

Name of Foster Parents(s): Memia Dela Cruz & Lani LaFountain Date of Inspection:
12/02/21

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
<p>§11-148-16 RECORD: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p>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.</p> <p>Certifier also reviewed best practices for Medication Administration with caregiver during record review.</p>	
<p>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications</p>	<p>Caregiver shall submit an MD order to discontinue Clobetasol Propionate Cream. Submit to the Certification Unit by 12/30/21.</p>	
<p>§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department and treatment.</p>	<p>Manual consent submitted, results pending.</p>	

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Criminal History and payments submitted for the caregiver and substitute caregivers, results pending.	
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver completed consents and payment for Adult Protective Services (APS) and Child Abuse and Neglect (CAN) for all required individuals. Results are pending. Caregiver to submit APS/CAN results to Certification upon receipt.	