

Name of Foster Parents(s): Namnama Baptista

Date of Inspection: 04-16-20

**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)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.	(1) Caregiver to submit a current ISP.	4/24/20
(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).	(2) Caregiver to submit a completed AER with a Remediation Plan	4/16/20
§11-148-22 <b>EMERGENCIES:</b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	(3) Caregiver to submit the self preservation that is signed by the primary physician.	4/27/20

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b> (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>(4) Caregiver to submit APS/CAN clearances for the caregiver, substitute caregiver and household members.</p>	<p>4/27/20</p>
<p>§11-148-37 <b><u>HEALTH OF FOSTER FAMILY:</u></b> (b)(2) Tuberculosis (TB) clearance, in accordance with current department recommendations, on every member of the household.</p>	<p>(5) Caregiver to submit a current TB clearance for the household member.</p>	<p>4/27/20</p>