

Name of Foster Parents (s): ARGUILLES, Gary Date of Inspection: 7/15/20

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)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Caregiver will obtain signed diet orders for participants and submit a copy to the certification unit for verification Correction due: <u>August 14, 2020</u>	8/13/20
§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (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.	Results pending.	Received 7/16/20
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Results pending.	Received 8/13/20; cleared as of 7/21/20
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Results pending.	Received 8/13/20; cleared as of 7/21/20