

Name of Foster Parents (s): Noreen Gay Rubio

Date of Inspection: 6/14/21

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
§11-148-16 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, the certified caregiver shall always have a current diet order on file. The Certified caregiver shall obtain a diet order for the identified foster adult by 7/14/21.	7/14/21
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Effective immediately, the certified caregiver shall ensure foster adults complete an annual physical examination annually. The certified caregiver shall obtain an annual physical examination for the identified foster adult by 7/14/21.	7/14/21
§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.	The results of State of Hawaii criminal history record clearance for the identified household member is pending.	6/15/21

