

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION</b> (To be completed by the caregiver)	<b>Completion Date</b>
§11-148-16 <b>RECORD:</b> (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	<b>1. The certified caregiver to submit an MD order to the Certification Unit by February 19, 2021 for verification.</b>	2/19/21
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	<b>2. The certified caregiver to submit an MD order for the discontinued medication. Caregiver to submit the MD order to the Certification Unit by February 19, 2021 for verification.</b>	2/19/21
§11-148-22 <b>EMERGENCIES:</b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	<b>3. The certified caregiver to submit a self-preservation statement to be signed by the primary physician. Caregiver to submit the self preservation statement to the Certification Unit by February 19, 2021 for verification.</b>	2/19/21
§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.	<b>Effective immediately the certified caregiver will keep all of the receipts for the expenditures along with the accurate accounting of the money and disbursements in the chart for verification.</b>	

