## **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)	
§11-148-16 <b>RECORD</b> : (a) & (b)(1) A current register of all foster adults admitted that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed.	Current Admission/Discharge form was not on file. Caregiver provided form and instructed to update form as needed.	3/5/20