Name of Foster Parents (s): Virginia Tabaquin Date of Inspection: 02/05/21

## Department of Health

## Developmental Disabilities Division

## Adult Foster Home Corrective Action Report

No deficiencies| SECTION | PLAN CORRECTION <br> (To be completed by the caregiver) | Completion Date |
| :--- | :--- | :--- |
| §11-148-16 RECORD: <br> (b)(2)(C)(2) During <br> residence, foster adult record <br> includes observations of the <br> foster adult's response to <br> medication, treatments, diet, <br> plan of care (ISP), changes <br> in condition, indications of <br> illness or injury, and <br> behavior patterns monthly or <br> more often as appropriate. | 1.Caregiver to submit a copy of the <br> first page of the ISP to the <br> Certification Unit by 03/05/21. |  |
| (b)(2)(C)(5) During <br> residence, foster adult record <br> includes physician's signed <br> orders for diet, medications <br> and treatment. | 2. Caregiver to submit an MD order <br> with the route and the amount of <br> tablets to administer to the <br> Certification Unit by 03/05/21. |  |
| 3. Caregiver to submit an MD order <br> with the route to the Certification <br> Unit by 03/05/21. |  |  |
| $\S 11-148-22$ <br> EMERGENCIES: | 4. Caregiver to submit self <br> preservation statements that are <br> to be signed by the primary |  |
| (a) Foster parent obtained <br> an emergency protocol in the <br> to the Certification Unit by <br> ev/05/21. |  |  |
| event of sudden illness |  |  |
| or accident. |  |  |

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| SECTION | PLAN CORRECTION <br> (To be completed by the caregiver) | Completion Date |
| :--- | :--- | :--- |
| §11-148-34 PERSONAL <br> QUALIFICATIONS <br> REQUIRED: | Effective immediately caregiver to <br> submit proof of payment for Adult <br> Protective Services (APS) and Child <br> (b)(4) Background <br> information for foster <br> parents and substitute <br> caregivers does not contain a <br> history of child abuse or <br> foglect. (CAN) registry checks <br> members. |  |

