Name of Foster Parents (s): <u>Leseli Lavulo</u> Date of Inspection: <u>8/30/21</u>

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
§11-148-16 RECORD : (b)(2)(C)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.	Effective immediately, the certified caregiver shall keep a record of the foster adult's response to medications, treatments, diet, plan of care, behavior patter, etc. on a monthly basis or more frequently as appropriate on file in the foster adults' record. The certified caregiver shall forward copies of her observation records to the Certification Unit for verification by 9/30/21.	
§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 preparing the Medication Administration Record (MAR) the certified caregiver shall record the name of the medication, the dosage, the number of capsules/tablets, the 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. (b) When giving medications, the individual's MAR must be present.	

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
	(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).	
	(f) An Adverse Event Report (AER) documenting the medication errors shall be completed and submitted to the foster adult's assigned Case Manager. A copy of the AERs shall be submitted to the Certification Unit for verification by 9/30/21.	
	(g) The certified caregiver shall be trained on proper medication administration and documentation from the Register Nurse (RN) overseeing and delegating the nursing task of administering medications. Verification of such training shall be submitted to the Certification Unit by 9/30/21.	

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§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 every medication or treatment, including orders to discontinue medications or treatments. The certified caregiver shall obtain physician's orders for medications for the identified foster adults by 9/30/21. Copies shall be forwarded to the Certification Unit for verification.	
§11-148-16 RECORD : (b)(2)(C)(7) During residence, foster adult record includes recordings of foster adult's weight, on a monthly basis or more often when requested by the physician or DDD.	Effective immediately, the certified caregiver shall keep a record of the foster adult's weight on a monthly basis.	
§11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.	Effective immediately, the certified caregiver shall keep an accurate accounting of the foster adult's money, including receipts. The receipts of the identified purchases shall be submitted to the Certification Unit for verification by 9/30/21.	
§11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains a current inventory of possessions.	Effective immediately, the certified caregiver shall maintain a current inventory of the foster adults' possessions. The certified caregiver shall complete an inventory of the foster adult's possessions and forward a copy to the Certification Unit for verification by 9/30/21.	

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED:	The State & Federal criminal history record clearance for the certified caregiver is pending.	
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.		
§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 (APS) and Child Abuse & Neglect (CAN) clearances for herself and submit it to the Certification Unit by 9/30/21.	