

Name of Foster Parents(s): Concha Matanguihan

Date of Inspection: 8/6/21

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
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	(1) The certified caregiver to submit a copy of a self-preservation statement signed by the PCP to the Certification Unit by 9/3/21.	8/9/21
§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.	Manual Clearance results are pending for required individuals.	8/4/21
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Caregiver submitted all Criminal History clearance consents & payment, pending results.	9/1/21
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver submitted proof of payment for Adult Protective Services (APS) and Child Abuse & Neglect (CPS) clearances. Caregiver to submit copies of the results upon receipt.	11/12/21