

**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: (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.</p>	<p>(1) The certified caregiver shall prepare an Admission/Discharge Record and forward a copy to the Certification Unit by 10/15/20.</p>	10/12/20
<p>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>(2) The certified caregiver to submit the MD order to the Certification Unit by 10/15/20.</p>	10/12/20
<p>§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>(3 & 4) The certified caregiver to submit the self-preservation statements completed by MD to the Certification Unit by October 15, 2020.</p>	10/12/20
<p>§11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.</p>	<p>(5 & 6) The certified caregiver to submit receipts for expenditures to the Certification Unit by 10/15/20.</p> <p>Reminder: List specific name of items purchased instead of writing personal use.</p>	10/12/20