

Name of Foster Parents (s): Leticia Pascua

Date of Inspection: 8/07/19

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
<p>§11-148-16 RECORD: (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 adults.</p>	8/26/19
<p>§11-148-16 RECORD: (b)(2)(C)(9) During residence, foster adult record includes incident reports of bodily injury or other unusual circumstances (i.e. suspected abuse/neglect, medication errors and/or unexpected reaction to medication or treatment, change in behavior, change in health condition requiring medical treatment, death, and whereabouts unknown).</p>	<p>Effective immediately, the certified caregiver shall provide the assigned case manager with verbal notification of a medication error involving a missed dose (i.e. participant does not receive a prescribed dose of medication or when a participant refused to take medication) within 24 hours and submit a written Adverse Event Report (AER) within 72 hours. An Adverse Event Report (AER) documenting the identified medication error shall be completed and submitted to the foster adult's assigned Case Manager. A copy of the AER shall be forwarded to the Certification Unit for verification by 9/07/19.</p>	8/18/19
<p>§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (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 certified caregiver shall submit to the Certification Unit a signed request for criminal history record clearance and processing fee for the identified substitute caregiver by 8/21/19.</p>	8/21/19

