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

☐ No deficiencies

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 caregivers 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.	
	(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).	

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
	(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 4/17/21.	
	(g) The certified caregiver shall be retrained on proper medication administration and documentation from the Registered Nurse overseeing Residential Habilitation services and delegating the nursing task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 4/17/21.	
§11-148-16 RECORD : (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, the certified caregivers shall always have a signed physician's order for every medication or treatment. The signed physician's order shall include the name of the medication, dosage, number to capsules/tablets or amount of liquid, number of times per day it is to be given and the route/method by which it is to be given. The certified caregivers shall obtain the physician's order for the identified medication by 4/17/21.	

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	State & Federal criminal history record clearances for the certified caregiver and substitute caregivers are pending.	
§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 submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for themselves and their substitute caregivers by 4/17/21.	