

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Care at Axtell**

City: **Sioux Falls**

Provider Number: **018043063**

Inspector: **Todd Lowe**

Date of Inspection: **04/03/2024**

Time of Inspection: **10:03 AM**

Provider was found to be in full compliance

KEISHA KENNER

Provider Signature

04/03/2024

Date

Todd Lowe

Inspector Signature

04/03/2024

Date