

Name of Foster Parents (s): Renato & Imelda Del Val Date of Inspection: 3/11/20

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 RECORD: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(1) The certified caregiver shall obtain an MD order which indicates the route. (2) The certified caregiver shall obtain an MD order which indicates the route and frequency. (3) The certified caregiver shall obtain an MD order with the frequency Medication orders must contain the name of the medications, dosage size, frequency, route and any special instructions. Caregiver to review medications with the prescribing physician and review the after-visit summaries for accuracy. Corrections due: <u>March 27, 2020</u>	Completed: 4/1/20
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	(4) Criminal Clearances pending.	Completed: 3/17/20

