Name of Foster Parents (s): <u>Marlene/Edmar Sagucio</u> Date of Inspection: <u>3/7/22</u>

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

□ No deficiencies

SECTION	PLAN CORRECTION	<b>Completion Date</b>
	(To be completed by the caregiver)	
(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 ISP not on file for one participant. Caregiver to obtain and review copy of most recent ISP. Caregiver to submit copy of 1 <sup>st</sup> page of ISP to Certification Unit by 4/7/22 for verification of receipt.	
§11-148-21 <b>HEALTH:</b> (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.	Physical exam is scheduled on 3/4/22. Caregiver to submit copy of current physical exam upon completion.	
(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 caregivers and substitute caregivers.	
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Pending results for two caregivers. Caregiver to submit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) results upon receipt.	