Name of Foster Parents (s): <u>Ayala, Bernadette</u> Date of Inspection: <u>8/12/21</u>

Department of Health Developmental Disabilities Division Adult Foster Home Corrective Action Report

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-16 RECORD : (a) & (b)(1) A current register of all foster adults admitted that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed.	Admission/Discharge record not updated with new placement information. Caregiver corrected and updated form. Correction accepted on-site.	8/12/21