Name of Foster Parents (s): <u>Gagarin, Gloria</u> Date of Inspection: <u>1/19/22</u>

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 |
|--|---|-----------------|
| (b)(2)(C)(2) During residence, foster adult record includes observations of the foster adult's response to medication, treatments, diet, plan of care (ISP), changes in condition, indications of illness or injury, and behavior patterns monthly or more often as appropriate. | Current ISPs not on file for both participants. Caregiver to obtain current ISP from respective case managers and to review and keep on file in participants' charts. | 1/22/22 |
| §11-148-28 RESIDENT'S ACCOUNTS: (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures. | Accounting of allowance form was updated for both participants; however no receipts on file. Advised caregiver to keep receipts to verify expenditures effective immediately. | 1/22/22 |
| (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care. | Criminal history clearance results are pending for caregiver and substitute caregiver. | 1/21/22 |
| (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect. | Adult Protective Services (APS) and Child Abuse and Neglect (CAN) results are pending. Caregiver to submit results immediately upon receipt. | 3/10/22 |