

Name of Foster Parents (s): Rundell and Ria Aguinaldo Date of Inspection: 7/24/20

**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
<p>§11-148-16 RECORD: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	<p>Caregiver to submit a copy of the August MAR reflecting the complete instructions for administration of the vitamin.</p> <p>Correction due: <u>August 27, 2021</u></p>	
<p>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Caregiver to submit copies of diet and medication orders to the Certification Unit for verification.</p> <p>Correction due: <u>August 27, 2021</u></p>	
<p>§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.</p>	<p>Caregiver to complete annual physical exam for participant and submit copy to the Certification Unit for verification.</p> <p>Correction due: <u>August 27, 2021</u></p>	
<p>§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Caregiver to obtain a current copy of the ISP as the current emergency protocol is contained within the ISP. Caregiver to submit a copy of the "Emergency and Crisis Planning" page to the certification unit as verification.</p> <p>Correction due: <u>August 27, 2021</u></p>	