Name of Foster Parents(s): Nena Pascua Date of Inspection: 1/28/22

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)	
§11-148-16 RECORD : (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	Caregiver to submit an MD order with the route for the medications. Submit the MD order with the route to the Certification Unit by 2/25/22.	2/22/22
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver submitted proof of payment for Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances. Caregiver to submit copies of the results upon receipt.	3/17/22