

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 (To be completed by the caregiver)	Completion Date
§11-148-16 RECORD: (b)(2)(C)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.	1. Caregiver to submit a copy of the first page of the ISP to the Certification Unit by 03/05/21.	
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	2. Caregiver to submit an MD order with the route and the amount of tablets to administer to the Certification Unit by 03/05/21. 3. Caregiver to submit an MD order with the route to the Certification Unit by 03/05/21.	
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	4. Caregiver to submit self preservation statements that are to be signed by the primary physician and will submit them to the Certification Unit by 03/05/21.	

