

Name of Foster Parents(s): Helen Sampiano

Date of Inspection: 08/13/20

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION</b> <b>(To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-16 <b>RECORD:</b> (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	<b>(1) The certified caregiver shall submit an MD order to the certification unit by 9/10/20.</b>	
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	<b>(2) The certified caregiver shall submit an updated MAR with the amount of pills to administer to the Certification Unit by 9/10/20.</b>	
(b)(2)(C)(8) During residence, foster adult record includes notations of visits made to or by the resident.	A Visitation Record must be kept in the chart.	
§11-148-22 <b>EMERGENCIES:</b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	<b>(3) The certified caregiver shall submit a self-preservation statement to the Certification Unit by 9/10/20.</b>	
§11-148-23 <b>DIET:</b> Foster parent provides an adequate diet for good nutrition.	<b>(4) The certified caregiver shall submit a current diet order to the Certification Unit by 9/10/20.</b>	

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>§11-148-28 <b>RESIDENT'S ACCOUNTS:</b> (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.</p>	<p>Reminder: Receipts must accompany the accounting of foster adult's money and disbursements annually.</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 adults in care.</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 caregiver and substitute caregiver poses a risk to the foster adults in care.</p>	
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Effective immediately caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse &amp; Neglect (CAN) registry checks for the caregiver, substitute caregiver and all household members.</p>	