

**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
<p>§11-148-16 RECORD: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p>(1) The certified caregiver shall obtain an MD order that indicates the route and amount of pills to administer.</p> <p>(2) The certified caregiver shall obtain an MD order to discontinue the medication.</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) Record the administration of the medication immediately on the individual’s MAR.</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>8/14/20</p> <p>8/18/20</p>

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	<p>(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 9/3/20.</u></p> <p>(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 9/3/20, the caregiver shall submit a current MAR for the specified medication with the correct frequency to the certification unit for verification by 9/3/20. Caregiver to ensure that the MAR and the MD order matches.</p> <p>(3) The certified caregiver shall obtain an MD order with the route and dosage.</p>	<p>8/17/20</p> <p>8/17/20</p> <p>8/14/20</p>
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u></p> <p>(a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.</p>	<p>The Department of Health to determine if the identified individual poses a risk to foster adult in care.</p>	<p>8/16/20</p>

Name of Foster Parents(s): Marinel Agustin & Leovel Solis Date of Inspection: 8/6/20

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	The Department of Health to determine if the criminal history of the identified caregiver and substitute caregiver poses a risk to foster adult in care.	8/17/20