

Name of Foster Parents(s): Veronica Baisa

Date of Inspection: 10-16-20

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

No deficiencies

| <b>SECTION</b>  | <b>PLAN CORRECTION<br/>(To be completed by the caregiver)</b>   | <b>Completion Date</b> |
|---|---|------------------------|
| §11-148-16 <b>RECORD:</b><br>(b)(2)(C)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate. | <b>(1) Caregiver to submit observation records/caregiver notes for October 2019, November 2019, December 2019, February 2020, March 2020, April 2020, May 2020, September 2020, October 2020. Observation records/caregivers notes to be submitted for verification to the Certification Unit by November 13, 2020.</b> | 12/21/20               |
|   | <b>(2) Caregiver to submit observation records/caregiver notes for October 2019, November 2019, January 2020, February 2020, March 2020, May 2020, June 2020, August 2020, October 2020. Observation records/caregivers notes to be submitted for verification to the Certification Unit by November 13, 2020.</b>      | 12/21/20               |

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| <p>(b)(2)(C)(4) &amp; (6) During residence, foster adult record includes medications administered as ordered by physicians.</p> | <p><b>(3) <u>Effective immediately, the certified caregiver shall take the following action to minimize the risk of medication errors:</u></b></p> <p><b><u>(a) When giving medications, the individual's Medication Administration record (MAR) and a monthly calendar with the correct day of the month must be present for accuracy.</u></b></p> <p><b><u>(b) Record the administration of the medication immediately on the individual's MAR on the specific day of the month. Caregiver will not exceed the number of days in a month.</u></b></p> <p><b>(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).</b></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.</b></p> <p><b><u>A copy of the AER shall be submitted to the Certification Unit for verification by 11/13/20.</u></b></p> <p><b><u>AN AER TO BE COMPLETED FOR EACH MEDICATION ERROR.</u></b></p> <p><b>(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</b></p> | <p>12/09/20</p> <p>12/01/20</p> |
|---|---|---------------------------------|

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| <b>SECTION</b> | <b>PLAN CORRECTION</b><br>(To be completed by the caregiver)  | <b>Completion Date</b>          |
|----------------|---|---------------------------------|
|                | <p><b>task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 11/13/20.</b></p> <p><b>(f) The certified caregiver shall submit copies of the MAR from October 2019 to October 2020 to the certification unit by 11/13/20.</b></p> <p><b>(g) <u>The certified caregiver shall attend and complete the virtual AFH Orientation</u> and will submit the verification of completion to the Certification Unit by 11/30/20.</b></p> <p><b>(h) The certified caregiver shall be trained on best practices for proper medication administration and documentation by the DDD Training Unit.</b></p> | <p>12/21/20</p> <p>11/25/20</p> |

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|---|--|---------------------------------|
| <p>(b)(2)(C)(4) &amp; (6) During residence, foster adult record includes medications administered as ordered by physicians.</p> | <p><b>(4) <u>Effective immediately, the certified caregiver shall take the following action to minimize the risk of medication errors:</u></b></p> <p><b>(a) <u>When giving medications, the individual’s Medication Administration record (MAR) and a monthly calendar with the correct day of the month must be present for accuracy.</u></b></p> <p><b>(b) <u>Record the administration of the medication immediately on the individual’s MAR on the specific day of the month. Caregiver will not exceed the number of days in a month.</u></b></p> <p><b>(c) <u>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).</u></b></p> <p><b>(d) <u>An Adverse Event Report (AER) documenting the medication error shall be completed and submitted to the foster adult’s assigned Case Manager.</u></b></p> <p><b><u>A copy of the AER shall be submitted to the Certification Unit for verification by 11/13/20.</u></b></p> <p><b><u>AN AER TO BE COMPLETED FOR EACH MEDICATION ERROR.</u></b></p> <p><b>(e) <u>The certified caregiver shall be retrained on proper medication administration and documentation from the Registered Nurse overseeing Residential Habilitation Services and delegating the nurse</u></b></p> | <p>12/09/20</p> <p>12/01/20</p> |
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| <b>SECTION</b> | <b>PLAN CORRECTION</b><br>(To be completed by the caregiver)   | <b>Completion Date</b>          |
|----------------|--|---------------------------------|
|                | <p><b>task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 11/13/20.</b></p> <p><b>(f) The certified caregiver shall be trained on best practices for proper medication administration and documentation by the DDD Training Unit.</b></p> <p><b><u>(g) The certified caregiver shall submit copies of the MAR from October 2019 to October 2020.</u></b></p> <p><b>(h) The certified caregiver shall attend and complete the virtual AFH Orientation and will submit the verification of completion to the Certification Unit by 11/3/20.</b></p> | <p>12/21/20</p> <p>11/25/20</p> |



| SECTION   | PLAN CORRECTION<br>(To be completed by the caregiver)  | Completion Date |
|---|--|-----------------|
|   | <p>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 <u>11/13/20</u>.</p> <p><b><u>(f) The certified caregiver shall submit copies of the MAR from October 2019 to October 2020.</u></b></p> <p><b>(g) The certified caregiver shall attend and complete the virtual AFH Orientation and will submit the verification of completion to the Certification Unit by 11/30/20.</b></p> <p><b>(h) The certified caregiver shall be trained on best practices for proper medication administration and documentation by the DDD Training Unit.</b></p> <p><b>(6) The certified caregiver to submit an MD order to the Certification Unit by 11/13/20.</b></p> | 11/25/20        |
| (b)(2)(C)(7) During residence, foster adult record includes recordings of foster adult's weight, on a monthly basis or more often when requested by the physician or DDD. | <b>(7) Caregiver to submit the current weight record to the Certification Unit for verification by 11/13/20.</b>   | 12/21/20        |

