

Name of Foster Parents (s): Helen Sampiano Date of Inspection: 08/12/21

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
§11-148-16 <u>RECORD:</u> (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(1) The certified caregiver to submit an MD order to the Certification Unit by 9/9/21.	9/2/21
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	(2) The certified caregiver to submit a copy of the June 2021 MAR to the Certification Unit by 9/9/21.	9/2/21
§11-148-22 <u>EMERGENCIES:</u> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	(3) The certified caregiver to submit a self-preservation statement signed by the PCP to the Certification Unit by 9/9/21.	9/2/21
§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (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 consent clearance results are pending for all required individuals.	9/1/21
(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.	9/8/21

