

Name of Foster Parents (s): LEONOR, Elsa

Date of Inspection: 8/13/20

**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.	<p>Caregiver to submit a copy of the medication orders to the Certification Unit for verification. Verification due: <u>September 13, 2020.</u></p> <p>Caregiver to obtain a signed order for the ODT medication and submit to the Certification Unit for verification.</p> <p>Caregiver will obtain a signed and dated diet order and submit to the Certification Unit. Correction due: <u>September 13, 2020.</u></p>	Received 9/9/20
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	CAN and APS Clearances via FieldPrint pending.	Received 9/3/20