Name of Foster Parents (s): Arturo & Erlinda Estabillo Date of Inspection: 6/23/21

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
§11-148-21 **HEALTH:** (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Effective immediately, the certified caregivers shall ensure all foster adults receive a physical examination annually. The certified caregivers shall obtain an annual physical examination for the identified foster adult by 7/23/21.	6/30/21