

Name of Foster Parents(s): Concha Matanguihan

Date of Inspection: 8/13/20

**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><b>(1) The certified caregiver shall submit an updated MAR with PRN to the Certification Unit by 9/10/20.</b> <b>(2) The certified caregiver shall submit an updated MAR with the route.</b></p>	<p>9/3/20  10/14/20</p>
<p>§11-148-22 <b>EMERGENCIES:</b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p><b>(3) The certified caregiver shall submit a self preservation statement to the Certification Unit by 9/10/20.</b></p>	<p>10/14/20</p>
<p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (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.</p>	<p>The Department of Health to determine if the identified individuals poses a risk to the foster adult in care.</p>	<p>8/20/20</p>
<p>(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>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.</p>	<p>8/11/20</p>

