Name of Foster Parents (s): **Norma Perucho** Date of Inspection: **6/4/20**

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
(b)(2)(C)(1) During residence, foster adult record includes copies of physicians' initial, annual, and periodic medical exams, evaluations, progress notes, and lab reports.	**Caregiver will create a spreadsheet of all the doctors that each participant sees, when the last visit was completed, and when the next follow up is due. Caregiver to keep the spreadsheet in the front of the chart.** **Caregiver to submit a copy of the spreadsheet to the certification unit for verification.** **Correction due: July 3, 2020**	
§11-148-34 **PERSONAL QUALIFICATIONS REQUIRED:** (a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.	**Caregiver will submit manual clearance for adult household member.** **Correction due: July 3, 2020.**	
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	**Criminal history results pending for caregivers.**	
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	**Caregiver will apply for CAN/APS clearance for household member and submit CAN/APS clearances for ALL caregivers and adult household members to the Certification Unit.** **Correction due: July 3, 2020.**	