

Name of Foster Parents (s): Ramiscal, Erlinda

Date of Inspection: 10/17/19

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)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Copy of updated MD order to be submitted for verification by November 17, 2019.	Verified 10/23/19.
	Copy of updated medication label or MD order that indicates the substitution to be submitted for verification by November 17, 2019.	Verified 10/23/19.
	Verification of medication availability or discontinuation order to be submitted by November 17, 2019.	Verified 10/23/19.
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Pending.	Completed 10/23/19.