

Name of Foster Parents (s): Zenaida Bumanglag Date of Inspection: 5/20/21

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
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Received proof of payment for Adult Protective Services (APS) and Child Abuse and Neglect (CAN) registry checks. Pending results for all required individuals. Caregiver to submit results upon receipt.	
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Current MD orders not on file from psychiatrist. MD orders from primary care physician (PCP) not complete. MD orders need to include route for all medications prescribed. Caregiver to obtain MD orders and submit to Certification by 6/21/21.	