

Name of Foster Parents (s): Leano, Hazel Date of Inspection: 11/17/21

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
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Received annual criminal history consents and payment for all required individuals; pending results.	11/19/21
§11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.	Accounting of Allowance log were on file for both participants; however, no description noted for items purchased. Effective immediately, caregiver to write a short description of any items purchased when using participants' allowance.	11/17/21