

Name of Foster Parents(s): Josefina Takamoto

Date of Inspection: 08/20/20

**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: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p>(1) The certified caregiver to submit an MD order with the route & frequency to the Certification Unit by 9/17/20.</p> <p>(2) Several medication orders did not include the route it is to be given. Obtain a complete MD order which includes the route for the specified medications to be submitted to the Certification Unit by September 17, 2020.</p>	
<p>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>(3) Submit current Medication Administration Record (MAR) with the "special instructions" for the specified medication to be submitted to the Certification Unit by 9/17/20.</p>	
<p>§11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.</p>	<p>Receipts must accompany the accounting record of the foster adult's expenditures and must be kept in the chart.</p>	