

Name of Foster Parents (s): Ceferino/Francisca Pactanac Date of Inspection: 12/08/20

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

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION</b> <b>(To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-16 <b>RECORD:</b> (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).	12/16/20

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<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
	<p>(f) 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 1/08/21.</p> <p>(g) The certified caregivers shall be retrained on proper medication administration and documentation from the Registered Nurse providing Training &amp; Consultation Services and delegating the nursing task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 1/08/20.</p>	
<p>§11-148-16 <b>RECORD:</b> (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 caregivers shall always have a signed physician's order for all medications or treatments. The certified caregivers shall obtain signed physician's orders for the identified medications by 1/08/21.</p>	<p>12/08/20</p>
<p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (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 State of Hawaii criminal history record clearances for the identified household members are pending.</p>	<p>12/16/20</p>