

# Program Inspection Compliance Plan

Provider's Name: **Rural America Initiatives**

City: **Rapid City**

Provider Number: **010601775**

Inspector: **Andrea Neff**

Date of Inspection: **08/27/2024**

Time of Inspection: **9:20 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:	
<b>MP - Out Of State</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>09/10/2024</b>	<b>10/02/2024</b>
	Status: <b>Corrected</b>	

**Anne Reddy**

Provider Signature

**08/27/2024**

Date

**Andrea Neff**

Inspector Signature

**08/27/2024**

Date