

Name of Foster Parents (s): MACARAEG, Josephine Date of Inspection: July 30, 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
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	Caregiver to obtain copy of ISP and keep in chart. Caregiver to submit the Emergency and Crisis Planning page of the ISP for verification. Correction due: <u>August 30, 2020</u>	Correction received 7/30/20.