

Name of Foster Parents(s): Corazon & Domingo Lucas

Date of Inspection: 7/16/20

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: (a) & (b)(1) A current register of all foster adults admitted that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed.	(1) Caregiver to complete the Admission/Discharge record including all participants who were ever placed in her home and keep in her AFH chart. Caregiver to submit a copy to the Certification Unit for verification by 8/13/20.	8/6/20
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(2) The certified caregiver shall obtain a complete MD order which includes the route & dosage for specified medications and submit it to the certification unit by 8/13/20. <u>Medication orders must contain the name of the medication, dosage size, frequency, route and any special instructions.</u> (3) The certified caregiver shall obtain a complete MD order for Acetaminophen 325mg and submit it to the certification unit by 8/13/20.	8/6/20 8/6/20

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>(4) 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>(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 8/13/20.</p>	<p>8/6/20</p>

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	<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 8/13/20.</p> <p>(5) The certified caregiver shall submit a current MAR for the specified medication with the route to the certification unit for verification by 8/13/20.</p> <p>Caregiver to ensure that the MAR and the MD order matches.</p>	8/6/20