Name of Foster Parents (s): Samuel & Angelita Benzon  Date of Inspection: 7/15/21

**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. | The certified caregivers shall always have a signed physician's order for every medication or treatment. The certified caregivers shall obtain a current physician's orders for the identified medication by 8/15/21. | 7/26/21 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |