

Name of Foster Parents (s): Ritchell Tejada

Date of Inspection: 3/09/21

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-22 <b>EMERGENCIES:</b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	Effective immediately, the certified caregiver shall always have a current emergency protocol in place. The foster parent shall obtain a copy of the identified foster adult's current Individualized Service Plan (ISP) that includes the Risk & Safety and Emergency & Crisis planning sections by 4/09/21.	3/30/21
§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (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.	The State of Hawaii criminal history record clearance for the identified household members are pending.	3/11/21
§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	The State & Federal criminal history record clearances for the certified caregiver and substitute caregivers are pending.	3/16/21

