

Name of Foster Parents (s): Lopez, Katrina Date of Inspection: 2/25/21

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>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u></p> <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>Annual Criminal History Clearance results pending for caregiver and substitute caregiver.</p>	2/5/21
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>APS/CAN Clearance results pending for one household member.</p>	3/29/21
<p>(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p>Discrepancies found for 2 medications between physician's order and medication administration record. Caregiver to verify with respective physicians to verify order and submit copy of current MD orders to Certification Unit by 3/25/21.</p>	3/2/21