

Name of Foster Parents (s): Ofelia Lagat

Date of Inspection: 8/21/19

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
§11-148-45 REQUIREMENTS: (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.	Effective immediately, all medication shall be stored in a locked location. The certified caregiver shall store medications requiring refrigeration in a locked container by 9/21/19.	