

**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>
<p>§11-148-16 <b>RECORD:</b>            (b)(2)(C)(4) &amp; (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p><b>(1) Obtain MD verification that medications were administered as ordered.</b>  <b>(2) Obtain PRN medication</b></p>	<p>4/17/20  4/17/20</p>
<p>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p><b>(3) Obtain diet order from MD.</b></p>	<p>4/17/20</p>
<p>§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.</p>	<p><b>(4) Physical exam must include if he is able or unable to self-preserve. Obtain a self-preservation statement from MD.</b></p>	<p>4/17/20</p>
<p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b>            (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>	<p><b>(5) Criminal History clearances are pending.</b></p>	<p>3/16/20</p>

