

Name of Foster Parents (s): **Richelle Benson** Date of Inspection: **10/1/20**

**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 |
|--|---|----------------------------|
| <p>§11-148-16 <u>RECORD:</u> (a)& (b)(1) A current register of all foster adults admitted that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed.</p> | <p>Caregiver to keep a Record of Placement indicating the names, birthdates, dates of placement, etc. of any participants who move in/out of the home. Caregiver to submit a copy to the Certification Unit for verification.</p> <p>Correction due: <u>November 1, 2020</u></p> | |
| <p>(b)(2)(C)(1) During residence, foster adult record includes copies of physicians' initial, annual, and periodic medical exams, evaluations, progress notes, and lab reports.</p> | <p>If follow up medical appointments are not completed within the appropriate timeframe, Caregiver to clearly indicate the reason why by documenting this in the notes.</p> | |
| <p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (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>In the future, Caregiver to submit the consent for manual clearance for household member by the due date noted on the Recertification Notice. (The clearance was due 9/19/20).</p> <p>Caregiver to complete the consent and submit to the Certification Unit <u>immediately.</u></p> | |

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| (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>In the future, Caregiver to submit Criminal Clearance consents with \$30 payment for each caregiver by the due date indicated in the Recertification notice. (The clearance was due 9/19/20).</p> <p>Caregiver to submit the completed consents with payment to the Certification Unit <u>immediately</u>.</p> | |
| (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect. | <p>In the future, Caregiver to submit proof of payment for the CAN/APS Clearance by the due date indicated in the Recertification notice. (The clearance was due 9/19/20).</p> <p>Caregiver to apply for the CAN/APS clearances via FieldPrint and immediately submit proof of payment to the Certification Unit. Caregiver to then submit the actual clearances once received, no later than <u>November 1, 2020</u>.</p> | |
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