

Name of Foster Parents(s): Josephine/Charles Quiambao Date of Inspection: 04/30/20

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-16 <b>RECORD:</b> (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	<b>(1) All medications ordered by MD need to be documented at the time of the medication administration</b>	
§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	<b>(2)The certified caregiver shall submit the APS/CAN clearances to the certification unit</b>	

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