

Name of Foster Parent: Jonathan Sagisi

Date of Inspection: 01/14/22

**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
§11-148-16 RECORD: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Caregiver to submit an MD order with the route for the medication to the Certification Unit by 2/11/22.	