

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-16 <b>RECORD:</b>                      (b)(2)(C)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.</p>	<p>Effective immediately, the certified caregiver shall record observations of the foster adults' response to medication, treatments, diet, plan of care, changes in condition and behavior on a monthly basis or more often as appropriate.</p>	
<p>§11-148-16 <b>RECORD:</b>                      (b)(2)(C)(4) &amp; (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p>Effective immediately, the certified caregiver shall take the following actions to ensure proper documentation:</p> <p>(a) When preparing the Medication Administration Record (MAR), the name of the medication, dosage, number to capsules/tablets or amount of liquid, number of times per day it is to be given, the specific time the medication is to be given and the route/method by which it is to be given shall be recorded.</p> <p>(b) The certified and substitute caregiver 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).</p>	

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>§11-148-16 <b>RECORD:</b> (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Effective immediately, the certified caregiver shall always have a signed physician's order for every medication and treatment. The certified caregiver shall obtain current physician's orders for all identified medications by 9/29/19.</p> <p>Effective immediately, the certified caregiver shall have a signed physician's order for every medication or treatment that is discontinued. The certified caregiver shall obtain a physician's order discontinuing the identified medication by 9/29/19.</p> <p>Effective immediately, the certified caregiver shall always have a signed physician's order for every medication and treatment. The certified caregiver shall obtain physician's orders for all identified medications that were administered when first admitted to the home by 9/29/19.</p> <p>Effective immediately, the certified caregiver shall always have a signed diet order. The certified caregiver shall obtain a current diet order for the identified foster adult by 9/29/19.</p>	
<p>§11-148-16 <b>RECORD:</b> (b)(2)(C)(8) During residence, foster adult record includes notations of visits made to or by the resident.</p>	<p>Effective immediately, the certified caregiver shall keep a record of all visits made to or by the foster adult.</p>	

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-21 <b>HEALTH:</b> (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.</p>	<p>Effective immediately, the certified caregiver shall obtain a current physical examination upon admission of a foster adult and annually thereafter. The certified caregiver shall obtain a current physical examination for the identified foster adult by 9/29/19.</p>	
<p>§11-148-22 <b>EMERGENCIES:</b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Effective immediately, the certified caregiver shall always have a current emergency protocol in place. The certified caregiver shall obtain a copy of the identified foster adult's current Individualized Service Plan (ISP) that includes the Risk &amp; Safety and Emergency &amp; Crisis planning sections by 9/29/19.</p>	
<p>§11-148-28 <b>RESIDENT'S ACCOUNTS:</b> (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.</p>	<p>Effective immediately, the certified caregiver shall keep an accurate accounting of the foster adult's money and disbursements, including receipts for expenditures.</p>	
<p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>The criminal history record of the identified substitute caregiver shall be reviewed by the Certification Unit to determine if it poses a risk to the foster adults in care.</p>	

Name of Foster Parents (s): Shelli Lynn Souza-Motta

Date of Inspection: 8/29/19

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-39 <b>EMPLOYED PARENT:</b> The employment of the foster parent does not interfere with foster care responsibilities.</p>	<p>Effective immediately, the certified caregiver shall always have a current self-preservation statement on file. The certified caregiver shall obtain a current self-preservation statement signed by the identified foster adult's physician by 9/29/19.</p>	