							✓
7	c. Beacon vital sign ranges are as follows: Temperature 96-99, Pulse 50-100, Respirations 12-20, Low blood pressure 90/50 or below, High blood pressure 160/90 or higher	X							✓
8	Medications Administration per facility policy and procedure: to include a review of the '6 Rights'. Right, Resident, Right Route/Method, Right Medication, Right Time/Date, Right Dose, Right Documentation. Medication administration should not be interrupted, do NOT rush.	X							✓
	a. Medications are properly removed from container/blister pack and (.) dot is placed in the appropriate box on MAR. If on EMAR a check (<input checked="" type="checkbox"/>) is placed in the appropriate box.	X							✓
	b. Liquid medication is poured at eye level on a flat surface, with palm covering label of the stock bottle	X							✓
	c. DMA verifies medication and strength with an order as transcribed on medication record per facility policy and procedure. Note: Strength and dose are not always the same.	X							✓
	d. Observe Resident to ensure medication is swallowed. If (ODT) disintegrating medication is given, place in a separate cup and ensure medication dissolves.	X							✓
	e. Offer adequate and appropriate fluid with medication, full glass of water unless otherwise ordered. Note: Any fluid restrictions, special instructions (nectar thick, etc.), or potential adverse fluid interactions (grapefruit juice)	X							✓
	f. DMA should initial the medication the first time they use it at the top of the bubble pack. Initial and date in back.	X							✓
	g. Medication record is signed immediately after administration of same. Add initials to box on MAR and complete back page or on EMAR choose Pass selected. Choose exceptions if needed and document. Check for any blanks on MAR or EMAR and utilize a Late med pass or	X							✓



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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.

Tamiya Steele
Employee Signature

4/27/22

Date

[Signature]
Home Manager Signature or DMA TTT

4/27/22

Date