

Name of Foster Parents(s): Sal & Luana Aumavae      Date of Inspection: 07/17/20

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

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION</b> (To be completed by the caregiver)	<b>Completion Date</b>
§11-148-16 <b>RECORD:</b> (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) Copy of the 1<sup>st</sup> page of the 2019 ISP to be submitted to the certification unit for verification by 8/14/20.</b>	9/16/20
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	<b>(2) The certified caregiver shall obtain an MD order with the route and submit it to the certification unit by 8/14/20.</b>	8/12/20
	<b>(3) The certified caregiver shall obtain an MD order with the amount of pills to be administered and submit it to the certification unit by 8/14/20.</b>	8/12/20
	<b>(4) The certified caregiver shall obtain an MD order with the amount of pills to administer and the frequency and submit it to the certification unit by 8/14/20.</b>	8/12/20

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	<p><b>(5) The certified caregiver shall obtain an MD order with the amount of pills to administer and the route and submit it to the certification unit by 8/14/20.</b></p> <p><b>(6) The certified caregiver shall obtain an MD order with the frequency and submit it to the certification unit by 8/14/20.</b></p> <p><b>(7 &amp; 8) The certified caregiver shall obtain an MD order which indicates that the medication administration is "as needed" and submit it to the certification unit by 8/14/20.</b></p> <p><b>(9) Effective immediately, the certified caregiver shall take the following action to minimize the risk of medication errors:</b></p> <p><b>(a) When giving medications, the individual's Medication Administration record (MAR) must be present.</b></p> <p><b>(b) Record the administration of the medication immediately on the individual's MAR.</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>8/12/20</p> <p>8/12/20</p> <p>8/12/20</p> <p>9/15/20</p>

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	<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. A copy of the AER shall be submitted to the Certification Unit for verification by 8/14/20.</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 task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 8/14/20.</b></p>	
<p>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p><b>(10) The certified caregiver shall submit an updated MAR with the route to the certification unit by 8/14/20.</b></p> <p><b>Effective immediately the MAR must contain the name of the medication, dosage size, frequency, route and any special instructions.</b></p>	<p>8/12/20</p>
<p>§11-148-23 <b>DIET:</b> Foster parent provides an adequate diet for good nutrition.</p>	<p><b>(11) The certified caregiver shall obtain a current diet order and submit it to the certification unit by 8/14/20.</b></p>	<p>8/12/20</p>

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (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 Department of Health to determine if the identified caregivers poses a risk to the foster adult in care.</p>	<p>7/28/20</p>
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Effective immediately caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse &amp; Neglect (CAN) registry checks for all caregivers.</p>	<p>7/28/20</p>