Program Inspection
Compliance Plan

Provider's Name:	**EmBe Harrisburg Horizon OST**	City:	**Sioux Falls**	Provider Number:	**018042825**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**09/04/2024**	Time of Inspection:	**3:27 PM**

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

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

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

Corrections To Be Made:	Agency Action:	
JB - Out Of State	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	10/04/2024	**12/11/2024**
	Status: **Corrected**	

Derrick Spader	**09/04/2024**	**Brooke Flemmer**	**09/04/2024**
Provider Signature	Date	Inspector Signature	Date