

Name of Foster Parents (s): Rasay, Corazon

Date of Inspection: 2/28/22

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 |
|--|---|------------------------|
| (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment. | Current diet order not on file for both participants. Caregiver to submit copy of diet orders by 3/28/22. Current MD orders and discontinued orders to be obtained from primary care physician. Caregiver to submit copies of it by 3/28/22. | |
| (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care. | Annual criminal history clearance results are pending for caregiver and substitute caregivers. | |
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