

# Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **SF Lutheran Eagle Care**

City: **Sioux Falls**

Provider Number: **011515428**

Inspector: **Todd Lowe**

Date of Inspection: **11/07/2022**

Time of Inspection: **5:36 PM**

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

## A. FIRE AND LIFE SAFETY

15. Is electrical system being used properly? 61:15:01 NOTE: Check for overloads or frayed extension cords.

### Corrections To Be Made:

**At the time of the inspection, a non-GFI extension cord was overloaded in the four year old room.**

**The electrical system cannot be overloaded at any time.**

**Correction: The non-GFI extension cord was removed immediately at the time of the inspection.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**11/07/2022**

Actual  
Completion  
Date:

**11/07/2022**

Status: **Corrected Immediately**

**Brenda Bernard**

Provider Signature

**11/07/2022**

Date

**Todd Lowe**

Inspector Signature

**11/07/2022**

Date