

Rhode Island Department of Human Services FCCH/GFCCH Monitoring Summary Final 9/27/2021

		Prov	ider Information					
Provider Name:	Iris Jimenez							
Visit Information								
Visit Date:	2/17/22	Visit Start Time:	12:30pm		t End Time:	1:20pm		
Name of Licensor:	Teresa Castillo-Bakr							
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Corrective action pla								
are assessed using get more information						eview this tu	II Checklist of to)
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Program demons		i-Compliances Obs ce in all regulations				ons found		
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✓ Program demonstrated partial compliance in the regulations assessed during this visit. Noncompliance found resulted in the following corrective action plan.								
resulted in the folio	wing corrective	action plan.						
Corrective Action Plan								
Non-Compliant	Descr	iption/Observation	Corr	ected	Timeframe t	o resolve	Resolved	
Regulation				site			(Check)	
2.3.2.N.4		CPR poster	(Cn	eck)				
2.5.2.11.4		CFH poster			24 ho	urs	\checkmark	
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2.3.2.1.7	Ci	eaning schedule			24 ho	urs	\checkmark	
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		Choke gauge			24 ho	urs		



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