

Name of Foster Parents (s): Felicisima Bucasas

Date of Inspection: 10/29/20

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: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Effective immediately, the certified caregiver shall record the specific time medications are given on the Medication Administration Record (MAR). Effective immediately, the certified caregiver shall take the following action to minimize the risk of medication errors: (a) When preparing the Medication Administration Record (MAR), the name of the medication, dosage, number to capsules/tablets or amount of liquid, 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 shall be recorded. (b) When giving medications, the individual's MAR must be present. (c) 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). (d) Record the administration of the medication immediately on the individual's MAR.	12/03/20

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	<p>(e) 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>(f) An Adverse Event Report (AER) documenting <u>each</u> medication error shall be completed and submitted to the foster adult's assigned Case Manager. A copy of the AERs shall be submitted to the Certification Unit for verification by 11/29/20.</p> <p>(g) The certified caregiver shall be retrained on proper medication administration and documentation from the Registered Nurse providing Training & Consultation Services and delegating the nursing task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 11/30/19.</p>	
<p>§11-148-16 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Effective immediately, the certified caregiver shall have signed physician's orders for every medication or treatment. The certified caregiver shall obtain a signed physician's order for the identified medication by 11/29/20.</p>	<p>12/10/20</p>

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u></p> <p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>The certified caregiver shall obtain and submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearance for the identified household members by 11/29/20.</p>	<p>12/09/20</p>