

Name of Foster Parents(s): Violetta Tabaquin
20

Date of Inspection: 6-25-

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 submit a copy of the 2019 ISP service plan and submit it to the Certification Unit by 7/23/20.	

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) The certified caregiver shall obtain an MD order with the route and submit it to the Certification Unit by 7/23/20.</p> <p>(3) The certified caregiver shall obtain an MD order with the dosage and submit it to the Certification Unit by 7/23/20.</p> <p>(4) The certified caregiver shall obtain an MD order with the frequency and submit it to the Certification Unit by 7/23/20.</p> <p>(5) The certified caregiver shall submit an MD order with the route and submit it to the Certification Unit by 7/23/20.</p> <p>Caregiver to obtain signed medication order every time a medication is ordered, discontinued, increased, decreased or modified. Orders are to include: complete name of medication, dosage size, frequency, route and any special instructions. Orders must be signed and dated by the prescribing physician and must be within the year. Caregiver to review medications with the prescribing physician and review after-visit summaries for accuracy.</p>	

<p>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>(6) The certified caregiver shall submit a MAR with the route & frequency to the Certification Unit by 7/23/20.</p> <p>(7) The certified caregiver shall submit a MAR with the dosage, time the medication is administered & the mode to the Certification Unit by 7/23/20.</p> <p>(8) The certified caregiver shall submit a MAR with PRN notated to the Certification Unit by 7/23/20.</p> <p>(9) The certified caregiver shall submit a MAR with the special instructions to the Certification Unit by 7/23/20.</p> <p>(10) The certified caregiver shall submit a MAR with the frequency to the Certification Unit by 7/23/20.</p> <p>(11) The certified caregiver shall submit a MAR with the route to the Certification Unit by 7/23/20.</p> <p>(12) The certified caregiver shall submit a MAR with the frequency to the Certification Unit by 7/23/20.</p> <p>(13) The certified caregiver shall submit a MAR with the dosage & frequency to the Certification unit by 7/23/20.</p> <p>(14) The certified caregiver shall submit a MAR that notates PRN to the Certification Unit by 7/23/20.</p> <p>(15) The certified caregiver shall submit a MAR with the route & frequency to the Certification Unit by 7/23/20.</p>	
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