



**State of Maine
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
NURSING HOME ADMINISTRATORS LICENSING BOARD**

License Number RCA2190

Be it known that

PHILLIP R. BENNETT

**has qualified as required by Title 32 MESA Chapter 2 and is licensed as
RESIDENTIAL CARE ADMINISTRATOR**

ISSUE DATE
July 1, 2019

Commissioner

EXPIRATION DATE

 Detach



STATE OF MAINE

**DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
NURSING HOME ADMINISTRATORS LICENSING BOARD**

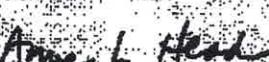
— 10 — **MURKIN READING**

PHILIP BENNETT

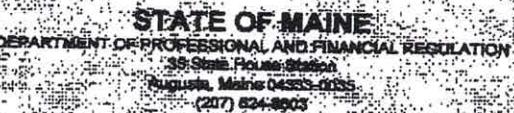
RESIDENTIAL CARE ADMINISTRATOR

ISSUED 07/01/2019

EXPIRES 06/2020



Commissioner



STATE OF MAINE

PROFESSIONAL AND FINAN

35-State Police Chiefs

15th, Mainie Quisenberry

DIABETIC TRAINING

~~Client Name:~~ Chit Bennett 9/14/19
~~Initials:~~ RPA

DATE OF TRAINING:

PRESENTED BY: Diana Davis, RN
Administrator

TRAINING CONTENT:

1. Dietary Requirements
 - a. Portion control
 - b. Limiting concentrated sweets
 - c. Awareness of carbohydrates
2. Anti-Diabetic Oral Medications
3. Insulin mixing, action, and storage
 - a. Refrigerate all insulin
 - b. Date all insulin when opened
 - c. Insulin must be discarded 30 days after opening, except 1 vial which must be discarded after 28 days
 - d. When mixing insulin, draw insulin first closely ins.
 - e. Sliding scale insulin administration
 - f. Always correct kind/type of insulin
4. Injection techniques and site rotation
 - a. Keeping insect device clean
 - b. Remove bandet after use
 - c. Do not reuse needles
5. Review of hypo and hyperglycemic signs and symptoms ~~and treatment, prevention~~
6. First cases
7. Lab testing, urine testing, and blood glucose monitoring
8. Standard Precautions

Chit Bennett
10-16-19

Phillip Bennett
RFA

- 2) Hooking up and turning on
- 3) Following doctor's orders
- 4) Frequent safety checks
- 5) Planning ahead for oxygen needs
- 6) Knowing what to do in different situations



Philip Bennett
RFA

Inhalers and Spacers

Inhalers are medication prescribed by the resident's physician to open airways that may be blocked due to asthma, emphysema and many other lung diseases.

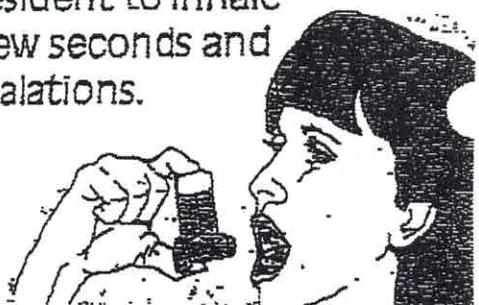
Inhalers come in many different types and are used to dilate the airways, decrease the inflammation in the airway and also to prevent future episodes of airway constriction.

How to use an inhaler:

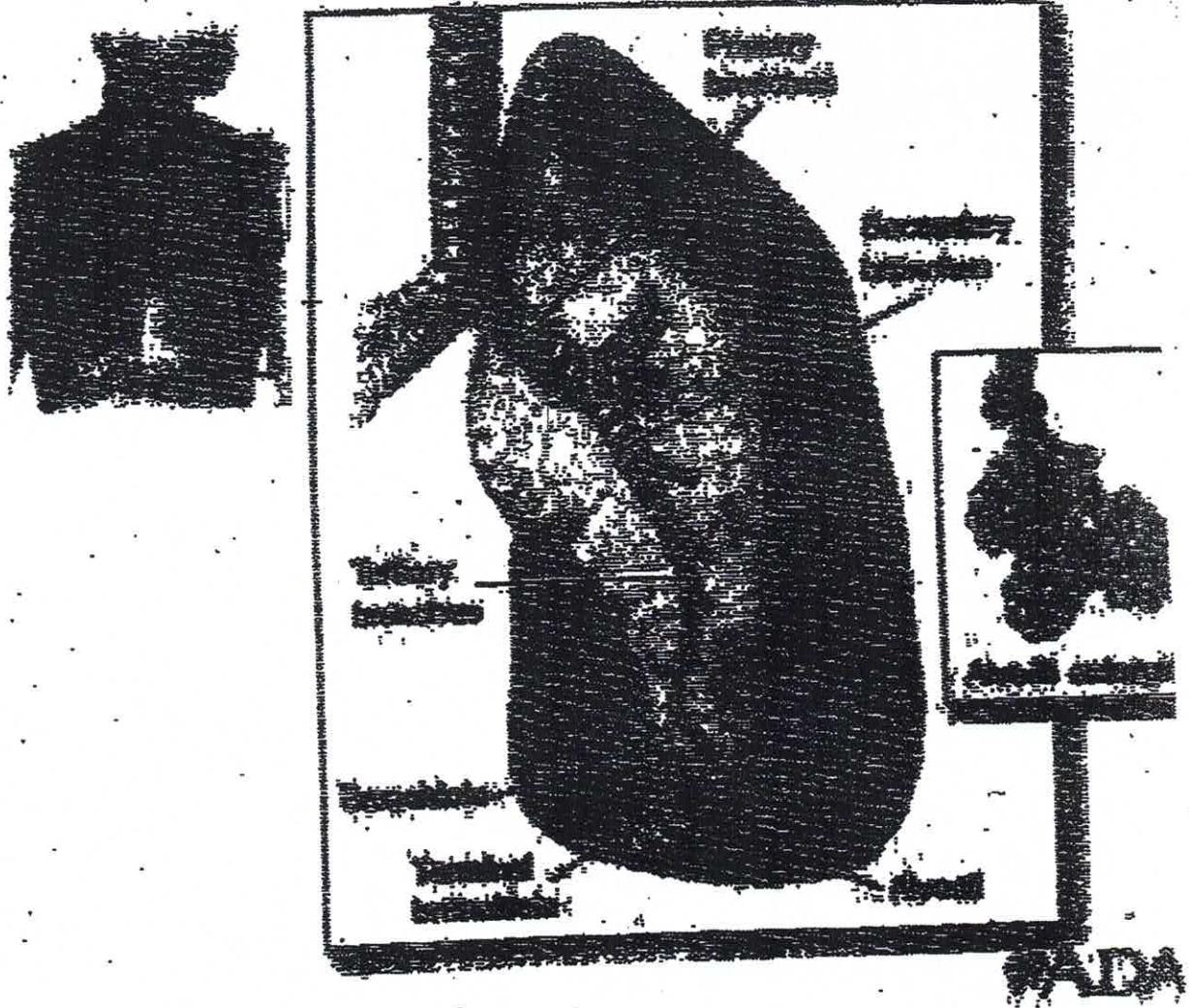
1. Shake the inhaler before each inhalation.
2. Remove the cap from the mouthpiece.
3. Hold the inhaler up to 2 inches away from your open mouth. Least preferably, use the closed-mouth method by placing the mouthpiece of the inhaler in the resident's mouth and closing lips tightly.
4. Instruct resident to breathe in deeply and slowly through their mouth while pressing firmly down on the canister. Resident will continue to inhale, then try to hold their breath 5-10 seconds before breathing out. Wait one minute between the next inhalation.
5. Clean inhaler thoroughly after each use by rinsing under warm, running water.

Use of a spacer with the inhaler.

Spacers are used so that the resident is able to receive the full dose of medication and to prevent yeast infections in the mouth when using a steroid inhaler. Attach the inhaler to the spacer and shake well. Press the canister releasing the medication into the chamber. Place the mouthpiece in resident's mouth and ask resident to inhale slowly. Instruct resident to hold breath a few seconds and then exhale. Wait one minute between inhalations.



Phillip Bennett
RFA



Nebulizer Training:

Philip Bennett 9/11/19
RPN

1) How to assemble

- a) power source
- b) wash hands
- c) flat surface
- d) connect tubing
- e) assemble parts

2) Medication

- a) follow all protocol
- b) regulations- follow all regulations
- c) unit dose vial-administer per doctor's order

3) Caring for the nebulizer

- a) taking nebulizer apart
- b) washing parts

4) Trouble shooting

- a) machine won't mist

5) Replacing Tubing, parts and pieces

Oxygen:

1) Different Modalities

- a) Concentrator
- b) Portable tanks
- c) Large nonmobile tank
- d) Cleaning all
- e) Replacing tubing, parts, and pieces, etc.

Phil Bennett

Your decision has been saved.	
Applicant Information	
Personal	
First Name:	<input type="text" value="Larry"/>
Middle Name:	<input type="text" value=""/>
Last Name:	<input type="text" value="Harris"/>
Suffix:	<input type="text" value=""/>
Phone:	
(Area) Code:	<input type="text" value="404"/>
Address:	<input type="text" value="123 Main Street"/>
Appl ID:	
Initials:	
Date of Birth:	
Date issued:	
Date issued:	
Date of issue:	
Comments:	

Professional License(s) and/or Certification(s)					
License Type	License #	State	Date Created		
Working Nurse Administrator	RN2239	Alabama DOB 07/07/1989 Master RN			
<u>Required Registrations</u>					
Registry Name:					Were these any infections reported?
					Date Updated
<u>Office of Inspector General</u>					
Last Name	First Name	Middle Name	Gender	Specialty	Insurance
No Right Hand					
Page 4 of 6					
Request Office of Inspector General search					
National Sex Offender Public Website					
National Crime Data Bank					
Name	Address	Location	Indication	Comments	Timestamp
ROBERT WILSON	123 Main Street	Montgomery, AL 36104	Approved by supervisor	Approved by supervisor	2018-08-01 10:00:00 AM
ROBERT WILSON	123 Main Street	Montgomery, AL 36104	Granted by supervisor	Granted by supervisor	2018-08-01 10:00:00 AM
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First	<input type="text"/>
Address	<input type="text"/>
Apt#	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Phone	<input type="text"/>
City:	<input type="text"/>
County:	<input type="text"/>
State:	<input type="text"/>
Alt Address	<input type="text"/>
<small>No address entered</small>	

Primary Name	State	Street Address	City	Zip	Phone	Date Entered
System Generated Provider						
First Name	Middle Name	Suffix	Street Name	Start Year	End Year	
No Address Found						
Page 0 of 0						
Access Maine Resident Provider Search						
Address Only Criteria						
First Name	Middle Name	Suffix	Street Name	Start Year	End Year	
No results found						
Page 0 of 0						

Criminal History

Letter	Date Received	Status
Mo 19	09/18/2019	No Dispositioning Info.

Application Information

Application ID:	12075361096
Category:	Prisoner
Facility Name:	PRISONER - GOLDEN ACRES
Category:	Meeting Room Administrator
Position:	Administrator
Modified Care Facility Administrator:	Administrator
Date Entered:	09/18/2019
Comments:	PRISONER
Last Updated:	09/18/2019
Comments:	PRISONER
Notes:	None

Final Decision

Decision:	None
Emergency Application:	None
Application Status:	None
File:	None
Assignment Date:	None
Comments:	None
Decision Date:	None
Disposition:	None
Disposition Date:	None
Comments:	None

Notes

Info: Currently there are no notes entered for this applicant.
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