

Name of Foster Parents (s): Ana Marie Alferos Date of Inspection: 3/1/22

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)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Medication error found for several medications for both participants that were not initialed on Medication Administration Record as being given as ordered by respective physicians. Caregiver to complete and submit an Adverse Event Report (AER) for both participants. Caregiver to provide evidence of medication administration review/re-training by agency RN by April 1, 2022.	
§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.	Accounting of Allowance was not of file for one participant for the year. Caregiver to submit Accounting of Allowance form for the month of February 2022 as verification of completion. Caregiver to continue to keep accurate accounting of participant's allowance.	
(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 caregiver and substitute caregivers.	