

PRINTED: 07/24/2024
FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2024
--	--	--	--

NAME OF PROVIDER OR SUPPLIER AGAPE MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 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

S 000

A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 07/10/2024.

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 with an anti-freeze branch and an addressable fire alarm system. The facility had a capacity of 26 licensed beds with a census of 18 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 and Regulations for Healthcare Facilities applies (II) Assisted Living Facilities in operation prior to the effective date of those rules shall meet the Life Safety Code of National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility.

All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 2006 Edition, unless otherwise noted.

S8023 NFPA Life Safety - Nfpa Utilities

S8023

NFPA 101 Utilities

This State Rule and Regulation is not met as evidenced by:
Based on document review and staff interview, the facility failed to properly test and maintain the fire dampers in accordance with the 2006 NFPA 101, Life Safety Code and 1999 NFPA 80.

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0099 5M3S11

If continuation sheet 1 of 5

Penee Knight
8/3/24
POC approved via phone call with Administrator Penee Knight on 08/06/24 at 8:25AM. *Maecher Shawman*

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AGAPE MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 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
S8023	<p>Continued From page 1</p> <p>Standard for Fire Doors and Other Opening Protectives. Failure to properly test and maintain fire dampers could result in malfunction or failure of the dampers which could allow the spread of fire and smoke, resulting in injury or death in the event of a fire. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 07/10/24 starting at 1:10 PM revealed that the facility failed to conduct the required inspection and testing of fire dampers. No documentation was available to demonstrate that the fire dampers had been tested in the last four (4) years. Fire dampers shall be inspected and tested once every four years.</p> <p>Interview with the administrator at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 32.3.6.2.1; 9.2.1; 2002 NFPA 90A 5.4.7; 1999 NFPA 80 19.4.1.1</p>	S8023		
S8025	<p>NFPA Life Safety - Nfpa Emergency Plan</p> <p>NFPA 101 Emergency Plan</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to train staff on the emergency plan in accordance with the 1994 NFPA 101, Life Safety Code, and Wyoming Department of Health (WDH) Ch 12: Program Administration. Failure to properly train staff on the emergency plan could result in delayed or improper evacuation, resulting in injury or death in the event of a fire. The</p>	S8025		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER AGAPE MANOR INC		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S8025	Continued From page 2 deficiency has the potential to affect all residents, staff, and visitors. The findings were: Document review on 07/10/24 starting at 1:10 PM revealed that the facility failed to train staff on the facility's emergency plan. At the time of the survey no documentation was available to demonstrate that the facility had provided training to staff on the emergency plan. All employees shall be trained when they begin work at the facility, and at least once every twelve (12) months to keep informed with respect to their duties and responsibilities under the plan. Training records shall be kept in each personnel files. Interview with the administrator at the time of exit confirmed the deficiency. Ref: 2006 NFPA 101 32.7.1; WDH Ch. 12 Section 7, (o)(ii)(A)(II)	S8025		
S8026	NFPA Life Safety - Nfpa Resident Training NFPA 101 Resident Training This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to train residents on the emergency plan in accordance with the 2006 NFPA 101, Life Safety Code, and Wyoming Department of Health (WDH) Ch 12: Program Administration. Failure to properly train residents on the emergency plan could result in delayed or improper evacuation, resulting in injury or death in	S8026		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AGAPE MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 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
S8026	<p>Continued From page 3</p> <p>the event of a fire. The deficiency has the potential to affect all residents.</p> <p>The findings were:</p> <p>Document review on 07/10/24 starting at 1:10 PM revealed that the facility failed to train residents on the facility's emergency plan. At the time of the survey no documentation was available to demonstrate that the facility had provided training to residents on the emergency plan. All residents shall be trained in the proper actions to be taken in the event of a fire. Residents shall be trained on the emergency plan at the time of their admission.</p> <p>Interview with the administrator at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 32.7.2; WDH Ch. 12 Section 7(o)(iii)(D)(I)</p>	S8026		
S8027	<p>NFPA Life Safety - Nfpa Emergency Egress & Rel Dr</p> <p>NFPA 101 Emergency Egress and Relocation Drills</p> <p>This State Rule and Regulation is not met as evidenced by: Based on document review and staff interview, the facility failed to properly conduct emergency egress and relocation drills in accordance with the 2006 NFPA 101, Life Safety Code, and Wyoming Department of Health (WDH) Ch 12: Program Administration. Failure to properly conduct emergency egress and relocation drills could result in delayed or improper evacuation of the building in the event of a fire, resulting in</p>	S8027		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALF022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AGAPE MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 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
--------------------	--	---------------	---	--------------------

S8027	<p>Continued From page 4</p> <p>injury or death. The deficiency has the potential to affect all residents, staff, and visitors.</p> <p>The findings were:</p> <p>Document review on 07/10/24 starting at 1:10 PM revealed the facility had not conducted all required emergency egress and relocation drills. At the time of the survey, documentation was available to demonstrate that the facility had conducted an emergency egress and relocation drill in April of 2024, but no additional documentation was available to demonstrate that drills had been conducted in each of the last twelve (12) months. Emergency egress and relocation drills shall be conducted monthly with a minimum of one drill conducted each quarter on each shift, including two at night while residents are sleeping. Emergency drills shall be permitted to be announced in advance to the residents. The drill shall be recorded and include the date, time, type of drill, time required to evacuate all residents and staff, list of anyone who did not evacuate in the required time allowed, and signature and date of person completing the form. The facility shall meet an evacuation capability rating of either prompt or slow.</p> <p>Interview with the administrator at the time of exit confirmed the deficiency.</p> <p>Ref: 2006 NFPA 101 32.7.3; WDH Ch. 12 Section 7, (o)</p>	S8027		
-------	--	-------	--	--

S8023

Effective 08/03/24, the facility will add testing and maintaining fire dampers to the Avoiding Hazardous Conditions & Building Maintenance Checklist.

Effective 07/31/24 the fire dampers have been inspected and a written report was requested from the vendor providing the inspection.

A task titled **HVAC - Fire Dampers in Furnaces Insp** will be added to the assisted living's Avoiding Hazardous Conditions & Building Maintenance Checklist.

The maintenance staff will be responsible for implementing the checklist actions continually. The Executive Director will schedule the fire damper inspection every four years.

The Executive Director will review the task list each month to ensure the tasks are completed within the designated timeframe.

S8025

Effective 08/03/24 all new residents and staff will be required to sign an acknowledgement that they have read and received training on Fire Evacuation/Emergency plan.

Effective 08/30/24 all current residents and staff will have a training review and sign the acknowledgment that they have received training on Fire Evacuation/Emergency plan.

Effective 08/03/24 the Fire and Evacuation Information documentation for residents and staff has added a signature line for added proof of training. The employees will be retrained annually, re-sign and date original documentation.

The Executive Director will be responsible for providing instruction, documentation, training, and obtaining signatures for all new residents and staff.

The Executive Director will review Resident and Employee Files annually for completeness and accuracy.

S8026

Effective 08/03/24 all residents and staff will be required to sign an acknowledgement that they have read and received training on Fire Evacuation/Emergency plan.

Effective 08/30/24 all current residents and staff will have a training review and sign the acknowledgment that they have received training on Fire Evacuation/Emergency plan.

Effective 08/03/24 the Fire and Evacuation Information documentation for residents and staff has added a signature line for added proof of training. The employees will be retrained annually, resign and date original documentation.

The Executive Director will be responsible for providing instruction, documentation, training, and obtaining signatures for all new residents and staff.

The Executive Director will review Resident and Employee Files annually for completeness and accuracy.

Agape Manor, Inc.

08/03/24

p2 of 2

S8027

Effective 08/03/24 the facility's monthly Fire Drill protocol has been modified to ensure a minimum of 12 fire drills **which include** fire alarm activation, are conducted annually.

The Executive Director will be responsible for scheduling and sounding the fire alarm. The Executive Director will also be responsible for maintaining records of all fire drills.

The Executive Director will continue to rely upon Fire Code professionals for any additions or changes that need to be incorporated into facility policy.

The Fire Alarm policies and instructions will be reviewed annually for quality assurance and compliance by the Executive Director.