Name of Foster Parents (s): Dolores Nalos Date of Inspection: 6/27/19

Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

☐ No deficiencies

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-16 **RECORD**: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Effective immediately, the certified caregiver and substitute caregiver shall take the following action to minimize the risk of medication errors: (a) When giving medications, the individual's Medication Administration Record (MAR) must be present. (b) Before giving a medication the medication label and the physician's order shall be read and compared with the MAR (The physician's order, the MAR and the label must match). (c) Record the administration of the medication immediately on the individuals' MAR. (d) The foster parent and substitute caregivers shall also follow best practice guidelines by adhering to the "six rights" of medication administration (RIGHT MEDICATION, RIGHT DOSE, RIGHT ROUTE/METHOD, RIGHT TIME, RIGHT PERSON, RIGHT DOCUMENTATION). (e) An Adverse Event Report (AER) documenting each medication error shall be completed and submitted to the foster adult's assigned Case Manager. A copy of each AER shall be submitted to the Certification Unit for verification by 7/27/19.	7/12/19

Name of Foster Parents (s): Dolores Nalos Date of Inspection: 6/27/19

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-16 **RECORD**: (b)(2)(C)(8) During residence, foster adult record includes notations of visits made to or by the resident.	Effective immediately, the certified caregiver shall maintain a record of all visits made to or by the foster adults residing in the home.	7/22/19
§11-148-34 **PERSONAL QUALIFICATIONS REQUIRED:** (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	The certified caregiver shall obtain Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for herself, substitute caregivers and all adult household members by 7/27/19.	7/10/19

Name of Foster Parents (s): Dolores Nalos Date of Inspection: 6/27/19

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date