PRINTED: 04/02/2015
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 _____	03/25/2015

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
S 000	General Comments A Life Safety Code survey was conducted at your facility on March 25, 2015 by the office of Healthcare Licensing and Surveys. (HLS) 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. Wyoming Department of Health, Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4, Section 10 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply. (ii) Assisted Living Facilities operation 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. All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 2006 Edition, unless otherwise noted.	S 000	**S8015** The facility's maintenance department will be adjusting the self-closing devices on the referenced doors by 04/18/14. Management will maintain monthly checks to see that all doors in facility close proper. Administration will be reviewing the written monitoring tool during the annual Quality Assurance review.	4/18/15
S8015	NFPA Life Safety - Nfpa Prot from Hazards NFPA 101 Protection from Hazards This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide protection of hazardous areas from adjacent corridors and non-hazardous rooms in 1 of 2 smoke compartments. The	S8015	**S8017** Effective 04/18/14 there will be multiple pre-selected dates and times (various shifts) throughout the year for fire drills to be implemented. when a fire drill does not occur on the scheduled date due to inclement weather, building maintenance, etc. the next 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. An annual review of the fire drill scheduling and execution will be conducted to ensure the drills are being	

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys

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

Renee Knight — Exec Director — 4/9/15

STATE FORM 6899 TBV211 If continuation sheet 1 of 5

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POC Accepted VIA Phone Call with Administrator Renee Knight on 4/16/15 @ 2:35pm

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S8015	Continued From page 1 findings were: Observation of the Facility Mechanical Room on 03/24/15 from 8:25 AM to 8:27 AM revealed that the room had a self-closing device installed, when activated would not fully latch the door into the frame. At the time of the observation the Facility Administrator acknowledged the door would not latch into the frame. Ref: 2006 NFPA 101, Sections 32.3.3.2.1, 8.7.1.3, and 7.2.1.8.1	S8015	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.	04/18/15
S8017	NFPA Life Safety - Nfpa Det, Alarm & Comm Systems NFPA 101 Detection, Alarm and Communication Systems This State Rule and Regulation is not met as evidenced by: Based on document review, the facility failed to provide documentation identifying that the fire alarm systems have been tested in accordance with NFPA 72. The findings were: Document review of the testing and maintenance of the fire alarm system on 03/26/2015 from 2:30 PM to 3:30 PM revealed no documentation could be provided for the activation of the fire alarm system for the months of April, July, and December of 2014. At the time of the document review the Facility Administrator acknowledged the alarm system had not been activated during those months. Ref: 2007 NFPA 72, Table 10.4.4, 26	S8017	**S8022** The adapter in room #111 has been replaced with a power strip 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 04/18/15 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 04/18/15. There will be quarterly inspections of resident rooms to identify any hazardous conditions. Any electrical adapter will be replaced with a power strip	

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S8022	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that the electrical wiring and equipment was in accordance with NFPA 70. The findings were: Observation of resident rooms #111 on 03/25/2015 at 1:42 PM revealed an extension cord being utilized in a resident room in place of permanent wiring. At the time of the observation the Facility Administrator acknowledged the use of the extension cord in the resident room. Ref: 2006 NFPA 101, Sections 32.2.5 and 9.1.2 2005 NFPA 70, Article 305	S8022	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	04/18/15
S8027	NFPA Life Safety - Nfpa Emergency Egress & Rel Dr NFPA 101 Emergency Egress and Relocation Drills This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure fire drills were held on a quarterly basis for all shifts. The findings were: Review of the fire drill records on 03/25/15 from 2:30 PM to 3:30 PM revealed that no fire drill records were present for the months of April, July, and December of 2014. At the time of the record review the Facility Administrator acknowledge that	S8027	**S8027** Effective 04/18/14 there will be multiple pre-selected dates and times (various shifts) throughout the year for fire drills to be implemented. when a fire drill does not occur on the scheduled date due to inclement weather, building maintenance, etc. the next 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. An 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.	

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S8027	Continued From page 3 fire drills were not being conducted, but she was aware of the requirement. Ref: WDH Chapter 8 Rules, Section 14 (c)(iv)	S8027	The amended fire drill procedure will be reviewed during each Quality and Assurance review annually unless need arises prior to that time.	04/18/15
S8032	IPC Life Safety - Int'l Plumbing Cod This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing plumbing systems in a manner that is in accordance with the WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities, in accordance with the original design, and in a safe and sanitary condition. The findings were: 1. Observation of the Housekeeping Closet on 03/25/15 at 2:00 PM and the Kitchen Utility Sink at 2:15 PM revealed that a hose connection to the wall-mounted chemical dispensing system had been installed without a means of backflow prevention. The chemical dispensing system was connected to the faucet discharge via a hose connection which had the ability to be under constant pressure. This can disabled the atmospheric vacuum breaker creating a potential means for cross connection. The Facility Administrator at the time of the observations acknowledged that the connection was not provided with an acceptable means of backflow prevention. 2. Observation of the Emergency Eyewash Station located in the kitchen on 03/25/15 at 2:20 PM revealed that tepid water was provided to the eyewash via an ASSE 1071, however the valve	S8032	**S8032** The facility's maintenance department will be contracting a plumber to (1) install the required backflow devices throughout the building and (2) assess the needs of the Emergency Eyewash Station by 04/18/14. Management will verify, with licensed contractor, the items sited in S8032 meet all current plumbing code requirements.	4/18/15

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S8032	Continued From page 4 actuator was not easy to locate and readily accessible to user. The eyewash was mounted to the sink fixture requiring the user to locate the small actuator knob to initiate the station. An interview with the Facility Administrator at the time of the observations confirmed that the eyewash was not compliant with the requirements of ANSI Z358.1. (Reference 2006 IPC, Section 411) Ref: 2006 IPC, Sections, 411, 608.6, and 608.13	S8032		