

**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>
§11-148-16 <b>RECORD:</b> (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	<b>(1) The certified caregiver to submit an MD order with the route, dosage and frequency to the Certification Unit by 02/26/21.</b>	2/18/21
§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.	The Department of Health to determine if the individuals poses a risk to the foster adults in care.	2/18/21
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	The Department of Health to determine if the Criminal History of the caregiver and substitutes poses a risk to the foster adults in care.	2/11/21
(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 and Neglect (CAN) registry checks for the caregiver, substitute caregivers and household members.	2/18/21