

Name of Foster Parents (s): Anabel Febreo

Date of Inspection: 2/10/22

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)(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 a current physician's order for the identified medication by 3/10/22.	
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (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 clearance for the identified household member is pending.	
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (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.	

