

Name of Foster Parents (s): MACARAEG, Josephine Date of Inspection: July 21, 2021

**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 RECORD: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Caregiver to write medication on MAR exactly as prescribed by the physician. Caregiver to submit a copy of the corrected MAR to the Certification Unit for verification. Correction due: <u>August 21, 2021</u>	Correction received 7/28/21
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Caregiver to obtain orders/discontinue orders for medications and submit to the certification unit for verification. Correction due: <u>August 21, 2021</u>	Order received on 7/26/21 and verified over the phone on 8/18/21.
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Caregiver to complete an annual physical, thereby also completing the annual self-preservation statement and diet order. Caregiver to submit a copy to the certification unit for verification. Correction due: <u>August 21, 2021</u>	Correction verified on 8/18/21.