

Name of Foster Parents (s): **BAGAOISAN, Dandelo and Julio**

Date of Inspection: **July 27, 2020**

**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><u>RECORD:</u></b> (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Caregiver to obtain signed orders for medications and keep in chart. Caregiver to submit a copy of the orders to the Certification Unit for verification. Orders to contain all components (name, dosage size, frequency, route, special instructions)</p> <p>Correction due: <u>August 27, 2020</u></p>	<p><b>Received 8/27/20</b></p>
<p>§11-148-22 <b><u>EMERGENCIES:</u></b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Caregiver to obtain a copy the current ISP and will submit the "Emergency &amp; Crisis Planning" section of the ISP to the Certification Unit for verification.</p> <p>Correction due: <u>August 27, 2020</u></p>	<p><b>Received 8/27/20</b></p>
<p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b> (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Caregiver to apply for the CAN/APS Clearances Immediately and immediately submit the receipt of payment to the certification unit for verification.</p> <p>Caregiver to read the recertification notice carefully and note that receipts are to be submitted as part of the pre-inspection requirements. In the future, caregiver to submit those receipts by the due date requested.</p> <p>Correction due: <u>August 27, 2020</u></p>	<p><b>Received 8/27/20</b></p>