

Name of Foster Parents (s): Lizardo, Loida Date of Inspection: 9/29/20

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)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	No current diet order on file for one participant. Caregiver to obtain diet order during physical exam appointment on 10/2/20. Caregiver to submit verification to Certification Unit by 10/29/20.	
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	No current physical exam on file for one participant. PE has been scheduled for 10/2/20 and follow up on 10/5/20. Caregiver to submit current physical exam after the appointment by 10/29/20.	