

Name of Foster Parents (s): Samuel & Angelita Benzon Date of Inspection: 7/13/20

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)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	The certified caregivers shall always have a signed physician's order for every medication or treatment. The certified caregivers shall obtain a current physician's orders for the identified medication by 8/13/20.	7/29/20
§11-148-16 RECORD: (b)(2)(C)(8) During residence, foster adult record includes notations of visits made to or by the resident.	Effective immediately, the certified caregivers shall keep a record of all visits made to or by the foster adult.	7/29/20

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>§11-148-16 RECORD: (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>Effective immediately, the certified caregivers shall inform the foster adult's case manager verbally within 24 hours or the next business day and in writing within 72 hours in the form of an Adverse Event Report (AER) for any use of restrains, which includes chemical, mechanical or physical restraints. The certified caregivers shall also take the following actions:</p> <p>(a) An AER documenting the most recent use of a chemical restraint 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 8/13/20.</p> <p>(b) The certified caregivers shall be retrained on the procedures for reporting adverse events involving participants of the Developmental Disabilities Division (DDD) by the RES/HAB provider agency overseeing and delegating the nursing task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 8/13/20.</p>	<p>7/29/20</p>