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)(1) During residence, foster adult record includes reports of annual tuberculosis clearances.	(1) Caregiver to submit a TB clearance to the Certification Unit by 9/16/21.	9/16/21
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	(2) Caregiver to submit a current diet order from the PCP to the Certification Unit by 9/16/21. Effective immediately the certified caregiver shall always have a current diet order on file.	9/16/21
§11-148-21 HEALTH: (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	(3) Caregiver to submit a physical exam signed by the PCP to the Certification Unit by 9/16/21.	9/16/21
§11-148-22 EMERGENCIES : (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	(4) Caregiver to submit a self- preservation statement signed by the PCP to the Certification Unit by 9/16/21.	9/16/21

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED:	Manual consent clearance results are pending for all required individuals.	9/16/21
(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.		
(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 results upon receipt.	9/16/21