Name of Foster Parents (s): Mataele, Lavinia Date of Inspection: 8/19/20	Name of	f Foster Par	ents (s):	Mataele. Lavinia	Date of Inspection:	8/19/20	
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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)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Effective immediately, caregiver to submit annual criminal history clearance consents along with payment for all required individuals.	
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Effective immediately, caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearances. Then upon receipt of results, caregiver to submit clearance results for all required individuals.	

Name of Foster Parents (s): <u>Mataele, Lavinia</u> Date of Inspection: <u>8/19/20</u>

SECTION	SECTION PLAN CORRECTION Completion Date						
SECTION		Completion Date					
	(To be completed by the caregiver)						
(e) Foster parent carried out regularly planned medical visits.	 Documentation of recent visit with psychiatrist not located in file. Caregiver to obtain visit notes and submit to Certification Unit effective immediately. Caregiver could not locate documentation for follow up visits that occurred for tooth extraction in 2019 indicating that no issues; tooth extraction healed and resolved. Caregiver to submit documentation of follow-up visits to Certification Unit effective immediately. Caregiver to schedule next dental visit and to inform Certification Unit of appointment date effective immediately. 						