

Name of Foster Parents (s): Roxanne Pascua

Date of Inspection: 6/17/21

**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>
<p>§11-148-16 <b>RECORD:</b>                      (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 always have a signed physician's order for all medications and treatments. The certified caregiver shall obtain a signed physician's order for the identified medication by 7/17/21.</p>	7/19/21
<p>§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.</p>	<p>The State &amp; Federal criminal history record clearances for the certified caregiver and Substitute caregivers are pending.</p>	6/16/21