

Name of Foster Parents (s): DACUYCUIY, Minda and Felix Date of Inspection: 3/18/21

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)(A) & (B) Foster adult record includes the contact information of the adult's physician, DDD Case Manager and parents, legal guardian or other responsible party in the event of an emergency.	Effective immediately, caregiver to update emergency information sheet for one participant to reflect current legal guardian and contact number. Caregiver to submit verification by 4/19/21.	4/12/21
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, caregiver to schedule eye appointment and to submit verification of visit by 4/19/21.	4/12/21
(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).	Effective immediately, caregiver to complete and submit an Adverse Event Report (AER) for use of one psychotropic medication (PRN). Caregiver to submit copy of AER to Certification Unit for verification by 4/19/21.	4/12/21
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Effective immediately, caregiver to submit annual criminal history clearance consent forms along with payment for all required individuals.	4/21/21

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Effective immediately, caregiver to complete CAN/APS clearances for all caregivers and adult household members and submit to the Certification Unit Proof of Payment. Caregiver to submit APS/CAN results upon receipt.	4/16/21