PRINTED: 05/13/2016
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 _____	05/10/2016

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 May 10, 2016 by 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 21 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	**S8027** Effective 05/23/16 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. Dates will start the first week of each month to avoid an entire month being missed. 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. The amended fire drill procedure will be reviewed during each Quality and Assurance review annually unless need arises prior to that time.	05/23/16
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 and staff interview, the facility failed to provide documentation identifying certification of the central station fire	S8017		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X5) DATE 5/23/16

STATE FORM 6899 BM811 If continuation sheet 1 of 9

RECEIVED
WY Dept of Health
MAY 23 2016
Healthcare Licensing
Cheyenne

Spoke with Renee Knight on 8/11/2016 accepting the Plan of corrections.

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S8017	Continued From page 1 alarm system in accordance with NFPA 72. The findings were: Document review on 05/10/16 at 8:30 AM revealed the central station fire alarm system UL certificate was not posted at or near the station. Interview with the Facility Manager at the time of the review acknowledged the certificate was not posted, and he was unaware of the requirement. Ref: 2006 NFPA 101, Sections 32.2.3.4.1 and 9.6.1.3 2002 NFPA 72, Sections 8.3.4, 8.3.4.1, 8.3.4.2, and 8.3.4.3	S8017	**S8022** The adapters in room #101, #111 & #115 have 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.	
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 #101, #111 and #115 on 05/10/16 from 8:45 AM to 9:00 AM revealed extension cords being utilized in resident rooms. At the time of the observations the Facility Manager acknowledged the use of the extension cords. Ref: 2006 NFPA 101, Sections 32.3.6.1 and 9.1.2 2005 NFPA 70, Article 590	S8022	Administration and maintenance will be responsible for continued inspection of resident rooms and replacing any electrical adapters with approved power strips by 05/23/16. There will be monthly inspections of resident rooms to identify any hazardous conditions. Any electrical adapter will be replaced with a power strip 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.	05/23/16

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S8027	Continued From page 2	S8027		
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 provide fire drills held at unexpected times and at least quarterly on each shift. The findings were: Document review on 05/10/16 from 9:00 AM to 9:30 AM revealed that no record of fire drills were available for the months of December 2015, January, February, March, and April of 2016. Interview with the Facility Manager at the time of the documentation review acknowledged that no documentation was available. Ref: WDH Chapter 12 Section 7 (o)(iii)E	S8027	**S8017** Effective 05/23/16 there is a UL certificate posted at the central station fire alarm system. The Fire alarm monitoring company will continue to send a new certificate each year near the time of expiration. The Executive Director will be responsible for receiving and posting the certificate. The item will be added to the Maintenance schedule for verification of posting.. The Maintenance schedule will be reviewed during each Quality and Assurance review annually unless need arises prior to that time.	05/23/16