

Name of Foster Parents (s): Mangrobang, Dionicia "Juni" Date of Inspection: 7/23/20

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)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.	<p>Verbal recommendation given to caregiver for tube replacement. Effective immediately, caregiver to obtain decision in writing from physician and to submit to Certification for verification.</p> <p>Visit with specialist recommended. Effective immediately, caregiver to schedule and obtain documentation from visit to submit to Certification Unit upon completion. If OPG does not consent, then caregiver to submit written verification to Certification of that decision.</p>	