

Name of Foster Parents (s): **BUMANGLAG, Wilma** Date of Inspection: **12/15/20**

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
§11-148-16 <u>RECORD:</u> (a) & (b)(1) A current register of all foster adults admitted that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed.	Certifier will mail Caregiver copy of Record of Placement. Caregiver will review for accuracy and update with any changes. If there are changes, Caregiver will submit the Record of Placement with changes to Certification Unit. Caregiver will keep this form in her AFH chart with Fire Drills (not in the participant's chart).	Record of Placement sent to caregiver on 12/16/20.
§11-148-20 <u>MEMBER OF FOSTER FAMILY:</u> (b) Changes which adversely affect the foster adult were reported to the Certification Unit in accordance with guidelines established by the Department.	Caregiver will check her email regularly for communications from the Developmental Disabilities Division. This is especially necessary as multiple communications regarding COVID are being sent out during this Emergency period.	Ongoing.

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u></p> <p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Caregiver to submit CAN/APS clearances for all caregivers and adult household members to the Certification Unit once received.</p> <p>In the future, Caregiver to submit receipts indicating CAN/APS clearances were applied for by the date indicated on the Recertification Notice.</p> <p>Correction due: <u>1/15/21</u></p>	
<p>§11-148-37 <u>HEALTH OF FOSTER FAMILY:</u></p> <p>(a) All members of the household are free from disease which may be transmittable to others and from physical and emotional conditions which may adversely affect the foster parents' ability to care for the foster adult.</p>	<p>In the future, caregiver will inform the Certification Unit of any serious disease which may be transmittable to others such as TB or COVID19. It is important for the Certification Unit to be aware of such situations so that appropriate precautions can be taken to keep the current or potential participant safe.</p> <p>Caregiver will submit an AER explaining the circumstances surrounding her COVID-19 diagnosis.</p> <p>Correction due: <u>1/15/21</u></p>	