

Name of Foster Parents (s): Angela Durnil & Luisa Rigney Date of Inspection: 10/05/20

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 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Effective immediately, the certified caregivers shall always have a signed physician's order for every medication or treatment. The certified caregivers shall obtain signed physician's order for the identified medications and forward copies to the Certification Unit for verification by 11/06/20.</p>	11/06/20
<p>§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances shall be obtained for the identified certified caregiver and household member and copies forwarded to the Certification Unit for verification by 11/06/20.</p>	11/06/20