

Name of Foster Parents (s): Norma Manuel

Date of Inspection: 3/03/20

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)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.</p>	<p>Effective immediately, the certified caregiver shall record her of the foster adult's response to medications, treatments, diet, plan of care and behavior on a monthly basis or more often as appropriate.</p>	3/30/20
<p>§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Effective immediately, the certified caregiver shall always have a current emergency protocol in place. The foster parent shall obtain a copy of the identified foster adult's current Individualized Service Plan (ISP) that includes the Risk & Safety and Emergency & Crisis planning sections by 4/03/20.</p>	3/30/20
<p>§11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.</p>	<p>Effective immediately, the foster parent shall keep an accurate accounting of the foster adults' money. The foster parent shall submit a current and complete accounting of the foster adults' money to the Certification Unit by 4/03/20.</p>	3/30/20

