

**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>
<p>§11-148-16 <b>RECORD:</b> (b)(2)(C)(4) &amp; (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p><b>(1) The certified caregiver shall obtain an MD order that includes the route for medication administration. Submit to the Certification Unit by June 26, 2020.</b></p> <p><b>(2) The certified caregiver shall submit the current MAR with route for all medications and to submit them to the Certification Unit by June 26, 2020.</b></p> <p><b>Effective immediately the MD order and MAR must contain the name of the medication, dosage size, frequency, route and any special instructions.</b></p>	
<p>§11-148-21 <b>HEALTH:</b> (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.</p>	<p><b>(3) The certified caregiver shall submit a self-preservation statement to the Certification Unit by June 26, 2020.</b></p>	

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b>                      (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>The criminal history record clearances for the certified caregiver and her substitute caregivers to be submitted by June 26, 2020.                      Criminal History request and results are pending.</p>	
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Effective immediately, caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse &amp; Neglect (CAN) registry checks for all caregivers and substitutes by June 26, 2020.                      APS/CAN request and results are pending.</p>	

Name of Foster Parents(s): Walter & Lilian Macaraig

Date of Inspection:5-29-20

<b>SECTION</b>	<b>PLAN CORRECTION</b> <b>(To be completed by the caregiver)</b>	<b>Completion Date</b>