

Name of Foster Parents (s): Vilma Redor

Date of Inspection: 5/14/20

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
§11-148-16 RECORD: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(1) The certified caregiver shall obtain an MD order with the route of the medications and <u>submit it to the Certification Unit by 6/11/20.</u> Effectively immediately the MD order must contain the name of the medication, dosage size, frequency, route and any special instructions. The certified caregiver to review medications with the prescribing physician and review after-visit summaries for accuracy. Date of Correction:	
§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.	(2) The certified caregiver shall submit the APS/CAN results via Fieldprint to the Certification Unit by 6/11,/20. In the future, the Caregiver to complete the APS/CAN clearances and submit to the Certification Unit by the due date indicated on the Recertification Notice. Date of Correction:	