## **Department of Health**

Date of Inspection:5-28-20

## **Developmental Disabilities Division**

## **Adult Foster Home Corrective Action Report**

☐ No deficiencies

| SECTION  | PLAN CORRECTION   | <b>Completion Date</b> |
|--|---|------------------------|
|  | (To be completed by the caregiver)  |                        |
| §11-148-16 <b>RECORD</b> : (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.  | (1) The certified caregiver shall obtain an MD order with the route and submit it to the Certification Unit by June 25, 2020.  Effective immediately all MD orders must contain the name of the medication, dosage size, frequency, route and any special instructions. | 6/17/20                |
| §11-148-34 <u>PERSONAL</u><br>QUALIFICATIONS<br>REQUIRED:  | The criminal history clearance of the identified household member is pending.   | 5/28/20                |
| (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. |   |                        |
| (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.   | The Department of Health to determine if the criminal history of the identified caregivers and the substitutes pose a risk to the foster adult in care.   | 6/4/20                 |
| (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.   | Effective immediately, caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse & Neglect (CAN) registry checks for all caregivers and substitute caregivers.   | 6/15/20                |