Name of Foster Parent(s): Jonathan Sagisi Date of Inspection: 01/14/21

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.	**Caregiver to submit an MD order to the Certification Unit by February 11, 2021.**	