

Name of Foster Parents (s): ALO-AKINA, Madeleine Date of Inspection: 2/10/20

**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 diet order signed and dated by the primary doctor annually or if order changes. Caregiver to submit a copy of the diet order to the Certification Unit for verification.</p> <p>Caregiver to always have orders for any/all medications that are being administered.</p> <p>Caregiver to ensure that orders indicate accurate start/stop dates and that medications intended to be administered on an as needed basis state "PRN" or "as needed."</p> <p>Caregiver to submit copies of corrected orders to the Certification Unit for verification.</p> <p>Due: <u>March 9, 2020</u></p>	<p>All corrections received 3/9/20</p>
<p>§11-148-22 <u>EMERGENCIES:</u> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Caregiver to obtain the Emergency Protocol and submit a copy to the Certification Unit for verification.</p> <p>Due: <u>March 9, 2020</u></p>	<p>Correction accepted 3/9/20</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>Criminal clearances for caregivers are pending.</p>	<p>Criminal history clearances received for all caregivers.</p>

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver to submit CAN/APS clearances. Due: <u>March 9, 2020</u>	CAN/APS clearances received.