

Name of Foster Parents(s): Roy & Maybell Dacuycuy  
10/2/20

Date of Inspection:

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION</b> <b>(To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-16 <b>RECORD:</b> (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.	<b>(1) The certified caregiver shall prepare an Admission/Discharge Record and forward a copy to the Certification Unit by 10/30/20.</b>	

Name of Foster Parents(s): Roy & Maybell Dacuycuy  
10/2/20

Date of Inspection:

<p>(b)(2)(C)(4) &amp; (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p><b>(2) The caregiver to submit the MD order with the updated and correct dosage to the Certification Unit by 10/30/20.</b></p> <p>Effective immediately, the certified caregiver shall take the following action to minimize the risk of medication errors:</p> <p>(a) When giving medications, the individual's Medication Administration record (MAR) must be present.</p> <p>(b) The certified caregiver shall review the physician's progress notes or after visit instructions at the conclusion of the medical examination. The certified caregiver shall confirm and verify any changes in the foster adult's medications prior to leaving the doctor's appointment.</p> <p>(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).</p> <p><b>(d) An Adverse Event Report (AER) documenting the medication error shall be completed and submitted to the foster adult's assigned Case Manager. <u>A copy of the AER shall be submitted to the Certification Unit for verification by 10/30/20.</u></b></p> <p>(e) The certified caregiver shall be retrained on proper medication administration and documentation from the Registered Nurse overseeing</p>	
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Name of Foster Parents(s): Roy & Maybell Dacuycuy  
10/2/20

Date of Inspection:

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	Residential Habilitation Services and delegating the nurse task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by <u>10/30/20</u> , the caregiver shall submit a current MD order with the updated and correct dosage to the certification unit for verification by 10/30/20.	
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	<b>(3 &amp; 4) The certified caregiver to submit the MAR with the route to the Certification Unit by 10/30/20.</b>	
§11-148-22 <b>EMERGENCIES:</b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	<b>(5 &amp; 6) The certified caregiver to submit self preservation statements to be signed by the MD and submitted to the Certification Unit by 10/30/20.</b>	
§11-148-28 <b>RESIDENT'S ACCOUNTS:</b> (d) Record contains a current inventory of possessions.	<b>(7) The certified caregiver to submit a current inventory of possessions to the Certification Unit by 10/30/20.</b>	