

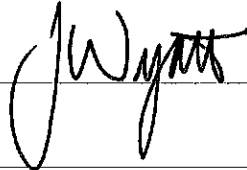
5/19/2014

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF022	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/19/2014
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 <u>S8004</u> Reg. # <u>NFPA</u> LSC _____	Correction Completed 03/14/2014	ID Prefix <u>S8022</u> Reg. # <u>NFPA</u> LSC _____	Correction Completed 03/14/2014	ID Prefix <u>S8023</u> Reg. # <u>NFPA</u> LSC _____	Correction Completed 03/12/2014
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By <u>5/19/14</u> <u>IS</u>	Date: <u>5/19/14</u>	Signature of Surveyor: 	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on:
2/12/2014

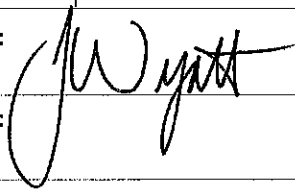
Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

5/19/2014

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF022	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/19/2014
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 <u>S5094</u> Reg. # <u>Ch 12 Sec 7 (o)(iii)(A-E)</u> LSC _____	Correction Completed 03/01/2014	ID Prefix <u>S6166</u> Reg. # <u>Ch 4 Sec 10 (ii)</u> LSC _____	Correction Completed 03/14/2014	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
Reviewed By _____ State Agency _____		Reviewed By <u>5/19/14 TS</u> Date: <u>5/19/14</u>		Signature of Surveyor:  Date: _____	
Reviewed By _____ CMS RO _____		Reviewed By _____ Date: _____		Signature of Surveyor: _____ Date: _____	
Followup to Survey Completed on: 2/12/2014		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			