

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF022	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 03/24/2014
Name of Facility AGAPE MANOR INC		Street Address, City, State, Zip Code 830 NORTH MAIN STREET BUFFALO, WY 82834

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix S5049 Reg. # Ch 12 Sec 7 (d)(i)(A-K) LSC	Correction Completed 03/01/2014	ID Prefix S5067 Reg. # Ch 12 Sec 7 (g) LSC	Correction Completed 03/01/2014	ID Prefix S5072 Reg. # Ch 12 Sec 7 (i)(i) LSC	Correction Completed 03/01/2014
ID Prefix S5076 Reg. # Ch 12 Sec 7 (i)(v) LSC	Correction Completed 03/01/2014	ID Prefix S5088 Reg. # Ch 12 Sec 7 (i)(i)(A-D) LSC	Correction Completed 03/01/2014	ID Prefix S5089 Reg. # Ch 12 Sec 7 (m)(i)(A-R) LSC	Correction Completed 03/01/2014
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
Reviewed By State Agency	Reviewed By Date: 3/24/14	Signature of Surveyor: Paralee Luss	Date: 3/24/14	Reviewed By CMS RO	Reviewed By Date:
Followup to Survey Completed on: 02/11/2014		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			