

Name of Foster Parents (s): Marie Galla Date of Inspection: 3/8/22

**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>
(b)(2)(C)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.	Current ISP is not on file for both participants. Caregiver to obtain, review and then file current ISP in respective participants' charts. Caregiver to submit 1 <sup>st</sup> page of ISP for both participants as verification of receipt by 4/8/22.	
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	<p>Discrepancy found between physician's order for one medication and dosage that was written on Medication Administration Record (MAR). Caregiver to follow up with respective physician to verify correct dosage. Caregiver to submit current physician's order as verification by 4/8/22.</p> <p>Physician's order on file for one medication, but MAR was not initialed that it was administered as ordered from 3/1/22 through 3/8/22. Reviewed with caregiver medication administration best practices. Caregiver to submit AER for the medication error. Caregiver to submit verification of Medication Administration re-training from Reshab agency RN by 4/8/22.</p>	

