

Name of Foster Parents (s): ALLAS, Susie

Date of Inspection: 1/19/21

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
(b)(2)(C)(9) During residence, foster adult record includes incident reports of bodily injury or other unusual circumstances (i.e. suspected abuse/neglect, medication errors and/or unexpected reaction to medication or treatment, change in behavior, change in health condition requiring medical treatment, death, and whereabouts unknown).	Caregiver will submit an AER for the ER visit in April 2020 to the Service Supervisor who will then submit it to the Case Manager. Due: no later than Feb 19, 2021	2/17/21