

Name of Foster Parents (s): _Cabacungan, Emma and Deando_ Date of Inspection: 9/13/21

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
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Medication Error discovered for both participants. Medication Administration Record (MAR) was not initialed/documented that several medications were given as ordered. Caregiver to complete an Adverse Event Report (AER) due to medication error. Reviewed Medication Administration best practices with caregiver. Caregiver to submit evidence of medication administration re-training from Provider agency.	9/20/21
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Annual criminal history results pending for caregivers and substitute caregiver.	10/7/21