

Name of Foster Parents(s): Erlinda Ramiscal

Date of Inspection: 10/9/20

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: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(1) Caregiver to submit an MD order with the route to the Certification Unit by 11/6/20.	10/30/20
§11-148 22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	(2) Caregiver to submit a self preservation statement to be signed by the MD to the Certification Unit by 11/6/20.	10/30/20
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (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 substitute caregivers poses a risk to the foster adult in care.	9/30/20
(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 Adult Protective Services (APS) and Child Abuse & Neglect (CAN) registry checks for all caregivers and substitute caregivers.	9/28/20