

Name of Foster Parents (s): Angela Durnil & Luisa Rigney Date of Inspection: 10/12/21

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
<p>§11-148-16 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Effective immediately, the certified caregivers shall always have a signed physician's order for every medication or treatment. The certified caregivers shall obtain a signed physician's order for the identified medication and forward a copy to the Certification Unit for verification by 11/12/21.</p>	10/15/21
<p>§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances shall be obtained for the certified caregivers and forwarded to the Certification Unit for verification by 11/12/21.</p>	10/28/21