Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-16 RECORD : (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	1.The certified caregiver to submit an MD order to the Certification Unit by February 19, 2021 for verification.	2/19/21
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	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.	2/19/21
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	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.	2/19/21
§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.	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.	

Name of Foster Parents(s): Teresita Hufana Date of Inspection: 01-22-21

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-37 HEALTH OF FOSTER FAMILY: (b)(2) Tuberculosis (TB) clearance, in accordance with current department recommendations, on every member of the household.	The certified caregiver to submit a TB screening for the household member. Caregiver to submit the TB screening to the Certification Unit by February 19, 2021 for verification.	2/19/21