

Name of Foster Parents (s): Toribio, Jocelyn Date of Inspection: 1/29/21

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)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Current and updated physician's order from Dermatologist not on file. Caregiver to obtain and submit to Certification for verification by 3/1/21. Caregiver to follow up on date of last visit with Optometrist and any follow-up needed. Caregiver to also inform Certification of next scheduled visit by 3/1/21.	1/29/21
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Pending Results for one substitute caregiver.	2/11/21