

Name of Foster Parents (s): OBALDO, Salvador Date of Inspection: 3/3/22

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

No Record Review deficiencies

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-16 RECORD: (b)(2)(C)(1) During residence, foster adult record includes reports of annual tuberculosis clearances.	The certified caregiver shall obtain a TB clearance for the identified foster adult by 4/3/22.	
§11-148-16 RECORD: (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.	The certified caregiver shall always have a signed physician's order for every medication or treatment and diet. The certified caregiver shall obtain signed physician's order for the identified medications by 4/3/22.	