

Name of Foster Parents (s): Dominguez, Feliza Date of Inspection: 9/24/20

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
(b)(2)(C)(1) During residence, foster adult record includes reports of annual tuberculosis clearances.	TB clearances not on file for both participants. Caregiver to obtain copies and will submit to Certification Unit for verification by October 23, 2020.	
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Self preservation information not accurate on physical exam. Caregiver will obtain accurate self-preservation statement (on physical exam form) from primary care physician. Caregiver will submit verification by October 23, 2020.	