

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. | 02/08/21 |
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