Name of Foster Parents (s): <u>Salomon, L & A</u> Date of Inspection: <u>10/3/19</u>

Department of Health Developmental Disabilities Division Adult Foster Home Corrective Action Report

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
0_0	(To be completed by the caregiver)	
(b)(2)(C)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.	Copy of the 1 st page of the 2019 ISP to be submitted.	5/14/19
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Pending	6/5/19
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Pending	5/31/19