

Name of Foster Parents(s): Evangeline & Rogelio Lacar Date of Inspection: 07/09/21

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

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-16 <b>RECORD:</b> (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Caregiver to submit a copy of the MD order to the Certification Unit for verification by 08/06/21.	8/5/21
§11-148-22 <b>EMERGENCIES:</b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	Self preservation statement was not updated by the PCP. Caregiver to obtain a self preservation statement from the PCP and submit a copy to the Certification Unit for verification by 08/06/21.	8/5/21
§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (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 clearances submitted, pending results.	9/3/21
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Annual criminal history clearance results are pending for caregiver and substitute caregivers.	9/3/21

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<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
(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 (CAN) clearances. Caregiver to submit a copy of the results upon receipt to the Certification Unit by 08/06/21.	9/3/21