

Name of Foster Parents (s): **Rose Ramos** Date of Inspection: **4/8/21**

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)(A)& (B) Foster adult record includes the contact information of the adult's physician, DDD Case Manager and parents, legal guardian or other responsible party in the event of an emergency.	Contact Information Sheet was not updated with new Primary Care Physician information. Caregiver updated contact information on-site on 4/8/21.	4/8/21
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	CAN/APS clearances pending for caregiver, substitute, and adult household member. Caregiver to submit copies of the clearances to the Certification Unit for verification. Correction due: <u>May 10, 2021</u>	4/12/21