

Name of Foster Parents (s): Nagal, Marylou Date of Inspection: 5/25/21

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
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Current MD order not on file for medications prescribed by one physician. Caregiver to obtain and to submit to Certification Unit by 6/25/21.	5/26/21