State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
ALF022	A. Building B. Wing	06/04/2015

Name of Facility	Street Address, City, State, Zip Code
AGAPE MANOR INC	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

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
	BB 6/5/15				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