

Name of Foster Parents (s): FUERTE, Zernani

Date of Inspection: 6/30/20

**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>
<p>§11-148-16 <b>RECORD:</b>  (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Caregiver will schedule a dentist appointment with Leeward Dental or other clinic and inform the Certification Unit of the scheduled visit.  Correction due 7/30/20.</p>	<p><b>Correction completed 6/30/20. Dentist appointment scheduled for participant with Hawaii Dental Clinic on July 8, 2020.</b></p>
<p>§11-148-34 PERSONAL QUALIFICATIONS REQUIRED:  (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>Criminal history Clearances are pending for Caregivers.</p>	<p><b>Clearances received as of 7/16/20.</b></p>
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Child Abuse and Neglect (CAN) and Adult Protective Services (APS) Clearances are pending for Caregivers.</p>	<p><b>Clearances received as of 7/1/20</b></p>