

Name of Foster Parents (s): ALO, Levi Date of Inspection: 01/07/22

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
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u></p> <p>(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>	Manual consent clearance results are pending for required individuals.	12/28/21
<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>	Caregiver submitted the Criminal History consents and payment, pending results.	1/12/22
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	Caregiver submitted proof of payment for Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearances. Caregiver to submit results upon receipt.	1/10/22
<p>§11-148-16 <u>RECORD:</u></p> <p>(b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.</p>	Caregiver to submit an MD order for the medication to the Certification Unit by 2/4/22.	1/14/22