Name of Foster Parents(s): Reynaldo/Teresita de Guzman Date of Inspection: 11-5-20

Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

 $\hfill\square$ No deficiencies

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	(1) Caregiver to submit a self preservation statement signed by the MD to the Certification Unit by 12/3/20.	