

Name of Foster Parents (s): **Peaoe Lefotu** Date of Inspection: **5/29/20**

**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
<p>§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.</p>	<p>Caregiver to keep and update in the AFH record/binder, the Admission/Discharge Form reflecting dates participants were admitted permanently as well as dates participants were discharged/admitted for Respite. Caregiver to submit a copy to the Certification Unit for verification. Correction due: <u>June 29, 2020</u></p>	<p>Correction accepted as of 7/16/20.</p>
<p>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Caregiver will review medication with Urologist to determine if it needs to be continued. Caregiver will obtain signed and dated order if the medication is either continued or discontinued and submit copy to the certification unit for verification. If the doctor's office is not open due to COVID19, CG can submit order after next scheduled visit on 7/16/20. Correction due: <u>June 29, 2020.</u></p>	<p>Correction received 8/26/20.</p>

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Date of Inspection: **5/29/20**

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>(b)(2)(C)(9) During residence, foster adult record includes incident reports of bodily injury or other unusual circumstances (i.e. suspected abuse/neglect, medication errors and/or unexpected reaction to medication or treatment, change in behavior, change in health condition requiring medical treatment, death, and whereabouts unknown).</p>	<p>Caregiver will keep a copy of the AER that is submitted until a copy of processed AER is received from either the ResHab Agency or CM. Caregiver will review the Remediation plan contained within the processed AER and comply with plan.</p> <p>Caregiver will submit an AER each time a psychotropic medication is administered PRN (as prescribed), to subdue a participant so as to restrict freedom of movement or to temporarily sedate the participant. If the PRN medication is used frequently, Caregiver to discuss with doctor whether the medication is okay to use frequently as a PRN or if it should be ordered for regular use.</p> <p>Caregiver will submit AER for administering the PRN medication in January 2020 and submit to the CM. Certifier will verify the submission with the CM.</p> <p>Correction due: <u>June 29, 2020</u></p>	<p>AER submitted to ResHab Agency. Correction by Caregiver accepted as of 8/26/20.</p>
<p>§11-148-34 PERSONAL QUALIFICATIONS REQUIRED:</p> <p>(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.</p>	<p>Caregiver will submit Manual Clearance consent for household member.</p> <p>Correction due: <u>June 29, 2020</u></p>	<p>Correction received 6/18/20</p>
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Caregiver to submit CAN/APS Clearances for caregivers and adult household member.</p> <p>Correction due: <u>June 29, 2020</u></p>	<p>Correction accepted as of 8/26/20.</p>