

Name of Foster Parents (s): Mildred Manaois

Date of Inspection: 2/10/21

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)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.	Effective immediately, the certified caregiver shall record observations of the foster adults' response to medications, treatments, diet, plan of care, changes in condition, indications of illness or injury and behaviors patterns on a monthly basis or more often as appropriate.	3/03/21
§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 take the following action to minimize the risk of medication errors: (a) The certified caregiver shall review the physician's progress notes or after visit instructions at the conclusion of a medical examination. The certified caregiver shall never be afraid to ask questions, as it could save both the individual and the individual's caregivers from serious consequence.	3/11/21

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	<p>(b) 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.</p> <p>(c) When giving medications, the individual's MAR must be present.</p> <p>(d) 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).</p> <p>(e) Record the administration of the medication immediately on the individual's MAR.</p> <p>(f) 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>(g) 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 AERs shall be submitted to the Certification Unit for verification by 3/10/21.</p>	

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	(h) The certified caregiver and his substitute caregiver shall be retrained on proper medication administration and documentation from the Registered Nurse delegating the nursing task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 3/10/21.	
<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 always have a signed physician's order for every medication or treatment. The certified caregiver shall obtain current physician's order for the identified medications by 3/10/21.</p>	<p>2/12/21</p>
<p>§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Effective immediately, the certified caregiver shall always have a current emergency protocol in place. The foster parent shall obtain a copy of the foster adults' current Individualized Service Plan (ISP) that includes the Risk & Safety and Emergency & Crisis planning sections by 3/10/21.</p>	<p>4/26/21</p>
<p>§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.</p>	<p>The certified caregiver shall submit to the Certification Unit signed requests for criminal history record clearances and the processing fees for herself and her substitute caregivers by 2/17/21.</p>	<p>3/18/21</p>

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	The certified caregiver shall submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for herself and her substitute caregivers by 3/10/21.	4/26/21