

Name of Foster Parents (s): **GAINES, Gary** Date of Inspection: **1/10/20**

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 <u>RECORD:</u> (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 order for the medication and submit a copy to the Certification Unit for verification. Caregiver to ensure that the MAR and the prescription label matches the order. If there are discrepancies in the order and label, Caregiver to call the doctor to clarify.</p> <p>Caregiver to obtain a signed and dated letter from the prescribing physician indicating that the participant is able to self-administer the medication.</p> <p>Corrections Due: <u>February 10, 2020</u></p>	<p>-Received 2/24/20.</p>
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>Results pending for Substitute. Caregiver to submit Criminal History/Fingerprinting clearance via FieldPrint to the Certification Unit for verification.</p> <p>Corrections Due: <u>February 10, 2020</u></p>	<p>-Received 2/24/20.</p>