Name of Foster Parents (s): Leonides Albano Date of Inspection: 8/14/19

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
§11-148-22 **EMERGENCIES:** (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	Effective immediately, the foster parent shall always have a current emergency protocol in place. The foster parent shall obtain a copy of the identified foster adult's current Individualized Service plan (ISP) that includes the Risk & Safety and Emergency & Crisis planning sections by 9/14/19.	
§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.	Effective immediately, the foster parent shall keep an accurate accounting of the foster adults' money, including receipts for expenditures. The foster parent shall have an accurate accounting of each foster adult's money for 8/2018 to 8/2019 by 9/14/19.	
§11-148-34 **PERSONAL QUALIFICATIONS REQUIRED:** (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	The results of the State & Federal criminal history record clearances for the certified caregiver and substitute caregivers are pending.	

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-34 **PERSONAL QUALIFICATIONS REQUIRED:** (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	The certified caregiver shall obtain and submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for herself, her substitute caregivers and all adult household members by 9/14/19.	

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date