

Name of Foster Parents (s): Rasay, Corazon

Date of Inspection: 3/13/20

**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
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Caregiver to submit copy of current physical exam to include self-preservation statement by 4/17/20.	3/20/20
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet , medications and treatment.	Current diet order not on file. Caregiver to have primary care physician complete diet order on physical exam form and to submit it by 4/17/20.	3/20/20