

Name of Foster Parents(s): Reynaldo/Teresita de Guzman

Date of Inspection: 11-5-20

**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
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	(1) Caregiver to submit a self preservation statement signed by the MD to the Certification Unit by 12/3/20.	11/17/20