Department of Health

## Developmental Disabilities Division

## Adult Foster Home Corrective Action Report

No deficiencies| SECTION | PLAN CORRECTION <br> (To be completed by the caregiver) | Completion Date |
| :--- | :--- | :--- |
| §11-148-16 RECORD: <br> (b)(2)(C)(4) \& (6) During <br> residence, foster adult record <br> includes medications <br> administered as ordered by <br> physicians. | $(1$ \& 2) Obtain MD order. | $3 / 16 / 20$ |
| (b)(2)(C)(4) \& (6) During <br> residence, foster adult record <br> includes medications <br> administered as ordered by <br> physicians. | (3) Obtain MD order with the route for <br> the specific medications. | $3 / 16 / 20$ |
| (b)(2)(C)(4) \& (6) During <br> residence, foster adult record <br> includes medications <br> administered as ordered by <br> physicians. | (4,5,6) Obtain MD order with the <br> dosage. | $3 / 16 / 20$ |
| (b)(2)(C)(4) \& (6) During <br> residence, foster adult record <br> includes medications <br> administered as ordered by <br> physicians. | (7) Obtain MD order to discontinue the <br> specific medications. | $3 / 16 / 20$ |
| §11-148-22 <br> EMERGENCIES: | (8) Submit the self preservation <br> statement. | $4 / 27 / 20$ |


| SECTION | PLAN CORRECTION <br> (To be completed by the caregiver) | Completion Date |
| :--- | :--- | :--- |
| §11-148-34 PERSONAL <br> QUALIFICATIONS <br> REQUIRED: | (9) Submit the Criminal History <br> clearances for the caregiver and <br> substitute caregivers. | $4 / 27 / 20$ |
| (b)(1) Criminal history <br> record for foster parents <br> and substitute caregiver(s) <br> does not pose a risk to the <br> foster adult(s) in care. |  |  |
| (b)(4) Background <br> information for foster <br> parents and substitute <br> caregivers does not <br> contain a history of child <br> abuse or neglect. | (10) Submit the APS/CAN clearances for <br> the caregiver, substitute caregiver and <br> household members. | $4 / 27 / 20$ |
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