

Name of Foster Parents (s): Corazon DelaRosa

Date of Inspection: 12/29/21

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 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Effective immediately, the certified caregiver shall ensure there is a signed physician's order for all medication and treatments. The certified caregiver shall obtain a current physician's order for the identified medication by 1/29/22.	