Name of Foster Parent(s): Henry, William Jay /Agpalza Lourwyne **Inspection Date:** 08/17/16

ADULT FOSTER HOME INSPECTION REPORT

SECTION	Y	N	P	NA	PLAN/DATE OF CORRECTION
§11-148-15 **CARE OF FOSTER RESIDENT**: The number of foster adults cared for does not exceed two, unless allowed under 321.11.2, HRS.	X				
§11-148-16 **RECORD**: (a) & (b)(1) A current register of all foster adults admitted that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed.	X				
(b)(2)(A) & (B) Foster adult record includes the contact information of the adult's physician, DDD Case Manager and parents, legal guardian or other responsible party in the event of an emergency.	X				
(b)(2)(C)(1) During residence, foster adult record includes copies of physicians' initial, annual, and periodic medical exams, evaluations, progress notes, and lab reports.	X				
(b)(2)(C)(1) During residence, foster adult record includes reports of annual tuberculosis clearances.	X				
(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.	X				
(b)(2)(C)(3) During residence, foster adult record includes entries describing treatments and services rendered.	X				
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	X				
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.			X		**Discontinued orders not on file for 2 medication/treatment. Caregivers to obtain discontinued orders and to submit copy to Certification Unit by 9/28/16 for verification.** **Received 9/12/16; Verified 9/13/16**
(b)(2)(C)(7) During residence, foster adult record includes recordings of foster adult's weight, on a monthly basis or more often when requested by the physician or DDD.	X				

Name of Foster Parent(s): Henry, William Jay /Agpalza Lourwyne **Inspection Date:** 08/17/16

SECTION	Y	N	P	NA	PLAN/DATE OF CORRECTION
(b)(2)(C)(8) During residence, foster adult record includes notations of visits made to or by the resident.	X				
(b)(2)(C)(9) During residence, foster adult record includes incident reports of bodily injury or other unusual circumstances (i.e. suspected abuse/neglect, medication errors and/or unexpected reaction to medication or treatment, change in behavior, change in health condition requiring medical treatment, death, and whereabouts unknown).			X		**Adverse Event Report (AER) needs to be on file for all incidents. One incident happened at day program so agency responsible to complete AER, but none on file. Caregivers to request copy of AER from day program for their records.** **Caregiver received copy and filed it in respective foster adult's chart.**
(c) Foster adult records and information from the records are held confidential and made available only to authorized department personnel or those with written consent for release of information.	X				
(e) Foster adult records were readily available and accessible to department personnel.	X				
§11-148-20 **MEMBER OF FOSTER FAMILY:** (a) The resident cared for as a family member and shares in the family's pleasures and responsibilities.	X				
(b) Changes which adversely affect the foster adult were reported to the Certification Unit in accordance with guidelines established by the Department.	X				
§11-148-21 **HEALTH:** (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.			X		**One physical exam was completed for foster adult, but copy not on file. Caregiver to obtain copy of physical exam and to submit to Certification Unit by 9/28/16 for verification.** **Received 9/12/16; Verified 9/13/16**
(e) Foster parent carried out regularly planned medical visits.	X				
§11-148-22 **EMERGENCIES:** (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	X				
§11-148-23 **DIET:** Foster parent provides an adequate diet for good nutrition.			X		**No current diet order on file for one foster adult. Physical exam was recently completed. Caregiver to submit physical exam with written diet order to Certification Unit by 9/28/16.** **Received 9/12/16; Verified 9/13/16**

Name of Foster Parent(s): Henry, William Jay /Agpalza Lourwyne **Inspection Date:** 08/17/16

SECTION	Y	N	P	NA	PLAN / DATE OF CORRECTION
§11-148-24 **CLOTHING AND PERSONAL SUPPLIES:** (a) Foster adult clothing is kept clean, in proper condition of repair and is of appropriate size.	X				
(b) Foster adult provided with individual combs, toothbrushes, and other toiletry articles.	X				
§11-148-25 **RECREATION AND SOCIAL ACTIVITIES:** (a) Foster adult provided with a well-balanced daily program that includes ample time to rest, regular meal hours and recreation.	X				
(b) Foster adult provided with opportunities for appropriate social and recreational activities in the community.	X				
(c) Foster adult provided with the opportunity to visit with parents/guardian and relatives.	X				
§11-148-27 **RELIGION:** Foster adult's religious faith respected and the foster adult afforded with the opportunity to attend church or religious activity of the foster adult's parents, guardian or of their choice.	X				
§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.	X				
(d) Record contains a current inventory of possessions.	X				
§11-148-34 **PERSONAL QUALIFICATIONS REQUIRED:** (a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.	X				
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	X				
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	X				

Name of Foster Parent(s): Henry, William Jay /Agpalza Lourwyne **Inspection Date:** 08/17/16

SECTION	Y	N	P	NA	PLAN/DATE OF CORRECTION
§11-148-37 **HEALTH OF FOSTER FAMILY**: (a) All members of the household are free from disease which may be transmittable to others and from physical and emotional conditions which may adversely affect the foster parents' ability to care for the foster adult.	X				
(b)(2) Tuberculosis (TB) clearance, in accordance with current department recommendations, on every member of the household.		X			Secure current TB clearance and submit a copy to the Certification Unit by **9/28/16.** **Received 9/12/16; Verified 9/13/16**
§11-148-38 **INCOME:** (b) Foster parents do not conduct a rooming or boarding house or adult residential care home, or other business on the premises which may adversely affect the welfare of the foster adult(s) under the foster parents care.	X				
§11-148-39 **EMPLOYED PARENT:** The employment of the foster parent does not interfere with foster care responsibilities.	X				
§11-148-45 **REQUIREMENTS:** (1) Bedroom complies with acceptable State standards on housing and sanitation and has at least 50 square feet of floor space for each foster adult.	X				
(2) The home is accessible to foster adults requiring a wheelchair for mobility (in accordance with ADA standards).		X			Ambulatory only
(3) The home is equipped with running water for bathing facilities and home is connected to public sewage system or other approved method.	X				
(4) The home is equipped with sanitary flush toilets that are in proper working condition.	X				
(5) The home is equipped with adequate artificial and natural lighting and ventilation.	X				
(6) Food stored in an area of the home that is free from rat and insect infestation and perishable food stored in a refrigerator.	X				
(7) Food prepared in approved kitchen area with adequate sink facilities.	X				
(13) The premises is kept in a sanitary and safe condition with reasonable protection from fire hazards, drugs, poisons, household supplies and dangerous tools, and weapons.	X				

Name of Foster Parent(s): Henry, William Jay /Agpalza Lourwyne **Inspection Date:** 08/17/16

SECTION	Y	N	P	NA	PLAN / DATE OF CORRECTION
§11-148-46 **EQUIPMENT AND FURNISHING**: (a) Foster adult is provided with an adequate closet or dresser.	X				
(b) Foster adult is provided with an individual bed.	X				
(c) Foster adult's bed is comfortable, clean and equipped with clean linen and waterproof covering, if needed.	X				
§11-148-47 (a) The resident's room has suitable light and ventilation.	X				
§11-148-47 **SLEEPING ARRANGEMENTS**: (b) Foster parent's family is not displaced because of the presence of the foster adult(s).	X				
(c) Foster adult does not share a room with a married couple or an adult of the opposite sex.	X				
(d) Foster adult does not sleep in the same room with a child of the opposite sex.	X				
(e) Foster adult does not sleep in a detached building.	X				
(f) Foster adults' beds are spaced 3 feet apart.				X	Foster adults have own bedrooms
OPTIONAL CREDENTIALS OBTAINED: Foster parent(s) and substitute caregivers have current CPR Certificate.	X				
Foster parent(s) and substitute caregivers have current First Aid Certificate.	X				
Foster parent(s) and substitute caregivers received training that is applicable to the care of foster adults within the year.	X				