

Name of Foster Parents (s): Virginia Tabquin Date of Inspection: 02/24/20

**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>
(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.	<b>(1) Obtain a self-preservation statement from MD to be submitted by March 13, 2020.</b>	Completed 3/10/20
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	<b>(2) Several medication orders did not include the route. Obtain a complete MD order which includes the route to be submitted by March 13, 2020.</b> <b>(3) Verification of route indicated on the MAR to be submitted by March 13, 2020.</b> <b>(4) Submit current MAR with the route, to be submitted by March 13, 2020.</b> <b>(5) Obtain complete MD order or discontinued order for one supplemental nutritional drink by March 13, 2020.</b>	Completed 3/10/20
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	<b>(6) Update diet order by March 13, 2020</b>	Completed 3/10/20

