

Name of Foster Parents (s): Akina, Rosemarie and Steven

Date of Inspection: 8/30/21

**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
(b)(2)(C)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.	Current ISP not on file. Caregiver to request current ISP from case manager and to submit 1 st page of ISP to Certification as verification by 9/30/21.	9/7/21
(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 annual criminal history consents along with payment for all required individuals. Results are pending.	9/21/21