

Name of Foster Parents(s): Marlene Espiritu

Date of Inspection: 07/30/20

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.	(1) The certified caregiver shall submit an MD order with the route to the certification unit by 8/27/20. (2) The certified caregiver shall submit an MD order with the correct instruction on how to administer the medications. Medication orders must contain the name of the medication, dosage size, frequency, route and any special instructions.	8/28/20 8/28/20
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	(3) Effective immediately, the certified caregiver shall take the following action to minimize the risk of medication errors: (a) When giving medications, the individual's Medication Administration record (MAR) must be present. (b) Record the administration of the medication immediately on the individual's MAR.	8/5/20

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	<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>(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 8/27/20.</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 8/27/20, the caregiver shall submit a current MAR for the specified medication with the route to the certification unit for verification by 8/27/20. Caregiver to ensure that the MAR and the MD order matches.</p>	

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<p>§11-148-34 PERSONAL QUALIFICATIONS REQUIRED:</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 household member poses a risk to the foster adult in care.</p>	<p>8/31/20</p>
<p>(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 criminal history of the caregiver and substitute caregiver poses a risk to the foster adult in care.</p>	<p>8/3/20</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 & Neglect (CAN) registry checks for the caregiver, substitute caregiver and household member.</p>	<p>8/4/20</p>