

Name of Foster Parents (s): Tessie Valdez-Aguda

Date of Inspection: 1/15/20

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 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Effective immediately, the certified caregiver shall always have a signed physician's order for every medication or treatment, including when to discontinue a medication or treatment. The certified caregiver shall obtain a signed physician's order to discontinue the identified supplement by 2/15/20.</p>	2/10/20
<p>§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>The certified caregiver shall submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for her substitute caregiver by 2/15/20.</p>	2/10/20