STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF822	A. BUILDING: _____ B. WING _____	R 12/6/2018

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}	Opening Comments Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 12/12/2007 Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001 A revisit survey was conducted on 12/6/18 for all previous deficiencies cited on 9/25/18.	{S 000}		
{S5022Z}	Ch 12 Sec 7 (b)(iii)(A-B) Assisted Living Facility (ALF) Core Services (b) Resident Assessment and Services. The staff/contract Registered Nurse (RN) shall conduct initial and, at a minimum annually, an accurate, standardized, reproducible assessment of each resident's functional capacity, physical assessment and medication review. (iii) The Registered Nurse shall make an initial assessment of the resident's needs, which describes the resident's capability to perform ADLs and notes all significant impairments in functional capability. (A) Initial assessment. A current assessment shall be maintained in each resident's file. (B) The assessment shall include at least the following information: (I) Medically defined conditions and prior medical history; (II) Physical status;	{S5022Z}		

Accepted by Teri Reese on 1/14/19 Notified EP Renee Fralick

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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 _____	R-C 12/06/2018

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
{S5022}	Continued From page 1 (III) Sensory and physical impairments; (IV) Nutritional status and requirements; (V) Special treatments and/or procedures; (VI) Mental and psychosocial status; (VII) Discharge potential; (VIII) Dental condition; (IX) Activities potential; (X) Rehabilitation potential; and (XI) Medication regimen. (1.) Documentation of resident's ability to self-medicate. This State Rule and Regulation is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure an assessment was completed to determine ability to self-medicate for 4 of 4 sample residents who received medication assistance from non-licensed staff (#3, #7, #8, #9). The findings were: Review of the "Resident Self/Observation by Staff Guideline" dated 10/11/18 for residents #3, #7, #8, and #9 showed each resident had a form with this date that included questions and answers related to their knowledge of their medications. The documentation failed to include a conclusion	{S5022}		

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 _____	R-C 12/06/2018

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AGAPE MANOR INC	830 NORTH MAIN STREET BUFFALO, WY 82834

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{S5022}	Continued From page 2 or a determination of the resident's ability to self-medicate. Interview on 12/6/18 at 9:30 AM with the Licensed Practical Nurse Medical Manager revealed she considered all of these residents able to self-medicate. She then confirmed the documentation failed to show that conclusion or determination.	{S5022}		
{S5100}	Ch 12 Sec 8 (a)(vi) Services Which Cannot Be Provided By Level I Services which cannot be provided by the Level I Assisted Living Facility staff. (a) The following services cannot be provided: (vi) Care of resident whose wandering jeopardizes the health and safety of the resident; This State Rule and Regulation is not met as evidenced by: Based on medical record and incident report review, and and staff interview, the facility failed to ensure residents were appropriately placed for 1 of 1 sample resident (#1) whose wandering/elopement jeopardized the safety of the resident. The findings were: Review of an incident report dated 8/4/18 showed resident #1 had wandered away from the facility and was found confused stating s/he was "lost." Review of the assessment and service plan dated 6/2018 showed the resident had current and past behaviors of "...wandering..." Interview on 12/6/18 at 9:30 AM with the LPN	{S5100}		12/7/18

Healthcare Licensing and Surveys

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{S5100}	Continued From page 3 Medical Manager revealed an assessment had not been completed after the elopement related to the resident's behaviors or risks. She confirmed a determination of risk was needed to ensure the safe placement of the resident.	{S5100}		

5022

Resident assessments for ability to self-medicate has been completed for residents #3, #7, #8, #9. The completed assessments will be included in the resident record which includes a conclusion or determination of the residents' ability to self-medicate.

All resident records will be reviewed to ensure self-admin of medication assessments are completed. This requirement will be added to the new admission paperwork for nursing and education to nurses will be provided.

Audits of the resident records will be conducted by the nurse manager or ED every 60 days and will be discussed in QA quarterly.

Date of completion: 12/21/18

5100

Resident #1 was re-assessed by the RN utilizing ALF 102 – Funtional Screening for Assisted Living Facilities. Specifically, item 10 on the ALF 102, Behavior/Motivation the resident was found to be intermittently confused but within our scope of care.

When a resident appears to be experiencing a higher than base level of confusion the resident's Care Plan will be updated immediately to include documentation and checks every hour to evaluate level of confusion and potential for redirection. An ALF 102 will be completed by the RN and assessment to determine whether or not the resident continues to be within our scope of care.

RN will review residents upon admission, change of conditions, and annually.

Audits of the resident records will be conducted by the nurse manager or ED every 60 days and will be discussed in QA quarterly.

Date of completion 12/07/18