

Name of Foster Parents (s): Helen Sampiano Date of Inspection: 9/3/19

**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
<p>(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p>Copy of discontinuation order or verification of medication availability to be submitted by October 3, 2019.</p> <p>Copy of discontinuation order or verification of medication availability to be submitted by October 3, 2019.</p> <p>Copy of discontinuation order or verification of medication availability to be submitted by October 3, 2019.</p> <p>Copy of discontinuation order or verification of medication availability to be submitted by October 3, 2019.</p> <p>An Adverse Events Report (AER) to be completed and submitted through Advantage for medication error. Copy of AER to be submitted for verification by October 3, 2019.</p> <p>An Adverse Events Report (AER) to be completed and submitted through Advantage for medication error. Copy of AER to be submitted for verification by October 3, 2019.</p>	

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Copy of updated MD orders to be submitted for verification by October 3, 2019.	
(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.	

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