

Name of Foster Parents(s):

Lina Peralta

Date of Inspection: 7/16/20

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: (a) & (b)(1) A current register of all foster adults admitted that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed.	(1) The certified caregiver to complete the Admission/Discharge Record including all participants who were ever placed in her home and keep in her AFH chart. Caregiver to forward a copy to the Certification Unit for verification by 8/13/20.	8/10/20
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(2) The certified caregiver shall submit an MD order with the route to the certification unit by 8/13/20.	8/10/20
	(3) The certified caregiver shall submit a medication label reflecting the medication to be administered in the a.m. to the certification unit by 8/13/20	8/10/20
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	(4) The certified caregiver shall submit a MAR with the route to the certification unit by 8/13/20.	8/10/20