

Name of Foster Parents (s): Elisa AMSIC

Date of Inspection: 10/2/20

**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>
§11-148-21 <b>HEALTH:</b> (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	<b>Caregiver will obtain self-preservation statement for participant and submit copy to the Certification Unit for verification.</b>  <b>Correction due: <u>November 2, 2020</u></b>	