

Name of Foster Parents (s): Ryan and Leonila Macadangdang Date of Inspection: 12/29/20

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
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Caregiver to submit copy of the most current PE once completed on 1/4/21 as scheduled. Correction due: <u>1/29/21</u>	1/27/21