Name of Foster Parents (s): <u>Cresencia Lamar</u> Date of Inspection: <u>3/03/21</u>

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)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, the certified caregiver shall ensure there are signed physician's orders for every medication or treatment. The certified caregiver shall obtain signed physician's orders for the identified medications by 4/03/21.	3/31/21
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED:	State & Federal criminal history record clearances for the certified caregiver and substitute caregiver are pending.	3/16/21
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.		