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

□ No deficiencies

| SECTION                                                                                                                                                                                                                      | PLAN CORRECTION                                                                                                                                                                                                                                                              | Completion Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                                                                              | (To be completed by the caregiver)                                                                                                                                                                                                                                           |                 |
| (b)(2)(C)(4) & (6)<br>During residence, foster<br>adult record includes<br>medications<br>administered as ordered<br>by physicians.                                                                                          | Current physician's order not on file for one<br>change order that was completed via phone call<br>with respective doctor. Caregiver to obtain<br>physician order reflecting this change. Caregiver<br>to submit verification by 12/22/21.                                   | 2/28/22         |
| (e) Foster parent carried<br>out regularly planned<br>medical visits.                                                                                                                                                        | Follow up visit recommended for one participant<br>with Ophthalmologist in 6 months (October<br>2021) however, no visit record notes on file from<br>eye doctor. Caregiver to submit verification of<br>follow up with Ophthalmologist to Certification<br>Unit by 12/22/21. | 12/14/21        |
| §11-148-28<br><b>RESIDENT'S</b><br><b>ACCOUNTS:</b><br>(d) Record contains an<br>accurate accounting of<br>foster adult's money and<br>disbursements kept on<br>an ongoing basis,<br>including receipts for<br>expenditures. | Effective immediately, caregiver to maintain<br>accurate accounting of allowance for both<br>participants, including retaining receipts for<br>expenditures.                                                                                                                 | 12/14/21        |
| (b)(1) Criminal history<br>record for foster parents<br>and substitute<br>caregiver(s) does not<br>pose a risk to the foster<br>adult(s) in care.                                                                            | Annual criminal history clearance results pending for caregiver and substitute caregivers.                                                                                                                                                                                   | 12/14/21        |

## Name of Foster Parents (s): **Benson, Richelle** Date of Inspection: **11/22/21**

| SECTION                                                                                                                                         | PLAN CORRECTION<br>(To be completed by the caregiver)                                                                                                                                      | Completion Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| (b)(4) Background<br>information for foster<br>parents and substitute<br>caregivers does not<br>contain a history of child<br>abuse or neglect. | Adult Protective Services (APS) and Child Abuse<br>and Neglect (CAN) registry checks are pending<br>for all required individuals. Caregiver to submit<br>results immediately upon receipt. | 2/28/22         |
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