

Name of Foster Parents (s): Priscilla Arellano

Date of Inspection: 11/10/20

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-16 <b>RECORD:</b>                      (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Effective immediately, the certified caregiver shall always have signed physician's orders for all medications or treatments. The certified caregiver shall obtain signed physician's orders for the identified medications by 12/10/20.</p>	11/23/20
<p>§11-148-21 <b>HEALTH:</b>                      (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.</p>	<p>The certified caregiver shall ensure the identified foster adult obtains an annual physical examination by 12/10/20.</p>	11/23/20
<p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b>                      (a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.</p>	<p>The State of Hawaii criminal history record clearances for the identified household members are pending.</p>	12/16/20