

Name of Foster Parents (s): Keahi-Wong, Valerie

Date of Inspection: 5/7/20

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 RECORD: (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.	(1) The certified caregiver shall obtain a copy of the foster adult's current Individualized Service Plan (ISP) and submit the ISP to the Certification Unit by June 4, 2020.	

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p>(2) Effective immediately, the certified caregiver shall take the following action to minimize the risk if medication errors:</p> <p>(a) Fill the MD order when a medication is ordered by the MD. Administer medications per MD order.</p> <p>(b) An Adverse Event Report (AER) documenting the medication error shall be completed and submitted to the foster adult’s assigned Case Manager. A copy of the AER shall be submitted to the Certification Unit for verification by 6/4/20.</p> <p>(c) The certified caregiver shall be retrained on proper medication administration and documentation from the Registered Nurse overseeing Residential Habilitation and delegating the nurse task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 6/4/20.</p> <p>(3) Effective immediately the MAR must contain the name of the medication, dosage size, frequency, route and any special instructions.</p>	
<p>§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter</p>	<p>(4) The certified caregiver shall obtain self preservation statements from the MD for all participant’s. The certified caregiver shall submit the statements to the Certification Unit by 6/4/20.</p>	

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.	(5) The certified caregiver shall obtain copies of current accounting receipts. The receipts are to be submitted to the certification unit for verification by 6/4/20.	
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	(6) The certified caregiver shall submit the Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for the caregiver and co-primary caregiver. The APS/CAN results shall be submitted to the certification unit for verification by 6/4/20.	

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