(307)777-7127

PRINTED: 01/28/2019
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: _____	R-C 01/17/2019

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 1/17/19 for all previous deficiencies cited on 12/6/18.	(S 000)		
(S5022)	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;	(S5022)		

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

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

Renee Knight

STATE FORM — C28M13 — If continuation sheet 1 of 3

Accepted By Lori Rivers
Renee Knight was informed

RECEIVED
FEB 08 2019
Healthcare Licensing and Surveys

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{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 resident record review and staff interview, the facility failed to ensure an assessment was completed to determine resident 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" for residents #3, #7, #8, and #9 a completed form for each resident dated 12/20/18. The form included questions and answers related to their knowledge of their medications. The form showed, "I. Self Administration-resident should be	{S5022}		

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{S5022}	Continued From page 2 asked the following: A. Can you name your medication? B. Can you identify your pills/medications? C. What time should your pills/medications be taken?" The following concerns were identified: a. The questions/form was not developed to show how the answers to the questions would be used to determine the residents' ability to self-medicate. b. The conclusion of the form, signed by the registered nurse (RN), was "Is the resident capable to have CNA staff observe medication pass?" The documentation failed to include a conclusion or a determination of the resident's ability to safely self-medicate. c. Interview on 1/17/19 at 9:48 AM with the licensed practical nurse medical manager revealed she worked with the RN to develop the process. She stated in developing the regulatory process, the facility believed guidelines were followed related to providing supervision and assistance.	{S5022}		

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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 residents have had an RN completed assessment stating the 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: 01/24/19