Name of Foster Parents (s): _Rimando, Jaime Jr. and Linda Date of Inspection: __12/6/21_

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.	Discrepancy found between one physician's order (does not state PRN) and what is written on Medication Administration Record (MAR) for one medication. Caregiver to clarify with respective physician and to submit current order from physician by 1/6/22.	
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Annual criminal history clearance results pending for caregivers and substitute caregiver.	