

Name of Foster Parents(s): Cabias, Jeff & Fe

Date of Inspection: 7-2-20

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

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (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.	<b>(1) Effective immediately, the certified caregiver shall take the following action to minimize the risk of medication errors:</b> <b>(a) When giving medications, the individual's Medication Administration record (MAR) must be present.</b> <b>(b) Record the administration of the medication immediately on the individual's MAR.</b> <b>(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).</b> <b>(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 7/30/20.</b>	7/6/20

<b>SECTION</b>	<b>PLAN CORRECTION</b> (To be completed by the caregiver)	<b>Completion Date</b>
	<b>(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 7/30/20.</b>	
<p>§11-148-20 <b><u>MEMBER OF FOSTER FAMILY:</u></b></p> <p>(b) Changes which adversely affect the foster adult were reported to the Certification Unit in accordance with guidelines established by the Department.</p>	<b>(2) Effectively immediately the certified caregiver shall notify and obtain prior approval from the Certification Unit before anyone moves into the Adult Foster Home.</b>	7/2/20
<p>§11-148-22 <b><u>EMERGENCIES:</u></b></p> <p>(a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<b>(3) The certified caregiver shall submit self preservation statements to the certification Unit for verification by 7/30/20.</b>	7/16/20
<p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b></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>	The Department of Health to determine if the identified individuals poses a risk to foster adults in care.	7/16/20

