

Name of Foster Parents (s): CAJIMAT, Nancy Date of Inspection: 3/13/20

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)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment. | Caregiver to obtain a current order for the medication and refill it as it will be expiring on 3/27/20. Caregiver to submit a copy of the order and verification that the medication was refilled to the Certification Unit. -Correction due: <u>April 13, 2020</u> | Received 7/1/20 |
| §11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains a current inventory of possessions. | Caregiver to take inventory of Participant's possessions and submit a copy to the Certification Unit for verification. Caregiver to take inventory of possessions at least annually. -Correction due: <u>April 13, 2020</u> | Received 7/1/20 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |