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

☐ No deficiencies

SECTION PLAN CORRECTION Completion Date				
SECTION	(To be completed by the caregiver)	Completion Date		
§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 caregiver shall take the following action to minimize the risk of medication errors:  (a) When giving medications, the individual's Medication Administration	7/13/21		
	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 7/07/21.			

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 7/07/21.	
	Effective immediately, the certified caregiver shall use the abbreviations "DP" to document when a medication is administered at the foster adult's day program and shall indicate the specific time medications are administered.	
§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.	Effective immediately, the certified caregiver shall always have a signed physician's order for every medication and treatment.	7/07/21
§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 criminal history record clearances for the certified caregiver and her substitute caregivers are pending.	6/08/21

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED:  (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	The certified caregiver shall obtain and submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for herself, her substitute caregiver and all adult household members by 7/06/21.	1/19/22