

Name of Foster Parents (s): Nathan Ramones

Date of Inspection: 5/27/21

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
<p>§11-148-16 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Effective immediately, the certified caregiver shall ensure there are signed physician's order for all medications and treatments. The certified caregiver shall obtain current physician's order for the identified medications by 6/27/21.</p>	6/22/21
<p>§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.</p>	<p>The certified caregiver shall obtain and submit Adult Protective Service (APS) and Child Abuse & Neglect (CAN) clearances for himself, his substitute caregivers and all adult household members to the Certification Unit by 6/27/21.</p>	6/15/21