## **Department of Health**

## **Developmental Disabilities Division**

## **Adult Foster Home Corrective Action Report**

□ No deficiencies

SECTION	PLAN CORRECTION	<b>Completion Date</b>
	(To be completed by the caregiver)	
§11-148-16 <b>RECORD</b> :	(1 & 2) Obtain MD order.	3/16/20
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.		
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(3) Obtain MD order with the route for the specific medications.	3/16/20
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(4,5,6) Obtain MD order with the dosage.	3/16/20
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(7) Obtain MD order to discontinue the specific medications.	3/16/20
§11-148-22 <b>EMERGENCIES</b> :	(8) Submit the self preservation statement.	4/27/20
(a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.		