

Name of Foster Parents (s): **Rose Ramos** Date of Inspection: **5/12/20**

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)(2)(A)& (B) Foster adult record includes the contact information of the adult's physician, DDD Case Manager and parents, legal guardian or other responsible party in the event of an emergency.	Caregiver to complete the information form with all pertinent contact numbers and keep easily accessible in the chart in the event a substitute caregiver might need it. Caregiver to provide a copy of the completed form to the Certification Unit for verification. Correction due: <u>June 12, 2020</u>	Received 5/21/20
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	Caregiver to always have a copy of the current ISP in the participant's chart. The ISP contains important information about the participant as well as what is important to the participant. Caregiver to obtain a copy of the current ISP and keep it in the chart. Caregiver to submit a copy to the Certification Unit. Correction due: <u>June 12, 2020</u>	Received 5/22/20
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Criminal History clearances pending for caregiver and substitute.	Received 7/28/20
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	CAN/APS clearances pending for caregiver, substitute, and adult household member. Caregiver to submit copies of the clearances to the Certification Unit for verification. Correction due: <u>June 12, 2020</u>	Received 7/28/20

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-47 <u>SLEEPING ARRANGEMENTS:</u> (b) Foster parent's family is not displaced because of the presence of the foster adult(s).	Caregiver to inform the Certification Unit of all new placements whether permanent or temporary, prior to the actual placement. The Case Manager placing a participant is required to submit an admission/ discharge statement to the Certification Unit who will then ensure that the placement is appropriate. The caregiver shall not house any participant in any room other than the certified room. If a change is needed, caregiver to first receive approval from the Certification Unit.	ongoing