## **Department of Health**

## **Developmental Disabilities Division**

## **Adult Foster Home Corrective Action Report**

□ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
(b)(2)(C)(1) During residence, foster adult record includes copies of physicians' initial, annual, and periodic medical exams, evaluations, progress notes, and lab reports.	Current self preservation statement not on file for one participant. Caregiver to obtain self preservation statement from physician and submit to Certification by 8/3/21 for verification.	8/23/21
(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.	Effective immediately, caregiver to obtain copy of current ISP for one participant. Caregiver to submit 1 <sup>st</sup> page of ISP to Certification as verification that she received it by 9/3/21.	8/23/21
(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	MD orders not on file from psychiatrist. Caregiver to obtain MD orders from psychiatrist and to submit copy to Certification by 9/3/21.	8/23/21
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	No current diet order on file for one participant. Caregiver to obtain diet order and to submit to Certification by 9/3/21.	8/23/21

Name of Foster Parents (s): <u>Agonoy</u>, <u>Agustine and Avelino</u> Date of Inspection: <u>8/3/21</u>

SECTION PLAN CORRECTION Completion Date		
PLAN CORRECTION	Completion Date	
(To be completed by the caregiver)		
Annual Criminal History Clearance results pending for caregivers and substitute caregiver.	8/6/21	
	(To be completed by the caregiver) Annual Criminal History Clearance results pending for caregivers and	