777-7127

PRINTED: 08/28/2020
FORM APPROVED

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 _____	08/14/2020

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 08/28/2001 A COVID-19 focused infection control survey was conducted by Healthcare Licensing and Surveys from 8/13/20 through 8/14/20. It was determined, based upon the findings of the survey team, the facility was not in compliance.	S 000	All residents and staff will be required to follow the written policy "Our COVID-19 Infection Control Response" in an attempt to avoid the spread of a communicable disease that could be transmitted through typical ADLs. At the beginning of each day and throughout the day the Activity Dept. will continually remind residents of the social distancing requirements as well as other necessities outlined in the "Our COVID-19 Infection Control Response" policy. Administrative Management and the Nursing Department have been notified of the requirement for Activities and will attempt to ensure all employees and residents comply at all times. Exectutive Director will continually spot check all Activities within the building to ensure compliance with "Our COVID-19 Infection Control Response" policy. Date of completion 09/08/20.	
S6061	Ch 12 Sec 7 (f)(ii) Assisted Living Facility (ALF) Core Services (f) Resident Activities. An activities program shall be available to the resident and shall be designed to enhance each resident's sense of physical, psychosocial, and spiritual well-being. (ii) Space, equipment, and supplies for the activities program shall be adequate for individual and/or group activities; and This State Rule and Regulation is not met as evidenced by: This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, and review of Wyoming Department of Health guidance, the facility failed to ensure residents were encouraged to maintain social distancing to prevent transmission of COVID-19. The census was 18. The findings were: 1. Observation on 8/13/20 at 3:35 showed a group of 6 residents and 1 staff member sitting in a small room around a table participating in a	S6061		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Renee Knight — TITLE: Executive Director — (X6) DATE

STATE FORM 6899 T1WU11 — If continuation sheet 1 of 2

I spoke with the executive director (Renee Knight) on 9/21/20, and the POC was approved with the agreed-upon changes. N[illegible], BSW

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S5061	Continued From page 1 coloring activity. None of the participants were wearing face masks. Interview at that time with the group of residents revealed activities were conducted "all the time" and social distancing was not enforced with residents sitting within a foot of each other. 2. Review of the Wyoming Department of Health (WDH) 8/11/20 "Skilled Nursing and Assisted Living Guidance" showed " ...Due to the current prevalence of COVID-19 in Wyoming, as of August 10, 2020, and identified clusters of COVID-19 cases impacting long-term care facilities in Wyoming, the WDH recommends that all nursing facilities and assisted living facilities maintain current practices to mitigate the potential spread of the virus ...Continue to limit communal dining and requiring distancing of a least six (6) feet between residents in dining situations..."	S5061		

All residents and staff will be required to follow the written policy "Our COVID-19 Infection Control Response" in an attempt to avoid the spread of a communicable disease that could be transmitted through typical ADLs.

At the beginning of each day and throughout the day the Activity Dept. will continually remind residents of the social distancing requirements as well as other necessities outlined in the "Our COVID-19 Infection Control Response" policy.

Administrative Management and the Nursing Department have been notified of the requirement for Activities and will attempt to ensure all employees and residents comply at all times.

Exectutive Director will continually spot check all Activities within the building to ensure compliance with "Our COVID-19 Infection Control Response" policy.

QUALITY CONTROLS

Nurse management and Executive Director will observe on a daily basis the above referenced protocols to insure they are being adhered to. Nurse management and Executive Director will monitor all changes at state licensure, WDH, etc. and update

company policies to insure all are sufficiently met.
Nurse management and Executive Director will review this policy monthly and make any necessary improvements/changes.

Date of completion 09/08/20.