

Name of Foster Parents (s): Lermadelia Tagumasi

Date of Inspection: 2/26/20

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
(b)(2)(C)(9) During residence, foster adult record includes incident reports of bodily injury or other unusual circumstances (i.e. suspected abuse/neglect, medication errors and/or unexpected reaction to medication or treatment, change in behavior, change in health condition requiring medical treatment, death, and whereabouts unknown).	(1 & 2) Obtain completed AER	3/11/20
§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.	(3) Complete Manual clearance and submit by March 13, 2020.	3/11/20
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	(4) Submit APS/CAN clearances by March 13, 2020	5/13/20

