

Name of Foster Parents (s): Brigida & Juvylyn Lucina

Date of Inspection: 12/27/21

**Department of Health  
Developmental Disabilities Division  
Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-21 <b>HEALTH:</b> (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.</p>	<p>Effective immediately, the certified caregiver shall ensure the foster adult receives a physical examination annual. The certified caregiver shall obtain a copy of the foster adult’s annual physical examination and submit it to the Certification Unit for verification by 1/27/22.</p>	1/19/22
<p>§11-148-22 <b>EMERGENCIES:</b> (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Effective immediately, the certified caregiver shall always have a current emergency protocol in place. The certified caregivers shall obtain a copy of the foster adult’s current Individualized Service Plan (ISP) that includes the Risk &amp; Safety and Emergency &amp; Crisis planning sections by 1/27/22.</p>	1/19/22