Name of Foster Parents (s): <u>Iluminada Islao</u> Date of Inspection: <u>6/10/21</u>

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

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§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) When giving medications, the	7/28/21
	individual's Medication Administration Record (MAR) must be present.	
	(b) 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).	
	(c) Record the administration of the medication immediately on the individual's MAR.	
	(d) 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).	
	(f) An Adverse Event Report (AER) documenting each 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 7/10/21.	

SECTION	PLAN CORRECTION	Completion Date	
	(To be completed by the caregiver)		
	(g) The certified caregiver shall be retrained on proper medication administration and documentation from the Registered Nurse overseeing Residential Habilitation and T&C-RN Services and delegating the nursing task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 7/10/21.		
§11-148-16 RECORD : (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, the certified caregiver shall always have a signed physician's order for all medications or treatments and diet, including upon admission. The certified caregiver shall obtain signed physician's orders for the identified medications and for diet by 7/10/21.	7/16/21	
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	Effective immediately, the certified caregiver shall always have a current emergency protocol in place, that includes an applicable Functional Behavior (FBA) and Positive Behavior Support Plan (PBSP). The certified caregiver shall obtain a copy of the foster adults' current FBA/PBSP by 7/10/21.	7/16/21	
§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.	The State & Federal criminal history record clearances for the certified caregiver and her substitute caregivers are pending.	6/16/21	

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-37 HEALTH OF FOSTER FAMILY: (b)(2) Tuberculosis (TB) clearance, in accordance with current department recommendations, on every member of the household.	The certified caregiver shall obtain a TB clearance for the identified household member and forward a copy to the Certification Unit by 7/10/21.	6/14/21