

Name of Foster Parents (s): Virginia Tabaquin Date of Inspection: 02/18/22

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
<p>§11-148-16 RECORD: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p>MAR is not initialed on 8/31/21 for: Tamulosin 0.4mg Quetiapine 20mg DOK Docusate Sodium 100mg <u>MEDICATION ERROR</u> <u>Effective immediately, the certified caregiver shall take the following action to minimize the risk of medication errors:</u> (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) 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. (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).</p>	<p>2/22/22</p>

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	<p>(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.</p> <p>(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 03/18/22.</p> <p><u>A copy of the AER shall be submitted to the Certification Unit for verification by 03/18/22.</u></p>	