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 _____	01/28/2021

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 by Healthcare Licensing and Surveys on January 28, 2021. The facility was a single story, fully sprinklered, building of Type V (111) construction built in 2009. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 26 licensed beds with a census of 17 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 in 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 Assisted Living Facility. All references are based on the requirements of the 2006 Edition of the Life Safety Code, NFPA 101, New Residential Board and Care, of the National Fire Protection Association, and the Wyoming Department of Health Chapter 3 Construction Rules for Health Care Facilities.	S 000	The facility will ensure that all required fire extinguishers are properly mounted and inspected monthly. Effective 02/10/21 the Executive Director will assume the responsibilities of the maintenance department, during a pandemic, when unessential personal are kept out of the building. This includes but is not limited to ensuring fire extinguishers are properly mounted and inspected monthly. All extinguishers will be mounted and inspected for compliance with NFPA code. The maintenance department or Executive Director will keep a record of all monthly inspections and report to administration/facility owner any discrepancies. We will continue to rely upon Fire Code professionals for notification of changes in the code and/or requirements and will incorporate any necessary changes into our policy. Administration will continue to expand their knowledge of the NFPA fire code.	
S8019	NFPA Life Safety - Nfpa Portable Fire Extinguisher NFPA 101 Portable Fire Extinguishers This State Rule and Regulation is not met as evidenced by:	S8019	The Fire Extinguisher inspection procedure will be reviewed annually by administration for quality assurance and compliance. 02/10/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Director (X6) DATE: 2/23/21

POC approved via phone call with Renee Knight on 02/22/21 at 10:15AM

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S8019	Continued From page 1 Based on document review and staff interview, the facility failed to properly test and maintain portable fire extinguishers in accordance with 2006 NFPA 101, Life Safety Code. Failure to properly test and maintain portable fire extinguishers could result in injury or death in the event of a fire. The deficiency affected 2 of 2 smoke compartments. The findings were: Document review on 01/28/21 at 1:45PM revealed that the facility was not conducting monthly fire extinguisher inspections. Portable fire extinguishers shall be inspected at approximately 30 day intervals. Interview with the administrator at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Reference: 2006 NFPA 101 32.3.3.5.6; 9.7.4.1; 2002 NFPA 10 6.2.1	S8019	The facility will ensure that all resident apartment doors stay closed to separate the corridors and sleeping rooms in accordance with 2006 NFPA 101 LSC. Effective 02/10/21 the Executive Director and in her absence the Lead CNA will assume the responsibility of ensuring resident apartment doors are not propped open. All rooms will be inspected for doors being propped open and door stops removed if found. This will be consider a standard operating procedure and only record of exception will be noted We will continue to rely upon Fire Code professionals for notification of changes in the code and/or requirements and will incorporate any necessary changes into our policy. Administration will continue to expand their knowledge of the NFPA fire code. The Corridors and Separation of Sleeping Rooms inspection procedure will be reviewed annually by administration for quality assurance and compliance. 02/10/21	
S8020	NFPA Life Safety - Nfpa Corridors & Sep of Slpg Rm NFPA 101 Corridors and Separation of Sleeping Rooms This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to properly separate the corridors and sleeping rooms in accordance with 2006 NFPA 101, Life Safety Code. Failure to properly separate the corridors and sleeping rooms could result in injury or death in the event of an emergency. The deficiency affected 2 of 2 smoke	S8020		

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S8020	Continued From page 2 compartments. The findings were: Observation on 01/28/21 beginning at the time of entrance, and continuing throughout the survey, revealed the facility had a large number of resident rooms with their doors propped open using door jams. Doors separting resident rooms from corridors shall be constructed to resist the passage of smoke and shall have self-closing or automatic closing doors. Interview with the administrator at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Reference: 2006 NFPA 101 32.3.3.6.3; 8.4.3.5	S8020	The facility will ensure that the building meets all requirements of approval final plans in reference to State Miscellaneous Life Safety, 2006 IBC access to unoccupied spaces requirements. Effective 03/20/21 the building will be modified to include access to the attic area specified in the approved building plans. The hatches noted on the plans will be installed by a licensed contractor to meet the outlined specifications in the 2006 IBC. We will continue to rely upon Fire Code professionals for notification of changes in the code and/or requirements and will incorporate any necessary changes into our policy. Administration will continue to expand their knowledge of the NFPA fire code. 03/20/21	
S8999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide access to unoccupied spaces in accordance with the 2006 IBC, International Building Code. Failure to provide access to unoccupied spaces could result in neglect of maintenance, or lack of system inspection, leading to failure of infrastructure. The deficiency affected the attic space. The findings were: Observation on 01/28/21 at 1:30 PM revealed that the attic is protected throughout the facility by a drywall membrane attached to the underside of the roof trusses. This requires that an access	S8999	The facility will ensure that combustible materials are not stored in the two facility maintenance rooms in accordance with the 2006 IFC. Effective 03/20/21 all combustible materials will be removed from the maintenance rooms.	

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S8999	Continued From page 3 hatch be provided in order to gain access to the attic space. Review of the construction plans and observation of the facility revealed no access hatch being available. Unoccupied attic spaces shall be provided with an opening not less than 20 inches by 30 inches with a clear height of 30 inches minimum above the access opening. Interview with the facility staff, as well as the facility's fire protection inspector, was unable to determine if a sprinkler system is provided in the attic. Interview with the administrator at the time of the observation acknowledged the deficiency, and indicated they were unaware of the requirement. Reference: 2006 IBC 1209.2 Based on observation and staff interview, the facility failed to protect combustible storage in accordance with the 2006 IFC, International Fire Code. Failure to properly protect combustible storage could result in injury or death in the event of a fire. The deficiency affected 1 of 2 smoke compartments. The findings were: Observation on 01/28/21 at 1:00 PM revealed that combustible storage was being kept in both mechanical rooms of the facility. Combustible material shall not be stored in boilers rooms, mechanical rooms, or electrical equipment rooms. Interview with the administrator at the time of the observation acknowledged the deficiency, and indicated they were unaware of the requirement.	S8999	All combustible materials will be removed from the mechanical rooms. An assessment of the rooms will be added to the maintenance checklist for monthly inspection. We will continue to rely upon Fire Code professionals for notification of changes in the code and/or requirements and will incorporate any necessary changes into our policy. Administration will continue to expand their knowledge of the NFPA fire code. The Inspection of Mechanical Rooms for Combustible Materials procedure will be reviewed annually by administration for quality assurance and compliance. 03/20/21	

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S8999	Continued From page 4 Reference: 2006 IFC 315.2.3	S8999		