

Name of Foster Parents(s): Felicitas Dela Cruz

Date of Inspection: 7-06-20

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: (a) & (b)(1) A current register of all foster adults admitted that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed.	(1) Submit the Admission/Discharge Record to the Certification Unit by 8/3/20.	

<p>(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p>(2) Copy of the MAR with the correct MD order to be submitted to the Certification Unit by 8/3/20.</p> <p>(3) Copies of the updated medication labels to be submitted to the Certification Unit by 8/3/20.</p> <p>(4) Effective immediately, the certified caregiver shall take the following action to minimize the risk of medication errors:</p> <p>(a) When giving medications, the individual's Medication Administration record (MAR) must be present.</p> <p>(b) Record the administration of the medication immediately on the individual's MAR.</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) 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 8/3/20.</p> <p>(e) The certified caregiver shall be retrained on proper medication administration and documentation from the Registered Nurse overseeing Residential Habilitation Services and delegating the nurse task of administering medications. Verification of such retraining shall</p>	
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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	be submitted to the Certification Unit by 8/3/20.	
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	(5) Copy of the signed MD order for all medications to be submitted to the Certification Unit by 8/3/20.	
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	(6) Submit the self preservation statement to the Certification Unit by 8/3/20.	
§11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains a current inventory of possessions.	(7) Copy of the participant's inventory to be submitted to the Certification Unit by 8/3/20.	
§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.	Effective immediately the caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse & Neglect registry checks for all caregivers and substitute caregivers.	

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