

Name of Foster Parents (s): Febe Guieb Date of Inspection: 10/15/20

**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>
§11-148-22 <b>EMERGENCIES:</b>  (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	<b>Caregiver will get the self-preservation statement and submit a copy to the Certification Unit for verification.</b>  <b>Correction due: <u>November 15, 2020.</u></b>	