

Name of Foster Parents (s): ANCHETA, Rubelyn

Date of Inspection: 2/13/20

**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 |
|---|--|---------------------------------------|
| §11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident. | Caregiver to obtain a copy of the current ISP and keep in the Participant's chart for easy reference. Caregiver to submit a copy of the Emergency Protocol and submit to the Certification Unit for verification. Correction due: <u>March 13, 2020</u> | Correction accepted 3/2/20 |
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