

Name of Foster Parents (s): Corazon DelaRosa

Date of Inspection: 1/13/20

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>§11-148-16 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Caregiver to obtain a current, signed and dated diet order and submit a copy to the Certification Unit for verification. Caregiver to obtain diet orders annually thereafter.</p> <p>Caregiver to obtain a signed and dated medication order any time a medication is increased, decreased, modified, added, or discontinued.</p> <p>Caregiver to obtain an order/discontinue order for the medications and submit a copy to the Certification Unit for verification.</p> <p>Once accurate and complete orders are obtained, Caregiver to rewrite the MAR (Medication Administration Order) to accurately reflect the orders (including ALL instructions) and submit a copy of the corrected MAR to the Certification Unit for verification.</p> <p>Corrections due: <u>February 14, 2020.</u></p>	<p>Corrections rcvd February 11, 2020.</p>