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 reports of annual tuberculosis clearances.	Caregiver will submit evidence of a completed TB Clearance for participant. Correction due: <u>July 1, 2020</u> .	Received 6/25/20
§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.	Manual Clearance for adult household member outstanding. Caregiver to submit "Consent for Release of Information" for household member Correction due: July 1, 2020.	Consent received 6/29/20; clearance as of 7/2/20.