

Name of Foster Parents (s): Laza, Krispy Mae

Date of Inspection: 1/24/20

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Current MD orders not on file from one physician. Caregiver to obtain and submit to Certification by 2/28/20.	2/5/20