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 reports of annual tuberculosis clearances.	TB clearance not on file for participant. Certified Caregiver to submit copy of TB clearance by 1/14/22.	
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Certified Caregiver to follow up on diet order for participant to ensure current diet order is on file. Caregiver to submit verification by 1/14/22.	