Name of Foster Parents (s): <u>Marilou Domingo</u> Date of Inspection: <u>2/09/21</u>

## Department of Health Developmental Disabilities Division Adult Foster Home Corrective Action Report

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-16 <b>RECORD</b> :  (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 a signed physician's order for every medication or treatment. The certified caregiver shall obtain signed physician's order for the identified medications by 3/09/21.	3/31/21
§11-148-22  EMERGENCIES:  (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	Effective immediately, the certified caregiver shall always have a current emergency protocol in place. The foster parent shall obtain a copy of the foster adults' current Individualized Service Plan (ISP) that includes the Risk & Safety and Emergency & Crisis planning sections by 3/09/21.	3/10/21
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED:	State & Federal criminal history record clearances for the certified caregiver and her substitute caregivers are pending.	2/11/21
§11-148-34 <u>PERSONAL</u> QUALIFICATIONS REQUIRED:	Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for the certified caregiver and her substitute caregivers are pending. Upon receipt of the APS/CAN clearances, the certified caregiver shall forward copies to the Certification Unit by 3/09/21.	4/01/21