

Name of Foster Parents (s): Walter Espiritu

Date of Inspection: 2/05/20

<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 minimize the risk of medication errors by following best practice guidelines for medication administration which include, but is not limited to:</p> <p>(a) Before giving a medication the medication label and the physician's order shall be read and compared with the Medication Administration Record (MAR). (The physician's order, the MAR and the label must match).</p> <p>(b) Never give medication that you have questions about until you have resolved the problem (you can check with the pharmacist or prescriber). Never be afraid to ask questions, as it could save both the individual and the caregivers from serious consequence.</p> <p>(c) The certified 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> <p>(d) The certified caregiver shall obtain written clarification from the foster adult's physician that confirms the identified medication was given at the correct dosage as indicated on the MAR by 3/05/20. If the physician states the MAR is not consistent with what was ordered, this will be considered a medication error and an Adverse Event Report (AER) shall be completed and submitted to the foster adult's case manager and the Certification Unit. In addition, the certified caregiver will be required to be retraining on proper medication administration and</p>	<p>2/25/20</p>
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	documentation if a medication error is determined.	
§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.	Effective immediately, the certified caregiver shall always have a signed physician's order for every medication or treatment. The certified caregiver shall obtain a signed physician's order for the identified medications by 3/05/20.	3/05/20
§11-148-20 <b>MEMBER OF FOSTER FAMILY:</b> (b) Changes which adversely affect the foster adult were reported to the Certification Unit in accordance with guidelines established by the Department.	Effective immediately, the certified caregiver shall inform and obtain prior approval from the Certification Unit prior to family members moving into the home.  Date of Correction:  Effective immediately, the certified caregiver shall inform the Certification unit of any changes which may have an adverse effect on the foster adults residing in the home.	3/05/20
§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.	The State & Federal criminal history record clearances for the certified caregiver and substitute caregiver are pending.	2/07/20

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<p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b></p> <p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>The certified caregiver shall obtain and submit to the Certification Unit Adult Protective Services (APS) and Child Abuse &amp; Neglect (CAN) clearances for himself, his substitute caregiver and all adult household members by 3/05/20.</p>	<p>4/16/20</p>
<p>§11-148-37 <b>HEALTH OF FOSTER FAMILY:</b></p> <p>(b)(2) Tuberculosis (TB) clearance, in accordance with current department recommendations, on every member of the household.</p>	<p>The certified caregiver shall obtain and submit to the Certification Unit a TB clearance for the identified household member by 3/05/20.</p>	<p>3/05/20</p>
<p>§11-148-38 <b>INCOME:</b></p> <p>(b) Foster parents do not conduct a rooming or boarding house or adult residential care home, or other business on the premises which may adversely affect the welfare of the foster adult(s) under the foster parents care.</p>	<p>A Verification of Relative in Household form for the identified household members shall be signed, notarized and submitted to the Certification Unit by 3/05/20.</p>	<p>3/05/20</p>
<p>§11-148-45 <b>REQUIREMENTS:</b></p> <p>(1) Bedroom complies with acceptable State standards on housing and sanitation and has at least 50 square feet of floor space for each foster adult.</p>	<p>The foster adults' bedroom door shall be replaced by 3/05/20.</p>	<p>2/12/20</p>

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<p>§11-148-45 <b>REQUIREMENTS:</b> (2) The home is accessible to foster adults requiring a wheelchair for mobility (in accordance with ADA standards).</p>	<p>An assessment shall be completed by the Certification Unit to determine if the identified foster adult is able safely evacuate the home in the event of an emergency.</p>	<p>3/05/20</p>
<p>§11-148-45 <b>REQUIREMENTS:</b> (13) The premises is kept in a sanitary and safe condition with reasonable protection from fire hazards, drugs, poisons, household supplies and dangerous tools, and weapons.</p>	<p>Effective immediately, the certified caregiver shall keep a record on fire drills conducted on a monthly basis.</p>	<p>3/05/20</p>