

Name of Foster Parents(s): Lillian & Romulo Eisma Date of Inspection: 10/14/21

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
§11-148-16 <u>RECORD:</u> (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	(1) Caregiver to submit an MD order with the route to the Certification Unit by 11/11/21.	11/8/21
§11-148-22 <u>EMERGENCIES:</u> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	(2) Caregiver to submit a self-preservation statement signed by the Primary Care Provider. Submit to the Certification Unit by November 11, 2021.	11/8/21
§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (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 clearance results are pending for all required individuals.	11/8/21

Name of Foster Parents(s): Lillian & Romulo Eisma Date of Inspection: 10/14/21

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Caregiver submitted annual criminal history consents and payment, pending results.	11/8/21
(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) clearance. Caregiver to submit copy of results upon receipt.	11/8/21