

Name of Foster Parents (s): DALAN, Maria and Daniel Date of Inspection: 2/2/22

**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>
<p>§11-148-16 <b>RECORD:</b>  (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>(1) Effective immediately, the certified caregivers shall always have a signed physician's order for every medication or treatment, including when to discontinue a medication. The certified caregivers shall obtain a signed physician's order to discontinue the identified medication by 3/02/22. If a signed physician's order to discontinue the identified medications are not obtained, this will be considered a medication error and an Adverse Event Report (AER) shall be completed and submitted to the foster adult's case manager and the Certification Unit. In addition, the certified caregiver will be required to be retraining on proper medication administration and documentation if a medication error is determined.</p> <p>(2) Effective immediately, the certified caregivers shall minimize the risk of medication errors by following best practice guidelines for medication administration which include, but is not limited to:</p> <p>(a) The certified caregiver shall adhere to the "six rights" of medication administration (RIGHT MEDICATION, RIGHT DOSE, RIGHT ROUTE/METHOD, RIGHT TIME, RIGHT PERSON, RIGHT DOCUMENTATION).</p>	<p>2/15/22</p>

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
	<p>(b) The certified caregiver shall review the physician's progress notes or after visit instructions at the conclusion of a medical examination. The certified caregiver shall never be afraid to ask questions, as it could save both the individual and the individual's caregivers from serious consequence.</p> <p>(c) The certified caregiver shall obtain written documentation from the foster adult's physician confirming her belief that physician's order for the medication in question were written in error by 3/2/22.</p> <p>(d) If written documentation is not obtained or the physician states the order given on 11/10/21 was correct, this will be considered medication error involving the wrong dose and an Adverse Event Report (AER) shall be completed and submitted to the foster adult's case manager and the Certification Unit. In addition, the certified caregiver will be required to be retrained on proper medication administration and documentation by the provider of RES/HAB services.</p>	
<p>§11-148-21 <b>HEALTH:</b> (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.</p>	<p>Effective immediately, the certified caregivers shall ensure the foster adults receive a physical examination annually. The certified caregivers shall support the identified foster adult with obtaining a physical examination by 3/2/22.</p>	<p>3/2/22</p>

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<b>SECTION</b>	<b>PLAN CORRECTION</b> <b>(To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-22 <b>EMERGENCIES:</b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	The certified caregivers shall obtain a copy of the foster adult's FBA/PBSP by 3/2/22.	2/15/22