

Name of Foster Parents (s): Lourdes Sabugo

Date of Inspection: 3/18/21

**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)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, the certified caregiver shall always have a signed physician's order for diet and all medications or treatments. The certified caregiver shall obtain signed orders for diet and the identified medications by 4/18/21.	
§11-148-21 <b>HEALTH:</b> (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Effective immediately, the certified caregiver shall ensure foster adults receive a physical examination upon admission into the AFH and annually thereafter. The certified caregiver shall assist the identified foster adult with obtaining a physical examination and to forward a copy to the Certification Unit as verification by 4/18/21.	
§11-148-24 <b>CLOTHING AND PERSONAL SUPPLIES:</b> (b) Foster adult provided with individual combs, toothbrushes, and other toiletry articles.	Effective immediately, the certified caregiver shall provide foster adults with individual combs, toothbrushes, and other toiletry articles.	

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<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></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 State of Hawaii criminal history record clearances for the identified household members are pending.	