

Name of Foster Parents(s): Esperanza Tapiz

Date of Inspection: 09/17/20

**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>
<p>§11-148-22  <b>EMERGENCIES:</b>                      (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p><b>(1) The certified caregiver to submit the self-preservation statement to be completed by the MD &amp; copies to be submitted for verification to the Certification Unit by 10/15/20.</b></p>	11/18/20
<p>§11-148-28 <b>RESIDENT'S ACCOUNTS:</b>                      (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.</p>	<p><b>(2) The certified caregiver to submit receipts for expenditures to the Certification Unit by 10/15/20.</b>                      Reminder: Receipts are to be kept in the chart with the accurate accounting of the foster adult's money for verification purposes.</p>	11/18/20
<p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b>                      (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Effective immediately caregiver to submit proof of payment for Adult Protective Services (APS) and Child Protective Services (CPS) registry checks for household member.</p>	10/7/20