Name of Foster Parents(s): <u>Concha Matanguihan</u> Date of Inspection: <u>8/13/20</u>

Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

 $\hfill\square$ No deficiencies

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-16 RECORD : (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications	 (1) The certified caregiver shall submit an updated MAR with PRN to the Certification Unit by 9/10/20. (2) The certified caregiver shall 	9/3/20 10/14/20
and treatment. §11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	submit an updated MAR with the route. (3) The certified caregiver shall submit a self preservation statement to the Certification Unit by 9/10/20.	10/14/20
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (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.	The Department of Health to determine if the identified individuals poses a risk to the foster adult in care.	8/20/20
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	The Department of Health to determine if the criminal history of the identified caregiver and substitute caregiver poses a risk to the foster adult in care.	8/11/20

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(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) registry checks for caregiver, substitute caregiver and household members.	12/31/20