

Name of Foster Parents (s): Elena Oliveros

Date of Inspection: 4/13/21

**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)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, the certified caregiver shall always have a signed physician's order for every medication or treatment. The certified caregiver shall obtain signed physician's orders for the identified medications by 5/13/21.	5/07/21