

Name of Foster Parents (s): **Jane Tolentino** Date of Inspection: **June 10, 2020**

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 <u>RECORD:</u> (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Caregiver will obtain order for medication that contains complete and accurate information or will obtain a discontinue order and submit to the certification unit for verification. Correction due: <u>July 10, 2020</u>	Received 7/16/20
§11-148-22 <u>EMERGENCIES:</u> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	Caregiver will obtain and submit a copy of the most current ISP and keep it in the chart. CG will submit a copy of the "Risk & Safety" and "Emergency & Crisis" planning sections of the ISP to the Certification Unit for verification. Correction due: <u>July 10, 2020</u>	Received 7/16/20