Program Inspection
Compliance Plan

Provider's Name:	**NHAC - Deadwood First Step**	City:	**Deadwood**	Provider Number:	**016598207**
Inspector:	**Tina Uecker**	Date of Inspection:	**11/01/2022**	Time of Inspection:	**9:00 AM**

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

G. Record Keeping, Posting Information and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

Corrections To Be Made:	Agency Action:	
SB - CPR, Training **LE - Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement** **BH - CPR** **MJ - Training** **TJ - Timely Orientation, CPR** **ZK - Three References** **DL - CPR** **MR - Three References, Timely Orientation, CPR** **BS - Three References, Timely Orientation, CPR**	**Compliance Plan** Suggested Completion Date: **11/15/2022** Status: **Corrected**	Actual Completion Date: **12/07/2022**

Kaylee Wellford	**12/07/2022**	**Tina Uecker**	**12/07/2022**
Provider Signature	Date	Inspector Signature	Date