

Name of Foster Parents (s): ALO, Levi Date of Inspection: 1/27/20

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
<p>§11-148-16 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Caregiver to obtain signed and dated medication orders at least annually, but also anytime a medication is added, discontinued, or modified. Medication orders must contain the name of the medication, dosage size, frequency, route, and any special instructions.</p> <p>Caregiver to review medications with the prescribing physician and review after-visit summaries for accuracy.</p> <p>Caregiver to obtain current orders for medications from the prescribing doctor(s). Caregiver to write all medications with active orders (including PRNs or over-the counter medications) on the MAR. Caregiver to fill all orders and keep them on hand.</p> <p>Caregiver to submit a copy of the orders to the Certification Unit for verification.</p> <p>Corrections due: <u>February 28, 2020</u></p>	<p>Corrections received and accepted 2/26/20.</p>

