

Name of Foster Parents(s): Memia Dela Cruz & Lani LaFountain

Date of Inspection: 12/11/20

**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)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	<b>(1 &amp; 2) Caregiver shall submit an MD order with the route to the Certification Unit by 1/8/21.</b>	1/8/21
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	<b>(3) Caregiver shall submit a discontinue order from MD to the Certification Unit by 1/8/21.</b>	1/8/21
§11-148-22 <b>EMERGENCIES:</b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	<b>(4) Caregiver shall submit the self preservation statements to be signed by the MD and submit them to the Certification Unit by 1/8/21.</b>	1/8/21