

Name of Foster Parents (s): ANCHETA, Rubelyn

Date of Inspection: 01/18/22

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

No deficiencies.

| <b>SECTION</b>  | <b>PLAN CORRECTION<br/>(To be completed by the caregiver)</b>   | <b>Completion Date</b> |
|---|---|------------------------|
| <p>§11-148-16 <b>RECORD:</b><br/>(b)(2)(C)(4) &amp; (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>   | <p><b>Caregiver to submit an MD order for the medications to the Certification Unit by February 15, 2022.</b></p> |                        |
| <p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b><br/>(a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.</p> | <p><b>Manual consent clearances submitted, pending results.</b></p>   |                        |
| <p>(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>   | <p><b>Criminal History consents and payments submitted, results are pending.</b></p>                              |                        |
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