

Name of Foster Parents (s): Estrelita Tabladillo

Date of Inspection: 3/11/21

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)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Caregiver to submit updated Diet Order to be completed on day of participant's Physical Exam. Caregiver to submit copy by 4/30/21.	4/26/21
(b)(2)(C)(7) During residence, foster adult record includes recordings of foster adult's weight, on a monthly basis or more often when requested by the physician or DDD.	Caregiver to follow up with weight loss for one participant. Caregiver to submit copy of physician's recommendations/notes regarding weight loss by 4/30/21.	4/29/21
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Caregiver to schedule and submit copy of current Physical Exam for one participant by 4/30/21.	4/26/21
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.	Results are pending for adult household member.	3/12/21