

Name of Foster Parents (s): Leticia and Kristen Agngarayngay Date of Inspection: 5/11/21

**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>
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Adult Protective Services (APS) and Child Abuse and Neglect (CAN) Clearance results pending for caregivers. Caregiver to submit results upon receipt.	5/24/21
(b)(2)(C)(1) During residence, foster adult record includes reports of annual tuberculosis clearances.	No current TB clearance on file for participant. Caregiver to submit verification of TB clearance for participant by 6/11/21.	5/24/21
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Effective immediately, Medication Administration Record (MAR) is a legal document do not use white out to correct any errors. Advised caregiver to cross out (line out) and write error & initial indicating that a mistake was made.	5/11/21
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Physician's signed orders not on file from psychiatrist.  Caregiver to submit copies of MD orders to Certification by 6/11/21.	5/24/21

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<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
(13) The premises is kept in a sanitary and safe condition with reasonable protection from fire hazards, drugs, poisons, household supplies and dangerous tools, and weapons.	Monthly fire drills were completed. Advised caregiver to add what happened during fire drill exercise: example, what participant was doing prior to fire drill, how participant responded when needed to leave home, which exit took (change exits used from time to time), etc.	5/11/21