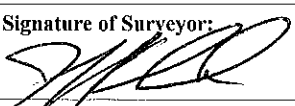


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF022	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 06/04/2015
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 S8015 Reg. # NFPA LSC	Correction Completed 04/18/2015	ID Prefix S8017 Reg. # NFPA LSC	Correction Completed 04/18/2015	ID Prefix S8022 Reg. # NFPA LSC	Correction Completed 04/18/2015
ID Prefix S8027 Reg. # NFPA LSC	Correction Completed 04/18/2015	ID Prefix S8032 Reg. # IPC LSC	Correction Completed 04/18/2015	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 TB 6/5/15	Date:	Signature of Surveyor: 	Date:	6/4/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 03/25/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			