

Name of Foster Parents (s): _Layugan, Rufina_ Date of Inspection: 10/18/21

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)(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.	Documentation of observations were not written during the time that participant was home (due to no ADH because of COVID19). Effective immediately, caregiver to resume documenting observations at least monthly even if participants are at home.	10/22/21
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Medication errors found for 2 participants. Caregiver to complete adverse event reports (AER) for both participants and to submit to Res-Hab agency for review and re-training by RN Service Supervisor. Caregiver to submit evidence of being re-trained for Medication Administration. Certifier also reviewed best practices for Medication Administration with caregiver during record review.	11/12/21
(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 clearance results are pending for both caregiver and substitute caregiver.	10/22/21

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Received Proof of Payment 10/1/21 for APS/CAN registry checks for all required individuals. Results are pending.	11/16/21