

Name of Foster Parents (s): Virgie Agnes

Date of Inspection: 1/8/20

**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 <u>RECORD</u> : (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Caregiver to have signed medication orders on file at all times and update them at least annually. Medication orders also need to be updated and signed every time a medication is started, stopped, increased, decreased, and/or modified in any way. <ul style="list-style-type: none">• If Caregiver chooses to write out medications for doctor to sign, caregiver to check and double check for accuracy.• Caregiver to obtain a discontinue order and a corrected order for the medications and submit a copy to the Certification Unit for verification.• Caregiver to obtain a note from the primary physician explaining the gap in medication administration. Corrections Due: <u>February 10, 2020.</u>	Corrections received 1/13/20
§11-148-21 <u>HEALTH</u> : (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Caregiver to complete the annual Physical Examination for Participant and submit a copy to the Certification Unit for verification. Corrections Due: <u>February 10, 2020.</u>	Corrections received 1/13/20

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<p>§11-148-34 <u>PERSONAL QUALIFICATIONS</u> <u>REQUIRED:</u> (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>Caregiver to submit the "Consent to Release Information" for household member to the Certification Unit. Corrections Due: <u>February 10, 2020.</u></p>	<p>Corrections accepted 1/13/20</p>
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Caregiver to submit APS and CAN clearances to the Certification Unit for verification once complete. Corrections Due: <u>February 10, 2020.</u></p>	<p>Corrections received 1/13/20</p>
<p>§11-148-45 <u>REQUIREMENTS:</u> (13) The premises are kept in a sanitary and safe condition with reasonable protection from fire hazards, drugs, poisons, household supplies and dangerous tools, and weapons.</p>	<p>Caregiver to update self-preservation statements annually. Caregiver to obtain the statement and submit a copy to the Certification Unit for verification. Correction Due: <u>February 10, 2020.</u></p> <p>Caregiver to ensure that each participant who is unable to self-preserve has 1:1 coverage at all times. If 1:1 coverage is not available, Caregiver must arrange for Respite.</p> <p>Caregiver to ensure coverage by 1/13/2020 as discussed or make arrangements for Respite.</p>	<p>Corrections accepted 1/13/20</p>

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