

Name of Foster Parents (s): Esmenia Apostol

Date of Inspection: 12/13/21

**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> |
|---|---|------------------------|
| §11-148-16 <b>RECORD:</b><br>(b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.   | Effective immediately, the certified caregiver shall ensure there is a signed physician's order for every medication and treatment. The certified caregiver shall obtain signed physician's order for when the identified medications were first prescribed by 1/13/22. | 1/13/22                |
| §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. | The results of the State of Hawaii criminal history record clearances for the identified household members are pending.   | 12/28/21               |
| §11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b><br>(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.   | The results of the State & Federal criminal history record clearances for the certified and substitute caregivers are pending.  | 12/14/21               |