

Name of Foster Parents (s): Kaeo, E & D Date of Inspection: 9/5/19

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
(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.	Copy of September 2019 caregiver notes to be submitted for verification by October 5, 2019.	
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Copy of updated MD orders to be submitted for verification by October 5, 2019.	
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Copy of discontinuation orders to be submitted for verification by October 5, 2019.	
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Copy of 2019 PE to be submitted for verification by October 5, 2019.	

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-23 DIET: Foster parent provides an adequate diet for good nutrition.	Copy of updated diet order to be submitted for verification by October 5, 2019.	
§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.	Pending.	
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Pending.	
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Pending.	
(b)(2) Tuberculosis (TB) clearance, in accordance with current department recommendations, on every member of the household.	Copy of current TB Clearance to be submitted for verification by October 5, 2019.	

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<p><u>OPTIONAL CREDENTIALS OBTAINED:</u> Foster parent(s) and substitute caregivers have current CPR Certificate.</p>	<p>Pending.</p>	
<p>Foster parent(s) and substitute caregivers have current First Aid Certificate.</p>	<p>Pending.</p>	