

Owakihi, Inc.  
**Training Summary Form**

I. Employee: Heidi Mangen Topic: MEDICATION ADMINISTRATION COMPETENCIES 251 Credit Hours: 1

II. **Description of Training Content:**

- Medication Administration Competencies (includes written test and observed skill assessment by Owakihi's Health Services Professional)
- Review of medication administration policies, procedures and forms for in-home services
- Review of medications and side effects for individual consumers, including staff responsibilities (i.e. medication monitoring and administration, as applicable)
- Additional training and/or assistance, as needed, from Health Services Professional

III. **Training Procedures:**

| <u>Training Format</u>                                | <u>Instructional Methods</u>  | <u>Competency Measure</u>   |
|---|---|---|
| <input type="checkbox"/> Self Study                   | <input checked="" type="checkbox"/> Written: <u>Policies, procedures, forms</u> | <input checked="" type="checkbox"/> Written Quiz (attached)                     |
| <input type="checkbox"/> Individualized Training      | <input type="checkbox"/> Video Tape: _____                                      | <input type="checkbox"/> Training Competency Form                               |
| <input type="checkbox"/> Supervisory Meeting          | <input checked="" type="checkbox"/> Oral Presentation and Dialogue              | <input type="checkbox"/> Video Tape: _____                                      |
| <input type="checkbox"/> Team Meeting                 | <input type="checkbox"/> Other: _____   | <input checked="" type="checkbox"/> <u>Observed Skill Assessment (attached)</u> |
| <input checked="" type="checkbox"/> Owakihi Inservice |   |   |
| <input type="checkbox"/> Other: _____                 |   |   |

IV. Date(s): 01/24/2020 (M/D/Y) Trainer/HSP: S. Handoff Dr

Time(s): 1:30 pm (AM or PM) Trainer Signature: S. Handoff Dr

Location(s): Finchway Employee Signature: Heidi Mangen

**Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.**

Heidi Manson

### MAR Documentation Quiz

1. T or F a medication error if not filled?  
true
2. What do you write on the MAR if the medication is being held?  
H
3. What do you write on the MAR if the medication is being refused?  
R
4. What do you write on the MAR if the resident is not at home and it is time to pass medications for them?  
L
5. Where on the MAR should you document why the resident refused medication, is not home, or the reason the medication is being held?  
Where the med is written, on the back
6. Should you follow up with results after giving a PRN medication or OTC medication? Where should the results be documented?  
on the back