PRINTED: 02/25/2014
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF022	A. BUILDING: _____ B. WING _____	02/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE MANOR INC	830 NORTH MAIN STREET BUFFALO, WY 82834

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S5094	Ch 12 Sec 7 (o)(iii)(A-E) Assisted Living facility (ALF) Core Services (o) Evacuation Capability, Emergency Procedures, and Fire Safety. (iii) Fire Safety. (A) Portable fire extinguishers shall be installed, inspected, and maintained according with NFPA 10, Standard for Portable Fire Extinguishers. (I) State of Wyoming certified individuals shall inspect and service the extinguishers. All extinguishers shall have a tag or label securely attached that indicate the month and year the maintenance was performed and that identifies the person performing the service. (B) Readily available and clearly readable telephone numbers for emergency contacts shall be located near all telephones. (C) Clearly readable floor diagrams reflecting the actual floor arrangement showing the exit locations and evacuation routes shall be posted in conspicuous places. Each resident shall be instructed with its use on the first day of admission. (D) Resident training for the fire emergency plan shall be in accordance with the Life Safety Code Operating Features sections. (I) On the first day of admission, each resident shall be instructed in the proper action of the fire emergency plan, including the location of all the exits. A record of this instruction shall be in each resident file.	S5094	**S5094** Effective 03/01/14 when a fire drill does not occur on the scheduled date due to inclement weather, building maintenance, etc. an alternate date will be selected at that time and the fire drill rescheduled to insure drills are held during all of the required shifts. The Executive Director will be responsible for the fire drill exercises as well as any necessary rescheduling. A semi-annual review of the fire drill scheduling and execution will be conducted to ensure the drills are being conducted at the necessary intervals and times. The amended fire drill procedure will be reviewed during each Quality and Assurance review annually unless need arises prior to that time. **S5166** **S8004** The facility's maintenance department will be removing the kick down devices on the referenced doors by 03/14/14. The doors will not be propped open with door stop devices of any sort in the future.	03/01/14 TW 04.03.14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Agnes Tim | TITLE: Exec Director | (X6) DATE: 3/7/14

STATE FORM 6899 XVQD11 If continuation sheet 1 of 6

RECEIVED
WY Dept of Health
MAR 07 2014
Healthcare Licensing and Surveys

POC ACCEPTED W/RENEE KNIGHT (ADMINISTRATOR) ON 4/4/14 J.Wyatt

PRINTED: 02/25/2014
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF022	A. BUILDING _____ B. WING _____	02/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE MANOR INC	830 NORTH MAIN STREET BUFFALO, WY 82834

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S5094	Continued From page 1 (E) Fire exit drills shall be conducted in accordance to the Life safety Code Operating Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility. (I) The facility shall be responsible for recording fire exit drills on an evaluation form that include at least the following: (1.) Date of drill; (2.) Time of day; (3.) Type of drill (Practice, Announced, Surprise); (4.) Residents who participated including staff and family members; (5.) Time required (minutes and seconds) to evacuate all residents (including staff) from the occupied areas to a point of assembly as defined in the Life Safety Code; (6.) List of anyone, including staff and family members, who did not evacuate in the required time allowed by the evacuation capability rating of the facility. Evacuation capability rating for each facility shall be listed on the form; (7.) Comments on the factors that contributed to each individual's inability to evacuate successfully and any corrective actions recommended; and	S5094	Management will maintain weekly checks to see that the doors are not propped open with door stops. Administration will be reviewing the written monitoring tool during the annual Quality Assurance review. **S5166** **S8022** The adapters in rooms #102, #104, & room #113 have been replaced with power strips equipped with surge protectors. Electrical adapters are prohibited in resident rooms. If an electrical adapter is required an approved power strip with cord must be utilized. All rooms will be re-checked by 03/14/14 for any adapters. Administration and maintenance will be responsible for continued inspection of resident rooms and replacing any electrical adapters with approved power strips by 03/14/14. There will be quarterly inspections of resident rooms to identify any hazardous conditions. Any electrical	03/14/14 TW 04.03.14

PRINTED: 02/25/2014
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF022	A. BUILDING: _____ B. WING _____	02/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE MANOR INC	830 NORTH MAIN STREET BUFFALO, WY 82834

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S5094	Continued From page 2 (8.) Signature and date of the person completing the form. This State Rule and Regulation is not met as evidenced by: Based on record review and facility staff interview, the facility failed to ensure fire drills were held on each shift during 2 of the past 4 quarters. The findings were: Review of the fire drill records showed the second shift occurred between 6 PM and 6 AM. Further review showed a fire drill had not been conducted on the second shift during the second and third quarters of 2013. On 2/12/14 at 11:10 AM, the executive director confirmed there were no other records to review.	S5094	~~adapter will be replaced with a power~~ strip We will continue to rely upon the Fire Code professionals for updates and changes in the code and/or requirements and incorporate any necessary changes into our policy. Administration will continue to expand their knowledge of the NFPA fire code	
S5166	Ch 4 Sec 10 (ii) Life Safety and Electrical Safety The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply. (ii) Assisted Living Facilities operating prior to the effective date of these rules, shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility. This State Rule and Regulation is not met as evidenced by: A Life Safety Code survey was conducted at your facility on February 12, 2014 by the office of Healthcare Licensing and Surveys, (HLS).	S5166	**S5166** **S8023** Effective 03/12/14 the kitchen hood will be professionally cleaned semi-annually by an approved hood exhaust cleaning company. The cleaning will be scheduled on the Maintenance Dept.'s semi-annually cleaning schedule. This will insure the cleaning company is scheduled for that specific time frame. The registered dietician will inquire monthly about hood inspection and include status in his report to the Executive Director. Effective 03/12/14 a cleaning schedule has been created to ensure weekly and monthly cleaning projects within the	03/14/14 TW 04.03.14

PRINTED: 03/07/2014
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF022	A. BUILDING: _____ B. WING _____	02/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE MANOR INC	830 NORTH MAIN STREET BUFFALO, WY 82834

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S5166	Continued From page 3 The facility was a single story, fully sprinklered facility of Type V (111) construction built in 2009. The building was equipped with a supervised, automatic wet sprinkler system with an addressable fire alarm system. The facility had a capacity of 26 licensed beds with a census of 23 residents. All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 2006 Edition, unless otherwise noted. This regulation was NOT MET as evidence by: --- The facility is not in compliance with the following state assisted living Life Safety Regulations: 8004 - Doors 8022 - Electrical 8023 - Utilities	S5166	~~kitchen are completed. The Kitchen~~ Manager will ensure all cleaning requirements are fulfilled within the given timeframe they've been assigned. All cleaning schedules will be evaluated during the annual Quality Assurance review.	03/12/14 TW 04.03.14
S8004	NFPA Life Safety - Nfpa Doors NFPA 101 Doors This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure corridor doors only required one action to close in 1 of 2 smoke compartments. The findings were: Observation of the chapel on 2/12/14 at 9:42 AM showed the double corridor doors were equipped with kick down devices attached to the bottom of the doors. At the time of the observation, the	S8004		

PRINTED: 02/25/2014
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF022	A. BUILDING: _____ B. WING _____	02/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE MANOR INC	830 NORTH MAIN STREET BUFFALO, WY 82834

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S8004	Continued From page 4 executive director reported she was unaware kick down devices were prohibited. Reference NFPA 101, 2006 Edition; 32.3.3.6.4 Doors protecting corridor openings shall not be required to have a fire protection rating, but shall be constructed to resist the passage of smoke.	S8004		
S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 2 smoke compartments. The findings were: Observation of the electrical system on 2/12/14 between 10 AM and 11 AM showed 6-way electrical adapter were plugged into television sets in resident room #102, #104 and #113. Reference NFPA 101, 2006 Edition, 32.3.6.1, 9.1.2, NFPA 70, 2002 Edition; 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces	S8022		

PRINTED: 02/25/2014
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF022	A. BUILDING _____ B. WING _____	02/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE MANOR INC	830 NORTH MAIN STREET BUFFALO, WY 82834

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S8023	Continued From page 5	S8023		
S8023	NFPA Life Safety - Nfpa Utilities NFPA 101 Utilities This State Rule and Regulation is not met as evidenced by: Based on record review and facility staff interview, the facility failed to ensure the kitchen hood exhaust duct work was cleaned semi-annually. The findings were: Review of the kitchen hood testing records showed the exhaust duct work had not been cleaned in the past year. On 2/12/14 at 11:10 AM, the executive director reported she was unaware the exhaust duct work was required to be cleaned semi-annually. Reference NFPA 101, 2006 Edition, 32.3.6.1, 9.2.3, NFPA 96, 2004 Edition; 11.2.1 Maintenance of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person (s) acceptable to the authority having jurisdiction at least every 6 months.	S8023		