

Name of Foster Parents(s): Felicitas Dela Cruz

Date of Inspection: 6/3/21

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)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Submit MD order with the route to the Certification Unit for verification by 07/01/21.	7/6/21
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Submit MD order for the medications to the Certification Unit for verification by 07/01/21.	7/6/21
§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 Department of Health to determine if the household members poses a risk to the participant's.	6/15/21
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Effective immediately the caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse & Neglect (CAN) registry checks for the household members.	6/25/21