

Name of Foster Parents (s): Ramos, Gloria and Rosales, Jesse Date of Inspection: 9/30/20

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
<p>§11-148-16 RECORD: (a) & (b)(1) A current register of all foster adults admitted that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed.</p>	<p>On Admission/Discharge record form the date of Admission for recent placement is incorrect. Caregiver made correction and wrote date of Admission on form during record review. Caregiver to submit copy of Admission/Discharge form with corrected date for verification by 10/30/20.</p>	10/2/20
<p>(b)(2)(A) & (B) Foster adult record includes the contact information of the adult's physician, DDD Case Manager and parents, legal guardian or other responsible party in the event of an emergency.</p>	<p>On Emergency Contact form, the full name of case manager not on record (only first name) in both participant's records. Caregiver made correction during record review. Caregiver to submit copy of forms to Certification Unit for verification by 10/30/20.</p>	10/2/20
<p>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>One specialist discontinued and updated medication orders for recently admitted participant. Visit with specialist was yesterday, 9/29/20. Caregiver to submit copy of updated MD order and Medication Administration Record (MAR) to Certification by 10/30/20.</p>	10/2/20