

Name of Foster Parents (s): Quiambao, Olivia Date of Inspection: 9/12/19

**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)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Copy of updated MD order or discontinuation order to be submitted for verification by October 12, 2019.	Received 9/26/19.
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Verification of updated medication to be submitted for verification by October 12, 2019.	Verified 10/14/19.
	Copy of updated MD order to be submitted for verification by October 12, 2019.	Received 9/26/19.
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	Self-preservation statement to be completed by MD & copy to be submitted for verification by October 12, 2019.	Received 9/26/19.
	Copy of updated form to be submitted for verification by October 12, 2019.	Verified 10/14/19.
(d) Record contains a current inventory of possessions.	Copies of 2019 inventory records to be submitted for verification by October 12, 2019.	Received 9/26/19.
(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	Completed 9/16/19