

Name of Foster Parents (s): FERNANDO, Arnold

Date of Inspection: 9/16/20

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
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Caregiver will submit copy of PE once completed to the Certification Unit. Correction due: <u>October 16, 2020</u>	Received 10/14/20