

Name of Foster Parents (s): Zenaida Bumanglag Date of Inspection: 6/3/20

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.	No current diet order on file. Caregiver to obtain and submit copy of diet order by 7/3/20.	6/8/20
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Caregiver to obtain self preservation statement and diet order during physical exam and to submit copy by 7/3/20.	6/8/20
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Received proof of payment for APS/CAN registry checks. Pending results for all required individuals.	6/8/20