SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-16 RECORD : (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Effective immediately, the certified caregiver shall minimize the risk of medication errors by following best practice guidelines for medication administration and documentation, which includes adhering to the "six rights" of medication administration (RIGHT MEDICATION, RIGHT DOSE, RIGHT ROUTE/METHOD, RIGHT TIME, RIGHT PERSON, RIGHT DOCUMENTATION). The certified caregiver shall also review the physician's progress notes or after visit instructions at the conclusion of a medical examination for his foster adults. The certified caregiver shall never be afraid to ask questions, as it could save both the individual and the individual's caregivers from serious consequence.	2/20/20
	The certified caregiver shall obtain written documentation from the foster adult's physician that confirms his belief that the medication in question was prescribed in error by 2/13/20. If written documentation is not obtained or the physician states the order given on 4/24/19 is correct, this will be considered a mediation 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 documentation.	

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-16 RECORD : (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 current diet order on file. The certified caregiver shall obtain a current diet order for the identified foster adult by 2/13/20.	2/20/20
§11-148-16 RECORD : (b)(2)(C)(8) During residence, foster adult record includes notations of visits made to or by the resident.	Effective immediately, the certified caregiver shall keep a record of all visits made to or by the foster adults.	2/20/20
§11-148-16 RECORD : (c) Foster adult records and information from the records are held confidential and made available only to authorized department personnel or those with written consent for release of information.	Effective immediately, the certified caregiver shall ensure that foster adult's records are always properly secured in a locked location.	2/20/20
§11-148-16 RECORD : (e) Foster adult records were readily available and accessible to department personnel.	Effective immediately, the certified caregiver shall ensure that the foster adults' records are always made available to department personnel. The certified caregiver shall also keep his substitute caregivers informed as to where all foster adult records are kept.	2/20/20

SECTION	PLAN CORRECTION	Completion Date
SECTION	(To be completed by the caregiver)	Completion Date
§11-148-34 <u>PERSONAL</u> QUALIFICATIONS REQUIRED:	The State of Hawaii criminal history record clearances for the identified household members are pending.	1/13/20
(a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.		
§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.	The certified caregiver shall submit to the Certification Unit signed requests for criminal history record clearances and processing fees for himself and his substitute caregivers by 1/17/20.	2/24/20
§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.	The certified caregiver shall submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for himself, his substitute caregivers and all adult household members by 2/13/20.	6/10/20

Name of Foster Parents (s): Rolondo Bautista Jr. Date of Inspection: 1/13/20

SECTION	PLAN CORRECTION	Completion Date
SECTION	(To be completed by the caregiver)	Completion Date
§11-148-37 HEALTH OF	The foster parent shall submit to the	2/20/20
FOSTER FAMILY:	Certification Unit a current TB clearance	, ,
(b)(2) Tuberculosis (TB) clearance, in accordance with current department recommendations, on every member of the household.	for the identified household member by 2/13/20.	