

Name of Foster Parents (s): Freddie Sanchez

Date of Inspection: 12/29/20

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-16 <b>RECORD:</b> (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, the certified caregiver shall always have a signed physician's order for every medication or treatment. The certified caregiver shall obtain a signed physician's order for the identified medication by 1/19/21.	1/18/21
§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (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 results of the State of Hawaii criminal history record clearances for the identified household members are pending.	1/27/21
§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (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 State & Federal criminal history record clearances for the certified caregiver and his substitute caregivers are pending.	1/04/21

