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 03/25/2021

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 revisit survey was conducted on March 25th, 2021 for all previous deficiencies cited on January 28, 2021.	{S 000}		
{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 03/25/21 at 12:10 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 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 facility staff, as well as the facility's fire protection inspector, was unable to determine if a sprinkler system is provided within the attic. Interview with the administrator at the time of the observation acknowledged the deficiency, and indicated they were working with a contractor to	{S8999}	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 05/24/21 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. 05/24/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director — (X6) DATE: 4/16/21

POC accepted via email with Administrator Renee Knight on 05/07/21 at 3:00PM

Matthew Shannon

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF032	A. BUILDING: _____ B. WING _____	R 03/25/2021

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
{S8999}	Continued From page 1 correct the deficiency. 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 03/25/21 at 12:15 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 aware of the deficiency. Reference: 2006 IFC 315.2.3	{S8999}	The facility will ensure that combustible materials are not stored in the two facility maintenance rooms in accordance with the 2006 IFC. Effective 05/24/21 all combustible materials will be removed from the maintenance rooms. 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. 05/24/21	