

Name of Foster Parents (s): Fietonu, Seini

Date of Inspection: 11/30/21

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)(2)(C)(1) During residence, foster adult record includes reports of annual tuberculosis clearances.	No current TB clearance on file for one household member. Caregiver to submit copy of TB clearance by 12/30/21.	12/13/21
(b)(2)(C)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate.	Current copy of ISP not on file. Caregiver to obtain and review copy of ISP. Caregiver to submit 1 st page of ISP to Certification for verification of receipt by 12/30/21.	12/13/21
(b)(2)(C)(7) During residence, foster adult record includes recordings of foster adult's weight, on a monthly basis or more often when requested by the physician or DDD.	Steady weight loss noted for one participant. Caregiver to bring to Primary Care Physician to discuss weight loss and to submit verification of doctor's visit and recommendations to Certification by 12/30/21.	1/6/22
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearance results are pending from Field print. Caregiver to submit copy of results immediately upon receipt.	12/16/21

