

Name of Foster Parents (s): Dolly Valencia

Date of Inspection: 03/10/20

**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)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians. | <ol style="list-style-type: none">(1) The certified caregiver shall obtain an MD order with the route.(2) The certified caregiver shall obtain an MD order with the dosage, frequency and how to administer.(3) The certified caregiver shall obtain an MD order with instructions to administer.(4) The certified caregiver shall obtain an MD order with the route.(5) The certified caregiver shall obtain an MD order with the route.(6) The certified caregiver shall obtain a verification from the MD that the medications has been administered as prescribed. <p>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>Corrections due: <u>March 27, 2020</u></p> | Completed: 3/27/20 |

