

Name of Foster Parents (s): Lefotu, Peaoe Date of Inspection: 7/2/21

**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>
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	<p>MD order was incomplete, did not include route and missing signature of prescribing specialist. Caregiver to obtain complete physician's order and to submit copy to Certification Unit by 7/28/21.</p> <p>Current Diet Order not on file for one participant. Caregiver has scheduled physical exam for 7/2/21. Caregiver to submit diet order by 7/28/21.</p>	7/16/21
<p>§11-148-21 <b>HEALTH:</b>            (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.</p>	<p>Self preservation statement not completed on annual physical exam form for both participants. Caregiver to obtain self preservation statement from respective primary care physician and to submit copy by 7/28/21.</p> <p>Current physical exam not on file for one participant. Caregiver informed that physical exam is scheduled for 7/2/21. Caregiver to submit copy of physical exam by 7/28/21.</p>	7/16/21

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<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearance results pending for all required individuals.	7/16/21