

Name of Foster Parents (s): Norma Manuel

Date of Inspection: 3/16/21

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
§11-148-16 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, the certified caregiver shall have a signed physician's order for every medication or treatment. The certified caregiver shall obtain the signed physician's order for the identified medication by 4/16/21.	
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	Effective immediately, the certified caregiver shall always have a current emergency protocol in place. The foster parent shall obtain a copy of the identified foster adult's current Individualized Service Plan (ISP) that includes the Risk & Safety and Emergency & Crisis planning sections by 4/16/21.	
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (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 State & Federal criminal history record clearance for the certified caregiver and substitute caregivers are pending.	

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	The certified caregiver shall obtain Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for herself and her substitute caregivers and submit them to the Certification Unit by 4/16/21.	