

Name of Foster Parents (s): Quimoyog, Leandro Jr./Hazel Date of Inspection: 11/29/21

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
(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	Physician's order for all current medications from Psychiatrist and one discontinued order for one participant not on file. Caregiver to obtain and submit copy by 12/29/21.	12/2/21