

Name of Foster Parents (s): Leonides Albano

Date of Inspection: 8/10/20

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.	Effective immediately, the certified caregiver shall always have a current register of all foster adults admitted into the home. The certified caregiver shall complete an Admission/Discharge Record for the Adult Foster Home and forwarded a copy to the Certification Unit by 9/10/20 for verification.	9/10/20
§11-148-16 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, the certified caregiver shall always have a signed physician's order for every medication or treatment, including orders to discontinue a medication or treatment. Physician's orders for medications shall include the name of the medication, the dosage, the number of capsules/tablets, the number of times per day it is to be given and the route/method by which it is to be given. The certified caregivers shall obtain physician's orders for the identified medications by 9/10/20.	10/21/20
§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 caregiver shall keep a record of all visits made to or by the foster adults.	9/10/20

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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 caregiver 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 caregiver shall also 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 9/10/20.</p>	<p>9/10/20</p>
<p>§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Effective immediately, the certified caregiver shall always have a current emergency protocol in place. The foster parent shall obtain a copy of the identified foster adult's current Individualized Service plan (ISP) that includes the Risk & Safety and Emergency & Crisis planning sections by 9/10/20.</p>	<p>9/24/20</p>

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<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>The results of the State of Hawaii criminal history record clearance for the identified household member is pending.</p>	<p>8/12/20</p>
<p>§11-148-34 PERSONAL QUALIFICATIONS REQUIRED:</p> <p>(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>The results of the State & Federal criminal history record clearances for the certified caregiver and substitute caregivers are pending.</p>	<p>8/17/20</p>