Name of Foster Parents (s): **FIESTA, Ivy** Date of Inspection: **7/28/21**

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

 $\hfill\square$ 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.	Caregiver to obtain signed and dated medication orders at least annually, but also anytime a medication is added, discontinued, or modified. Medication orders must contain the name of the medication, dosage size, frequency, route, and any special instructions. PRN orders must state the reason a medication is to be administered. Also, orders must be signed and dated by the prescribing physician or the primary care physician. Caregiver to submit copy of orders to the certification unit for verification. Correction due: August 28, 2021	