

Name of Foster Parents(s): Josephine/Charles Quiambao Date of Inspection: 04/30/20

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
§11-148-16 RECORD: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(1) All medications ordered by MD need to be documented at the time of the medication administration	5/16/20
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	(2)The certified caregiver shall submit the APS/CAN clearances to the certification unit	5/26/20