

Name of Foster Parents (s): Sabugo, Jocelyn

Date of Inspection: 1/29/20

**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)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.	Current ISP not on file for one participant. Caregiver to request copy of ISP and to fax 1 <sup>st</sup> page to Certification for verification by 2/21/20.	2/19/20