Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

□ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
(b)(2)(C)(2) During residence, foster adult record includes observa tions 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.	Monthly caregiver notes not on file for 6/2020, 8/2020, and 9/2020 for one participant. Effective immediately, caregiver to document monthly entries for each foster adult.	12/23/20
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Current diet order not on file for both foster adults. Effective immediately, caregiver to obtain and submit copy of diet orders for both foster adults.	12/23/20
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Caregiver to submit annual criminal history clearances along with payment for required individuals immediately.	12/11/20
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver to submit Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearances for all required individuals immediately upon receipt.	1/25/21