

Name of Foster Parents (s): Martin, Primi and Agudo, Eva Marie

Date of Inspection: 7/8/20

**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.	Current lab report not on file. Effective immediately, caregiver to obtain and submit copy of report.	
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, caregiver to obtain and submit updated diet order to reflect change in diet.  Caregiver to be trained by registered nurse on new diet order and tracking liquid intake per day.	

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