Name of Foster Parents(s): Elden & Dana Kaeo Date of Inspection: 09/08/20

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) The certified caregiver shall prepare an Admission/Discharge record and forward a copy to the Certification Unit by 10/6/20.	
(b)(2)(A) & (B) Foster adult record includes the contact information of the adult's physician, DDD Case Manager and parents, legal guardian or other responsible party in the event of an emergency.	(2) The certified caregiver shall submit a completed Information Sheet for DOH Foster Adult to the Certification Unit by 10/6/20.	
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(3) The certified caregiver shall submit an MD order with the route and amount of pills to administer to the Certification Unit by 10/6/20.	
	(4) The certified caregiver shall submit an MD order with the correct frequency to the Certification Unit by 10/6/20.	

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
	(5) Effective immediately, the certified caregiver shall take the following action to minimize the risk of medications errors:	
	(a) When giving medications, the individual's Medication Administration record (MAR) must be present.	
	(b) Record the administration of the medication immediately on the individual's MAR.	
	(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).	
	(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 10/6/20.	
	(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 be submitted to the Certification Unit by 10/6/20.	

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	(6) The caregiver shall submit the MAR for September 2019 & September 2020 to the Certification Unit by 10/6/20.	
	(7) The caregiver shall submit a MAR with the route to the Certification Unit by 10/6/20.	
§11-148-22	(8) The certified caregiver to submit the self-preservation statement to the Certification Unit by 10/6/20.	
EMERGENCIES:		
(a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.		
§11-148-28 RESIDENT'S ACCOUNTS :	(9) The certified caregiver shall submit accurate accounting of the foster adult's money and receipts for expenditures to the certification unit by 10/6/20.	
(d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.		
§11-148-34 PERSONAL	The Department of Health to determine	
QUALIFICATIONS REQUIRED: (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	if the criminal history of the identified caregiver and substitute caregivers poses a risk to the foster adult in care.	
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Effective immediately caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse & Neglect (CPS) registry checks for all caregivers and substitute caregivers.	