

Name of Foster Parents (s): Cresilda Osorio Date of Inspection: 2/28/20

**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)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	<p>(1) Obtain a current MD order</p> <p>(2) Obtain a current MD order</p> <p>(3) Several medication orders did not include the route medication is to be given. Obtain a complete MD order which includes the route for specified medications to be submitted by March 16, 2020</p> <p>(4) Obtain a MD order with the dosage</p> <p>(5) Obtain MD order with the dosage</p> <p>(6) Obtain MD order with dosage</p> <p>(7) Obtain MD order to discontinue</p>	
<p>§11-148-21 HEALTH:</p> <p>(a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.</p>	<p>(8) Self-Preservation statements to be on file, obtain self-preservation statements</p>	
(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>(9) Submit Annual Criminal History forms and payment by March 16, 2020</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.	(10) Submit APS/CAN forms and results by March 16, 2020	
(13) The premises is kept in a sanitary and safe condition with reasonable protection from fire hazards, drugs, poisons, household supplies and dangerous tools, and weapons.	(11) Effectively immediately, the certified caregiver shall properly dispose of all medication as they expire. The identified medication shall be properly disposed of by 03/16/20.	