

Name of Foster Parents (s): Estrelita Tabladillo Date of Inspection: 5/7/20

**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)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Specifically for diet order, caregiver to follow up with primary care physician immediately to obtain results of feeding evaluation. Caregiver to inform and update respective case manager and agency RN concerning this. Caregiver to provide verification to Certification Unit by June 7, 2020.	5/11/20