

Name of Foster Parents(s): Frobel & Mercedes Garcia Date of Inspection: 11-12-20

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
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	(1) Caregiver to submit a self preservation statement signed by the MD to the Certification Unit by 12/10/20.	12/7/20
§11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.	Receipts are to accompany the accounting of the foster adult's expenditures.	