

Name of Foster Parents (s): **BARENG, Corazon**

Date of Inspection: **2/21/20**

**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
<p>§11-148-16 <u>RECORD:</u> (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Caregiver to call primary care doctor and clarify the diet order. If the order is to remain as stated on the PE, caregiver to verbally inform Certifier. However, if formula is to be administered as stated on the medical record, caregiver to request a new diet order from doctor and submit to Certifier for verification.</p> <p>Correction due: <u>March 20, 2020.</u></p>	<p>Correction received 2/27/20</p>
<p>§11-148-22 <u>EMERGENCIES:</u> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Caregiver to obtain copy of ISP and file in chart. Caregiver to submit copy of Emergency Protocol page as well as goals/services pages to the Certification Unit for verification.</p> <p>Correction due: <u>March 20, 2020.</u></p>	<p>Correction received 7/2/20</p>
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Caregiver to submit copies of CAN/APS clearances for all caregivers/adult household members to the Certification Unit.</p> <p>Correction due: <u>March 20, 2020.</u></p>	<p>Correction received 2/27/20</p>