Name of Foster Parents (s): <u>PASCUA, Nena</u> Date of Inspection: <u>02/01/21</u>

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	
§11-148-16 RECORD : (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	1 & 2. Caregiver to submit an MD order with the route to the Certification Unit for by 03/01/21.	2/9/21	
§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.	The Department of Health to determine if the household members poses a risk to the foster adults in care.	2/8/21	
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	The Department of Health to determine if the Criminal History of the caregiver and substitutes poses a risk to the foster adults in care.	2/5/21	

Name of Foster Parents (s): <u>PASCUA, Nena</u> Date of Inspection: <u>02/01/21</u>

SECTION	PLAN CORRECTION	Completion
	(To be completed by the caregiver)	Date
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Effective immediately caregiver to submit proof of payment for the Adult Protective Services (APS) and Child Abuse & Neglect (CAN) registry checks for the caregiver an substitute caregivers.	2/1/21 & 3/11/21