

Name of Foster Parents (s): Jain & Patrick Lacuesta

Date of Inspection: 11/17/21

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

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION</b> <b>(To be completed by the caregiver)</b>	<b>Completion Date</b>
§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 caregivers shall take the following action to minimize the risk of medication errors: (a) When giving medications, the 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 caregivers 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 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 12/17/21.	11/30/21

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	(g) The certified caregivers shall be retrained on proper medication administration and documentation from the Registered Nurse overseeing Training & Consultation – RN services and delegating the nursing task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 12/17/21.	
<p>§11-148-16 <b>RECORD:</b>            (b)(2)(C)(9) During residence, foster adult record includes incident reports of bodily injury or other unusual circumstances (i.e. suspected abuse/neglect, medication errors and/or unexpected reaction to medication or treatment, change in behavior, change in health condition requiring medical treatment, death, and whereabouts unknown).</p>	<p>Effective immediately, the certified caregivers shall inform the foster adult’s case manager verbally within 24 hours or the next business day and in writing within 72 hours in the form of an Adverse Event Report (AER) for any use of restrains, which includes chemical, mechanical or physical restraints. The certified caregivers shall also take the following actions:</p> <p>(a) An AER documenting the most recent use of a chemical restraint 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 11/17/21.</p>	11/30/21

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	<p>(b) The certified caregivers shall be retrained on the procedures for reporting adverse events involving participants of the Developmental Disabilities Division (DDD) by the RES/HAB and/or T&amp;C-RN provider agency overseeing and delegating the nursing task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 11/17/21.</p>	
<p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b>  (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>The certified caregivers shall submit to the Certification Unit Adult Protective Services (APS) and Child Abuse &amp; Neglect (CAN) clearances for all certified &amp; substitute caregivers and all adult household members by 12/17/21.</p>	<p>11/18/21</p>