Name of Foster Parents (s):	Bosque, Edna and Marife	Date of Inspection:	9/10/20

Department of Health Developmental Disabilities Division

Adult Foster Home Corrective Action Report

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, caregiver to have primary physician update diet order on physical exam to include consistency for fluid intake and to submit copy to Certification for verification.	