Name of Foster Parents (s): <u>Gusman, Robert/Loreta</u> Date of Inspection: <u>2/5/20</u>

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

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Current updated MD order not on file from one respective physician. Caregiver to obtain MD order and to submit to Certification Unit by 2/21/20.	2/5/20