

Name of Foster Parents (s): PASCUA, Nena

Date of Inspection: 02/01/21

**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
<p>§11-148-16 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>1 & 2. Caregiver to submit an MD order with the route to the Certification Unit for by 03/01/21.</p>	2/9/21
<p>§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.</p>	<p>The Department of Health to determine if the household members poses a risk to the foster adults in care.</p>	2/8/21
<p>(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>The Department of Health to determine if the Criminal History of the caregiver and substitutes poses a risk to the foster adults in care.</p>	2/5/21

