Name of Foster Parents (s): <u>Dennis & Joanna Tamayo</u> Date of Inspection: <u>10/08/20</u>

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

☐ No deficiencies

Name of Foster Parents (s): <u>Dennis & Joanna Tamayo</u> Date of Inspection: <u>10/08/20</u>

| SECTION | PLAN CORRECTION                    | Completion Date |
|---------|------------------------------------|-----------------|
|         | (To be completed by the caregiver) |                 |

## §11-148-16 **RECORD**:

(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.

Effective immediately, the certified caregiver shall take the following action to minimize the risk of medication errors:

- (a) Cease the practice of creating fully completed Medication Administration Records (MARs) prior to the administration of a medication(s).
- (b) When preparing the MA) the certified caregivers shall record the name of the medication, the dosage, the number of capsules/tablets, the number of times per day it is to be given, the specific time the medication is to be given and the route/method by which it is to be given.
- (c) When giving medications, the individual's MAR must be present.
- (d) Before giving a medication, the medication label and the physician's order shall be read and compared with the MAR (The physician's order, the MAR and the label must match).
- (e) Record the administration of the medication immediately onto the individual's MAR.
- (f) 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).
- (g) An Adverse Event Report (AER) documenting each 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 11/08/20.

11/05/20

| SECTION  | PLAN CORRECTION   | Completion Date |
|--|---|-----------------|
|  | (To be completed by the caregiver)  |                 |
|  | (g) The certified caregiver shall be retrained on proper medication administration and documentation from the RES/HAB and T&C-RN provider agency overseeing and delegating the nursing task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 11/08/20. |                 |
| §11-148-34 PERSONAL QUALIFICATIONS REQUIRED:  (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect. | The certified caregivers shall obtain Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for themselves, their substitute caregiver and all adult household members by 11/08/20.  | 11/25/20        |
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