

Name of Foster Parents (s): Ana Marie Alferos Date of Inspection: 3/5/21

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>§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.</p>	<p>Discrepancy for self preservation statement and what is indicated on participant's physical exam form. Caregiver will follow-up with primary care physician so that the self preservation statement indicated on physical exam form is accurate. Caregiver to submit verification by 4/5/21.</p>	4/27/21
<p>(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>Effective immediately, caregiver to submit annual criminal history clearance consent form and payment for caregiver and all substitute caregivers for processing.</p>	3/18/21
<p>(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 Adult Protective Services (APS) and Child Abuse and Neglect (CAN) proof of payment for all required individuals. Caregiver to submit copies of APS/CAN clearance check results for each required person immediately upon receipt.</p>	4/1/21