

Name of Foster Parents (s): Dolly Valencia

Date of Inspection: 02/17/22

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

No deficiencies.

<b>SECTION</b>	<b>PLAN CORRECTION (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.	<p><b>(1) MAR is not initialed on 12/31/21 for Multivitamin, Levothyroxine 100mcg, DOK 100mg, Buspirone 15mg, Quetiapine ER 300mg.</b></p> <p><b>(2) MAR is not initialed on 5/31/21 for Multivitamin, Levothyroxine 100mcg, DOK 100mg, Buspirone 15mg, Quetiapine ER 300mg, Liothyronine 5mcg.</b></p> <p><b><u>MEDICATION ERROR</u></b></p> <p><b><u>(1,2) Effective immediately, the certified caregiver shall take the following action to minimize the risk of medication errors:</u></b></p> <p><b>(a) When giving medications, the individual's Medication Administration record (MAR) and a monthly calendar with the correct day of the month must be present for accuracy.</b></p>	

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	<p><b>(b) Record the administration of the medication immediately on the individual’s MAR on the specific day of the month. Caregiver will verify the date medication is being administered.</b></p> <p><b>(c) 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).</b></p> <p><b>(d) An Adverse Event Report (AER) documenting the medication error shall be completed and submitted to the foster adult’s assigned Case Manager and the Residential Habilitation Services Agency.</b></p>	

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	<p><b>(e) The certified caregiver shall be retrained on proper medication administration and documentation from the Registered Nurse overseeing Residential Habilitation Services and delegating the nurse task of administering medications. Verification of such retraining shall be submitted to the Certification Unit by 03/17/22.</b></p> <p><b><u>A copy of the AER shall be submitted to the Certification Unit for verification by 03/17/22.</u></b></p>	
<p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b></p> <p>(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p><b>Caregiver submitted annual criminal history consents and payment, results are pending.</b></p>	