

Name of Foster Parents (s): Leano, Fe Mary

Date of Inspection: 3/12/20

**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
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Current physician's order not on file for one routine medication. Caregiver to obtain physician's order and to submit copy to Certification Unit for verification by 3/23/20.	
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Physical exam form incomplete. Caregiver to have primary care physician complete form and to submit copy to Certification Unit by 3/23/20.	