

Name of Foster Parents(s): Suarra Baker

Date of Inspection: 10-13-20

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

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION</b> <b>(To be completed by the caregiver)</b>	<b>Completion Date</b>
§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.	<b>Caregiver to keep copies of all MAR's on file and will not destroy foster resident records from the participant's chart. Caregiver reported that she destroys the Resident Records upon the expiration of her Certificate of Approval annually.</b>	
(b)(2)(C)(8) During residence, foster adult record includes notations of visits made to or by the resident.	Reminder: Document visits made by family and friends in the caregiver notes.	
(e) Foster adult records were readily available and accessible to department personnel.	<b>Effective immediately-</b> <b>The Foster Resident Record is not to be destroyed or discarded for any reason.</b> <b>The Foster Resident Record is the Property of the Department of Health, State of Hawaii. All resident records are to be stored in a secured and locked area and shall be transferred with the resident when moving or shall be returned to the DDD Case Manager immediately if discharged or death occurs.</b>	