

Name of Foster Parents (s): Marcelle Ulep

Date of Inspection: 10/20/20

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
§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 always have a signed physician's order for every medication or treatment. The certified caregiver shall obtain signed physician's orders for the identified medications by 11/20/20.	1/11/21
§11-148-16 RECORD: (b)(2)(C)(9) During residence, foster adult record includes incident reports of bodily injury or other unusual circumstances (i.e. suspected abuse/neglect, medication errors and/or unexpected reaction to medication or treatment, change in behavior, change in health condition requiring medical treatment, death, and whereabouts unknown).	The certified caregiver shall obtain a copy of the Adverse Event Report (AER) for the identified incident and forward a copy to the Certification Unit for verification by 11/20/20.	12/02/20
§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 certified caregiver shall submit to the Certification Unit signed requests for criminal history record clearances and processing fees for herself and her substitute caregivers by 10/30/20.	1/04/21

