PRINTED: 04/30/2010
FORM APPROVED

WDH - Office of Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF022	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED 03/31/2010
NAME OF PROVIDER OR SUPPLIER: AGAPE MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE: 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
SALF	LIC REGS FOR ASSISTED LIVING FACILITIES This State Rules and Regulations is not met as evidenced by: An initial Health survey was conducted at your facility by the Office of Healthcare Licensing and Surveys (OHLS) on 03/31/10. The survey revealed the facility was out of compliance with the Rules and Regulations for Program Administration (Chapter 12) Chapter 12, Section 6. Personnel and Staffing Requirements. (e) Personnel Policies and Procedures. (ii) A record for the manager and each employee shall be maintained and contain at a minimum, the following information: (K) Licensure, Certification or Credentials (RN, LPN, CNA). This REGULATION was not met as evidenced by: A. Based on employee file review and staff interview, the facility failed to ensure 2 of 4 employee records (#1, #3) were complete. The findings were: Review of employee record #1 revealed the employee was hired 02/08/10 as a certified nursing aide (CNA). The record also revealed the employee did not have a valid Wyoming CNA certificate, but did have a Montana CNA certificate. However, the Montana certificate had expired on 2/15/10. Interview with the	SALF	RECEIVED Wyoming Dept of Health JUN 08 2010 Office of Healthcare Licensing and Surveys SALF Employee Record #1 – Erin Bybee Erin Bybee does have a current state of Montana CNA license and a copy has been placed in her employee file. She is currently working on obtaining her Wyoming license. The Wyoming State board of nursing requested documentation from us stating that she has completed 24 hours of continuing education units. We have provided the requested information to the state board of nursing on April 27, 2010. Administrator will check all other employee files to ensure each contain a copy of the employee's license.	04/02/10

Wyoming Dept of Health, Office of Healthcare Licensing and Surveys

Mary Pat Cahhal

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Administrator (X6) DATE

RECEIVED Wyoming Dept of Health MAY 03 2010 Office of Healthcare Licensing and Surveys

Approved on 5/18/10 @ 345 pm p
tc c Administrator – Lacey Gardner

PRINTED: 04/30/2010
FORM APPROVED

WDH - Office of 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 _____	03/31/2010

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
SALF	Continued From page 1 administrator revealed the employee recently obtained her Wyoming CNA certification, but the documentation was not yet in her file. Review of employee record #3 revealed the employee was hired 01/22/10 as a CNA. The record revealed the employee was not a Wyoming-certified CNA. Interview with the administrator revealed the employee was a Wyoming certified CNA, but the documentation was not yet in the file. Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services. (b) Resident Assessment and Services. (i) The completion of the ALF 102. (II) The ALF 102 must be completed and signed by an RN. (ii) Admission Orders (III) If the resident is not vaccinated, the medical record must reflect the reason, such as medical contraindication or refusal (e) Resident Records and Reports. (i) Each folder shall include the following: (VII) A written inventory of all possessions. This REGULATION was not met as evidenced by: B. Based on record review and staff interview, the facility failed to ensure 3 of 3 sample residents (#1, #2, #3) had complete records. The findings were: Review of resident #1's record revealed the resident was admitted 03/04/10, but the admission orders did not include the vaccination status including flu, pneumonia or TB testing.	SALF	File will not be considered complete or stored until all required information has been provided by the employee and file's checklist is complete. A quality monitoring tool will be put into place to ensure that all employee documentation has been provided and filed accordingly. SALF Employee Record #3 – Jen Atwell Jennifer Atwell's CNA license was received in the mail on April 1, 2010. A copy has been placed in her employee file. Administrator will check all other employee files to ensure each contain a copy of the employee's license. File will not be considered complete or stored until all required information has been provided by the employee and file's checklist is complete. A quality monitoring tool will be put into place to ensure that all employee documentation has been provided and filed accordingly.	04/02/10

PRINTED: 04/30/2010
FORM APPROVED

WDH - Office of 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 _____	03/31/2010

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
SALF	Continued From page 2 Review of resident #2's record revealed the resident was admitted 01/23/10, but the admission orders did not include the vaccination status including flu, pneumovax or TB testing. In addition, the ALF 102 was not dated by the RN. Review of resident #3's record revealed the resident was admitted 02/03/10, but the admission orders did not include evidence of TB testing. In addition, the file did not contain a list of personal possessions. Interview with the administrator on 3/31/10 at 3:23 PM confirmed the above records were incomplete. Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services. (j) Food Service and Nutrition (iii) Food Service Supervision (A) Day to day responsibilities for food production and management of the dietary services shall be assigned to a person with nutrition and food service management experience equivalent to that of a Certified Dietary Manager (CDM). This REGULATION was not met as evidenced by: C. Based on staff interview, the facility failed to ensure the kitchen supervisor was a Registered Dietitian or a graduate of a dietetic technician or dietary manager's program. Interview with the administrator and kitchen supervisor revealed the supervisor was enrolled in a CDM course of study.	SALF	SALF Resident Record #1- Barbara Mayor Public Heath is coming to our facility to administer a TB screening on April 28, 2010. The results will be provided and documented in her resident records on April 30, 2010. Registered nurse will check all other resident files to ensure each contain a copy of all immunizations required by the state of Wyoming. Information has been devised specifically for family members to remind them that all immunizations must be up-to-date prior to resident move in. File will not be considered complete or stored until all required information has been provided by and file's checklist is complete. A quality monitoring tool will be put into place to ensure that all resident immunization documentation has been provided and filed accordingly.	04/02/10

PRINTED: 04/30/2010
FORM APPROVED

WDH - Office of 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 _____	03/31/2010

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
SALF	Continued From page 3 Chapter 12, Section 7. Assisted Living Facility (ALF) Core Services. (c) Resident Rights The facility shall post resident rights policy in a conspicuous place. This REGULATION was not met as evidenced by: D. Based on observation and staff interview, the facility failed to post their resident rights policy in a conspicuous place. The findings were: Observation revealed the facility's resident rights policy was posted in the nurse's office. Interview with the administrator however revealed the nurse's office was only open between the hours of 7 AM and 10 AM during the week. When the nurse was not in the facility, the door to the nurse's office is locked preventing residents, family members, or staff from viewing the policy. Chapter 12, Section 7. 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. 1-6.3. Extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire. This REGULATION was not met as evidenced by:	SALF	SALF Resident Record #2 – Carol Mason Public Heath is coming to our facility to administer TB screening on April 28, 2010. The results will be provided and documented in her resident records on April 30, 2010. The ALF-102 has been dated and signed by our RN and returned to her file. Registered nurse will check all other resident files to ensure each contain a copy of all immunizations required by the state of Wyoming. Information has been devised specifically for family members to remind them that all immunizations must be up-to-date prior to resident move in. File will not be considered complete or stored until all required information has been provided by and file's checklist is complete. A quality monitoring tool will be put into place to ensure that all resident immunization documentation has been provided and filed accordingly.	

PRINTED: 04/30/2010
FORM APPROVED

WDH - Office of 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 _____	03/31/2010

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
SALF	Continued From page 4 E. Based upon observation and staff interview the facility failed to ensure the ABC fire extinguishers were readily accessible in accordance with NFPA 10. The findings were: Observation of the ABC portable fire extinguishers revealed all extinguishers were contained in wall-mounted cases. However, the cases were all locked. Interview with the administrator on 3/31/10 at 3:23 PM confirmed the extinguishers were locked in their cases and the keys to the cases were in the administrator's office.	SALF	SALF Resident Record #3 – Vera Powell Public Heath is coming to our facility to administer a TB screening on April 28, 2010. The results will be provided and documented in her resident records on April 30, 2010. Registered nurse will check all other resident files to ensure each contain a copy of all immunizations required by the state of Wyoming. Information has been devised specifically for family members to remind them that all immunizations must be up-to-date prior to resident move in. File will not be considered complete or stored until all required information has been provided by and file's checklist is complete. A quality monitoring tool will be put into place to ensure that all resident immunization documentation has been provided and filed accordingly. An inventory of personal effects has been filled out, signed, dated and included in her resident records. Registered nurse will check all other resident files to ensure each contain a list of personal effects required by the state of Wyoming.	

WDH - Office of 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 _____	03/31/2010

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
SALF	Continued From page 4 E. Based upon observation and staff interview the facility failed to ensure the ABC fire extinguishers were readily accessible in accordance with NFPA 10. The findings were: Observation of the ABC portable fire extinguishers revealed all extinguishers were contained in wall-mounted cases. However, the cases were all locked. Interview with the administrator on 3/31/10 at 3:23 PM confirmed the extinguishers were locked in their cases and the keys to the cases were in the administrator's office.	SALF	File will not be considered complete or stored until all required information has been provided and file's checklist is complete. A quality monitoring tool will be put into place to ensure that the resident personal effect's documentation has been generated and filed accordingly. SALF – Food Service Our Kitchen Manager is currently enrolled in the University of North Dakota's online Dietary Manager Course. A letter from the university confirming his enrollment has been placed in employee file. Administrator will ensure future Kitchen Manager files contain proof of enrollment in any programs/courses required by the Wyoming Department of Health. File will not be considered complete or stored until all required information has been provided by the employee and file's checklist is complete. A quality monitoring tool will be put into place to ensure that all employee documentation has been provided and filed accordingly. SALF – Resident Rights	04/02/10 04/06/10

PRINTED: 04/30/2010
FORM APPROVED

WDH - Office of 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 _____	03/31/2010

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
SALF	Continued From page 4 E. Based upon observation and staff interview the facility failed to ensure the ABC fire extinguishers were readily accessible in accordance with NFPA 10. The findings were: Observation of the ABC portable fire extinguishers revealed all extinguishers were contained in wall-mounted cases. However, the cases were all locked. Interview with the administrator on 3/31/10 at 3:23 PM confirmed the extinguishers were locked in their cases and the keys to the cases were in the administrator's office.	SALF	The facility's Resident Rights Policy has been framed and hung in the facilities central corridor to be observed by all employees, residents and visitors. Administrator will review rules and regulations to ensure building compliance. When need arises for display of policy within the facility Administrator will review rules and regulations regarding placement. A quality monitoring tool will be put into place to ensure all signage has been properly displayed per state rules and regulations. SALF – Fire Safety All fire extinguisher cases have been unlocked and are accessible and immediately available in the event of a fire. Administrator will review 101 Life Safety code and ensure compliance. Advise staff that all fire extinguisher cases remain unlocked and remain accessible at all times. A quality monitoring tool will be put into place to ensure all signage has	04/07/10

WDH - Office of 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 _____	03/31/2010

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
SALF	Continued From page 4 E. Based upon observation and staff interview the facility failed to ensure the ABC fire extinguishers were readily accessible in accordance with NFPA 10. The findings were: Observation of the ABC portable fire extinguishers revealed all extinguishers were contained in wall-mounted cases. However, the cases were all locked. Interview with the administrator on 3/31/10 at 3:23 PM confirmed the extinguishers were locked in their cases and the keys to the cases were in the administrator's office.	SALF	been properly displayed per state rules and regulations. 04/02/10	