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WY Dept of Health

JUL 16 2012

Healthcare Licensing
and SurveysPRINTED: 07/10/2012
FORM APPROVED
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESSTATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

WY0042

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - SCOTT BUILDING

B. WING

(X3) DATE SURVEY
COMPLETED

05/08/2012

NAME OF PROVIDER OR SUPPLIER

GREEN HOUSE LIVING FOR SHERIDAN

STREET ADDRESS, CITY, STATE, ZIP CODE

2311 SHIRLEY COVE

SHERIDAN, WY 82801

(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETION
DATE

K 000

INITIAL COMMENTS

K 000

Requirements for Long Term Care Facilities
Section 42 CFR 483.70 (a) except as otherwise
provided in this section, the facility must meet the
applicable provisions of the 2000 edition of the
Life Safety Code, New Health Care, of the
National Fire Protection Association (NFPA).

The facility was a fully sprinkled single story
building of Type V (111) construction with plan
approval in 2010. The building was equipped with
a supervised automatic dry sprinkler system and
an addressable fire alarm system. The building
had a capacity of 12 certified Medicare and
Medicaid beds.

K 011
SS=F

NFPA 101 LIFE SAFETY CODE STANDARD

K 011

If the building has a common wall with a
nonconforming building, the common wall is a fire
barrier having at least a two-hour fire resistance
rating constructed of materials as required for the
addition. Communicating openings occur only in
corridors and are protected by approved
self-closing fire doors. 18.1.1.4.1, 18.1.1.4.2

This STANDARD is not met as evidenced by:
Based on observation, blue print review, and
staff interview, the facility failed to ensure 2-hour
separation from non-healthcare occupancy in 1 of
2 smoke compartments. The findings were:

Observation on 5/7/12 at 5:20 PM showed the
west wall was located 10 feet from the
administration building. Interview with the
maintenance director at the time of observation
reported the administration building east wall was

Building 01-Scott Building

K011

The owner will assure that the
discrepancies identified in K11 are
corrected by the contractor in accordance
with directions from the architect as
summarized below.

6/27/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Chris Szymanski

Administrator

7/16/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-09) Previous Versions Obsolete

Event ID: 8D5D21

Facility ID: WY0042

If continuation sheet Page 1 of 10

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801 6/28/12		
(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) COMPLETION DATE	
K 011	Continued From page 1 not 2-hour fire rated. Review of the blue prints on 5/10/12 at 10 AM showed the administration building was a Type V (000) non-sprinkled, and the west wall was not a 2-hour rated wall. Further review showed the administration building was not built to healthcare standards. Interview with the facilities architect on 5/17/12 at 8:30 AM reported the west wall was designed to be installed as a 2-hour fire rated assembly. She said the local building official stated, fire rating of the walls were not applicable and additional measures for fire separations could be eliminated. She further reported the facility eliminated the rated wall from the original construction contract for additional cost saving. Reference NFPA 101, 2000 Edition; 18.1.2.1* Sections of health care facilities shall be permitted to be classified as other occupancies, provided that they meet all of the following conditions: (1) They are not intended to serve health care occupants for purposes of housing, treatment, or customary access by patients incapable of self-preservation. (2) They are separated from areas of health care occupancies by construction having a fire resistance rating of not less than 2 hours. NFPA 101 LIFE SAFETY CODE STANDARD	K 011	At Administration Building, removed existing exterior siding room overhang and install a fire rated sheathing material, approved in a UL assembly, on entire exterior surface. Replace siding. On interior side of this wall, in attic space, extend fire rated gypsum wall board system from ceiling height up to underside of roof sheathing. Replace ceiling. Add another layer of 5/8" gypsum sheetrock to the ceiling in the storeroom, extending from the face of the outer wall to the interior fire rated wall. *A waiver request is being submitted to accommodate an actual completion date of physical work prior to 8/31/12.*		
K 029 SS=F	Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1	K 029		6/1/12	

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K 029	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas by 1-hour fire rated assembly in 2 of 2 smoke compartments. The findings were: Observation on 5/8/12 at 8:10 AM showed the doors and door frames to #109 mechanical room, #110 and #111 laundry, #118 and #128 mechanical/furnace rooms, and #115 storeroom were not 1-hour rated, they were unrated. On 5/7/12 at 5:34 AM the maintenance director reported the door and frames were in the process of being replaced.	K 029	K029: GHLS will develop a policy or procedure that requires any maintenance or modification activity performed to incorporate Life Safety Code requirements. Doors and frames have been replaced with 3/4 hour, fire-rated door and frame assemblies at identified openings. The maintenance technician will monitor all maintenance and modification activities and verify that the Life Safety Code requirements have been addressed for doors and frames. Any findings that would jeopardize fire resistance ratings for doorframes and doors will be corrected and reported to the Safety and QA Committees.		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure corridor door latches only required one action to open and failed to ensure corridor doors were operable from the egress	K 038	K038: The contractor will provide single action egress hardware to meet code requirements at identified openings.		7/2/12

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K 038	Continued From page 3 side in 2 of 2 smoke compartments. The findings were: Observation on 5/8/12 at 8:48 AM showed a latch was installed on the computer room and the coat closet which required two actions to open the door. The locks required one action to release the lock and a second to open the door. Further observation showed both the computer room and coat closet were large enough to allow a person entry, but the latch was not accessible from the interior of the room to release the lock and open the door. At the time of the observation the maintenance director reported he was unaware of the aforementioned requirements. Reference, NFPA 101, 2000 Edition; 18.2.2.2.4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side.	K 038	Egress hardware on corridor doors will be monitored on a quarterly basis by the maintenance technician to assure they are functioning properly. Any egress hardware found not to be working effectively will be replaced, and action items reported to the Safety and QA Committees.		
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.	K 056			6/12/12

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K 056	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation, blue print review, and staff interview, the facility failed to provide sprinkler coverage under 4 of 4 exterior canopies. The findings were: Observation on 5/8/12 at 8:46 AM showed the four exterior canopies did not have sprinkler coverage under the canopies. The smallest canopy measured 12 feet by 14 feet and the largest measured 19 feet by 41 feet. Review of the blue prints at that same time showed the sprinklers were installed in the attic space per NFPA 13, 2008 Edition. Observation of the attic at 8:43 AM showed sprinkler heads were installed above the canopies. At the time of the observation the maintenance director reported he was unaware the sprinkler system was required to meet the requirements on NFPA 13, 1999 Edition. Reference, NFPA 101, 2000 Edition, 18.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft in width. Exception: Sprinklers are permitted to be omitted where the canopy of roof is of noncombustible or limited combustible construction.	K 056	K056: Section 8.15.7.3 of NFPA 13 (2010) does permit the omission of sprinklers below entryways and covered porch areas when the exposed finish material of the overhand is of noncombustible material PROVIDED that the above combustible concealed space is sprinklered or the space meets one of the three listed spaces that do not require sprinklers. Project meets this exception. All four skilled nursing structures on the Green House® Living for Sheridan campus were inspected by the City of Sheridan Fire Marshal and City of Sheridan Building Inspectors prior to Certificate of Occupancy being issued for each building. This is evidence that the system, as installed, complies with NFPA 13, 2010 Edition. Green House® Living for Sheridan will instill an operational policy requiring the system be inspected on an annual basis to ensure integrity of the system is maintained and will perform as designed. Any deficiencies noted in the fire sprinkler system by the inspector and/or maintenance technician will be reported to the Safety and QA Committees. **A long-term waiver is requested for this deficiency based on S&C letter 12-21**		

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K 056	Continued From page 5	K 056			
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure a sprinkler wrench was supplied for each type of head installed. The findings were: Observation of the spare sprinkler cabinet on 5/8/12 at 8:15 AM showed a sprinkler wrench was provided, but it did not fit either of the two heads installed throughout the facility. At the time of the observation the maintenance director reported he assumed the sprinkler contractor had provided the adequate supplies. He did not routinely inspect the cabinet for spare heads or wrenches. Reference, NFPA 101, 2000 Edition, 18.3.5.1, 9.7.5, NFPA 25, 1998 Edition; 2-4.1.6 A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. One sprinkler wrench shall be provided for each type of sprinkler installed.	K 062	In the event this waiver is not approved, the contractor will install a sprinkler system per NFPA 13 (1999) K062: The contractor has provided the correct wrenches in the replacement head box located within each of the four cottages. A quality improvement monitoring tool will be implemented by the maintenance technician to assure that the appropriate wrenches are in place in the box in the mop/mechanical room. If wrenches are found to be defective or missing, they will be replaced. Actions taken to address this issue will be reported to the Safety Committee and QA Committees.	6/1/12	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 067		6/12/12	

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K 067	Continued From page 6 Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A This STANDARD is not met as evidenced by: Based on observation, blue print review, and staff interview, the facility failed to ensure the fire place was separated from resident rooms. The findings were: Observation of the living room on 5/8/12 at 8:45 AM showed a gas fire place was installed abutting the smoke barrier wall. Further observation showed the fire place was not separated from resident rooms by a 1-hour rated fire barrier wall. Blue print review at that same time showed the smoke barrier wall was a 30 minute fire rated wall, not a 1-hour rated wall. At the time of the observation the maintenance director reported the facility will either receiver a waiver for the fire place or disconnect the fuel source. Reference, NFPA 101, 2000 Edition; 18.5.2.2* Any heating device other than a central heating plant shall be designed and installed so that combustible material will not be ignited by the device or its appurtenances. If fuel-fired, such heating devices shall be chimney connected or vent connected, shall take air for combustion directly from outside, and shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area. Any heating device shall have safety features to immediately stop the flow of	K 067	K067: Section 18.5.2.2, NFPA 101, 2000 edition, permits any heating device installed in accordance with provisions contained within this section. Fireplaces installed at this project comply with the provisions of Section 18.5.2.2. Exceptions to compliance are also outlined within Section 18.5.2.2. (Including the option of separation of sleeping rooms and fireplaces by one hour construction) but are not applicable as compliance with Section 18.5.2.2 is achieved. The gas line to the fireplace has been turned off and capped. The maintenance technician will monitor the fireplaces monthly. **A long-term waiver is requested for this deficiency based on S&C letter 12/21** The Green House® model of skilled-care-nursing living is driven around the concept of a centrally located fireplace/hearth room, with resident units radiating around it. This model of skilled-care-nursing is to simulate		

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K 067	Continued From page 7 fuel and shut down the equipment in case of either excessive temperatures or ignition failure. Exception No. 1: Approved, suspended unit heaters shall be permitted in locations other than means of egress and patient sleeping areas, provided that such heaters are located high enough to be out of the reach of persons using the area and are equipped with the safety features required by 18.5.2.2. Exception No. 2: Fireplaces shall be permitted and used only in areas other than patient sleeping areas, provided that such areas are separated from patient sleeping spaces by construction having not less than a 1-hour fire resistance rating and that such fireplaces comply with the provisions of 9.2.2. In addition, the fireplace shall be equipped with a hearth that shall be raised not less than 4 in. (10.2 cm) and a fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343°C) and constructed of heat-tempered glass or other approved material. If, in the opinion of the authority having jurisdiction, special hazards are present, a lock on the enclosure and other safety precautions shall be permitted to be required.	K 067	family-life within a private residence with the professional staff to provide appropriate medical care for individual needs of each resident. If this waiver is not approved, then gas lines will remain capped.		
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the kitchen was separated from the corridor. The findings were: Observation on 5/8/12 at 8:47 AM showed the	K 069	K069: Section 9.2.3 Commercial Cooking Equipment states that Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation		6/12/12

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K 069	Continued From page 8 kitchen was open to the living room and the corridor. The residential range top was installed under a fire suppression hood system. Further observation showed the range top was equipped with a power lock and time limit switch. At the time of the observation the maintenance director reported the kitchen would only supply food for a maximum of 12 residents. Reference, NFPA 101, 2000 Edition; 18.3.2.6 Cooking Facilities. Cooking facilities shall be protected in accordance with 9.2.3. Exception*: Where domestic cooking equipment is used for food-warming or limited cooking, protection or segregation of food preparation facilities shall not be required.	K 069	Control and Fire Protection of Commercial Cooking Operations, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. The Type 1 Commercial kitchen hood, exhaust system and make-up air system for the kitchen are NFPA 96 compliant. Section 18.3.2.6 Cooking Facilities states that cooking facilities shall be protected in accordance with 9.2.3. Compliance with both section 9.2.3 and 18.3.2.6 is achieved. Significant re-design, demolition and reconstruction of the kitchen area would be required to provide separation between kitchen and corridor. If required to make these significant revisions, a time line would be forthcoming based on scope of work and material availability. **A long-term waiver is requested for this deficiency based on S&C 12-21** The Green House® model of skilled-care-nursing living is steadfast that the residents be able to see, hear, smell and even participate in preparation of the "family" meal as an imperative/integral part of their care. The retractable pocket doors at the low height kitchen walls are in place to section off the kitchen to the residents when high-heat preparation is taking place.		
K 141	NFPA 101 LIFE SAFETY CODE STANDARD	K 141			6/15/12

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K 141 SS=D	Continued From page 9 Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 18.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide the oxygen storeroom with a "No Smoking, Oxygen Storage" sign. The findings were: Observation of the oxygen storeroom on 5/8/12 at 8:34 AM showed the corridor door was not posted with a "No Smoking, Oxygen Storage" sign. Further observation showed the oxygen storage rack had 28 slots capable of storing "E" type cylinders. At the time of the observation the maintenance director reported he was unaware only 12 "E" cylinders were allowed to be stored without "No Smoking, Oxygen Storage" signs. Reference, NFPA 101, 2000 Edition, 18.3.2.4, NFPA 99, 1999 Edition; 8-3.1.11.3 Signs. A precautionary sign, readable from a distance of 5 ft, shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum: CAUTION OXIDIZING GAS(ES) STORED WITHIN NO SMOKING	K 141	K141: The oxygen storeroom doorways will have a sign posted "Caution: Oxidizing Gases stored within - No Smoking" that is readable within 5'. The maintenance technician will monitor on a monthly basis to assure that signage is in place and that all combustible items within 5' of the e-tanks are removed. Any findings will be reported to the Safety and QA Committees.		

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN	STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801
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(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) COMPLETION DATE
K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, New Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled single story building of Type V (111) construction with plan approval in 2010. The building was equipped with a supervised automatic dry sprinkler system and an addressable fire alarm system. The building had a capacity of 12 certified Medicare and Medicaid beds.	K 000		
K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas by 1-hour fire rated assembly in 2 of 2 smoke compartments. The findings were: Observation on 5/7/12 at 6:26 PM showed the doors and door frames to #109 mechanical room, #110 and #111 laundry, #118 and #128 mechanical/furnace rooms, and #115 storeroom were not 1-hour rated, they were unrated. On	K 029	Building 02 - Watt Building K029: GHLS will develop a policy or procedure that requires any maintenance or modification activity performed to incorporate Life Safety Code requirements. Doors and frames have been replaced with 3/4 hour, fire-rated door and frame	6/1/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

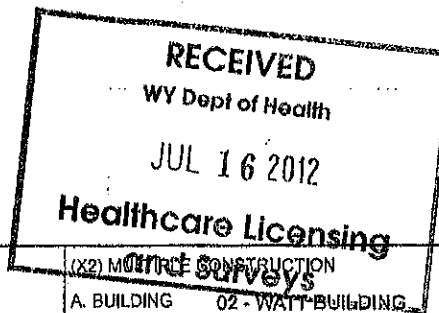
(X8) DATE

Chris Szymanski Administrator 7/16/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FOR ORIGINAL ACCEPTED BY CHRIS SZYMANSKI, NHA, ON 6/28/12.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 07/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0042	(X2) MONITORING CONSTRUCTION A. BUILDING 02 - WATT BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2012
NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801	
(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) COMPLETION DATE
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K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas by 1-hour fire rated assembly in 2 of 2 smoke compartments. The findings were: Observation on 5/7/12 at 6:28 PM showed the doors and door frames to #109 mechanical room, #110 and #111 laundry, #118 and #128 mechanical/furnace rooms, and #115 storeroom were not 1-hour rated, they were unrated. On	K 029	Building 02 - Watt Building K029: GHLS will develop a policy or procedure that requires any maintenance or modification activity performed to incorporate Life Safety Code requirements. Doors and frames have been replaced with 3/4 hour, fire-rated door and frame	6/1/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801		
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K 029	Continued From page 1 5/7/12 at 5:34 AM the maintenance director reported the door and frames were in the process of being replaced.	K 029	assemblies at identified openings. The maintenance technician will monitor all maintenance and modification activities and verify that the Life Safety Code requirements have been addressed for doors and frames. Any findings that would jeopardize fire resistance ratings for doorframes and doors will be corrected and reported to the Safety and QA Committees.		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure corridor door latches only required one action to open and failed to ensure corridor doors were operable from the egress side in 2 of 2 smoke compartments. The findings were: Observation on 5/7/12 at 6:27 PM showed a latch was installed on the computer room and the coat closet which required two actions to open the door. The locks required one action to release the lock and a second to open the door. Further observation showed both the computer room and coat closet were large enough to allow a person entry, but the latch was not accessible from the interior of the room to release the lock and open	K 038	K038: The contractor will provide single action egress hardware to meet code requirements at identified openings. Egress hardware on corridor doors will be monitored on a quarterly basis by the maintenance technician to assure they are functioning properly. Any egress hardware found not to be working effectively will be replaced, and action items reported to the Safety and QA Committees.	7/2/12	

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801 6/28/12		
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K 038	Continued From page 2 the door. At the time of the observation the maintenance director reported he was unaware of the aforementioned requirements. Reference, NFPA 101, 2000 Edition; 18.2.2.2.4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side.	K 038			
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This STANDARD is not met as evidenced by: Based on observation, blue print review, and staff interview, the facility failed to ensure exterior canopies had sprinkler coverage under 4 of 4 canopies. The findings were: Observation on 5/7/12 at 6:40 PM showed the four exterior canopies did not have sprinkler coverage under the canopies. The smallest	K 056	K056: Section 8.15.7.3 of NFPA 13 (2010) does permit the omission of sprinklers below entryways and covered porch areas when the exposed finish material of the overhand is of noncombustible material PROVIDED that the above combustible concealed space is sprinklered or the		6/12/12

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K 056	Continued From page 3 canopy measured 12 feet by 14 feet and the largest measured 19 feet by 41 feet. Review of the blue prints at that same time showed the sprinklers were installed in the attic space per NFPA 13, 2008 Edition. Observation of the attic at 8:43 AM showed sprinkler heads were installed above the canopies. At the time of the observation the maintenance director reported he was unaware the sprinkler system was required to meet the requirements on NFPA 13, 1999 Edition. Reference, NFPA 101, 2000 Edition, 18.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft in width. Exception: Sprinklers are permitted to be omitted where the canopy of roof is of noncombustible or limited combustible construction.	K 056	space meets one of the three listed spaces that do not require sprinklers. Project meets this exception. All four skilled nursing structures on the Green House® Living for Sheridan campus were inspected by the City of Sheridan Fire Marshall and City of Sheridan Building Inspectors prior to Certificate of Occupancy being issued for each building. This is evidence that the system, as installed, complies with NFPA 13, 2010 Edition. Green House® Living for Sheridan will instill an operational policy requiring the system be inspected on an annual basis to ensure integrity of the system is maintained and will perform as designed. Any deficiencies noted in the fire sprinkler system by the inspector and/or maintenance technician will be reported to the Safety and QA Committees. **A long-term waiver is requested for this deficiency based on S&C letter 12-21** In the event this waiver is not approved, the contractor will install a sprinkler system per NFPA 13 (1999)		
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A	K 067		6/12/12	

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801 6/28/12	
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K 067	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation, blue print review, and staff interview, the facility failed to ensure the fire place was separated from resident rooms. The findings were: Observation of the living room on 5/7/12 at 6:42 PM showed a gas fire place was installed against the smoke barrier wall. Further observation showed the fire place was not separated from resident rooms by a 1-hour rated fire barrier wall. Blue print review at that same time showed the smoke barrier wall was a 30 minute fire rated wall, not a 1-hour rated wall. At the time of the observation the maintenance director reported the facility will either receiver a waiver for the fire place or disconnect the fuel source. Reference, NFPA 101, 2000 Edition; 18.5.2.2* Any heating device other than a central heating plant shall be designed and installed so that combustible material will not be ignited by the device or its appurtenances. If fuel-fired, such heating devices shall be chimney connected or vent connected, shall take air for combustion directly from outside, and shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area. Any heating device shall have safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperatures or ignition failure. Exception No. 1: Approved, suspended unit heaters shall be permitted in locations other than means of egress and patient sleeping areas, provided that such heaters are located high enough to be out of the reach of persons using	K 067	K067 Section 18.5.2.2, NFPA 101, 2000 edition, permits any heating device installed in accordance with provisions contained within this section. Fireplaces installed at this project comply with the provisions of Section 18.5.2.2. Exceptions to compliance are also outlined within Section 18.5.2.2. (Including the option of separation of sleeping rooms and fireplaces by one hour construction) but are not applicable as compliance with Section 18.5.2.2 is achieved. The gas line to the fireplace has been turned off and capped. The maintenance technician will monitor the fireplaces monthly. **A long-term waiver is requested for this deficiency based on S&C letter 12-21** The Green House® model of skilled-care-nursing living is driven around the concept of a centrally located fireplace/hearth room, with resident units radiating around it. This model of skilled-care-nursing is to simulate family-life within a private residence with the professional staff to provide appropriate medical care for individual needs of each resident. If this waiver is not approved, then gas lines will remain capped.	

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K 067	Continued From page 5 the area and are equipped with the safety features required by 18.5.2.2. Exception No. 2: Fireplaces shall be permitted and used only in areas other than patient sleeping areas, provided that such areas are separated from patient sleeping spaces by construction having not less than a 1-hour fire resistance rating and that such fireplaces comply with the provisions of 9.2.2. In addition, the fireplace shall be equipped with a hearth that shall be raised not less than 4 in. (10.2 cm) and a fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343°C) and constructed of heat-tempered glass or other approved material. If, in the opinion of the authority having jurisdiction, special hazards are present, a lock on the enclosure and other safety precautions shall be permitted to be required.	K 067			
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the kitchen was separated from the corridor. The findings were: Observation on 5/7/12 at 6:41 PM showed the kitchen was open to the living room and the corridor. The residential range top was installed under a fire suppression hood system. Further observation showed the range top was equipped with a power lock and time limit switch. At the time of the observation the maintenance director reported the kitchen would only supply food for a	K 069	K069: Section 9.2.3 Commercial Cooking Equipment states that Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless existing installations, which shall be permitted to be continued in the service, subject to approval by the authority having jurisdiction. They Type 1 Commercial kitchen hood, exhaust system and		6/12/12

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801		
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K 069	Continued From page 6 maximum of 12 residents. Reference, NFPA 101, 2000 Edition; 18.3.2.6 Cooking Facilities. Cooking facilities shall be protected in accordance with 9.2.3. Exception*: Where domestic cooking equipment is used for food-warming or limited cooking, protection or segregation of food preparation facilities shall not be required.	K 069	make-up air system for the kitchen are NFPA 96 compliant. Section 18.3.2.6 Cooking Facilities states that cooking facilities shall be protected in accordance with 9.2.3. Compliance with both section 9.2.3 and 18.3.2.6 is achieved. Significant re-design, demolition and reconstruction of the kitchen area would be required to provide separation between kitchen and corridor. If required to make these significant revisions, a time line would be forthcoming based on scope of work and material availability. **A long-term waiver is requested for this deficiency based on S&C 12-21** The Green House® model of skilled-care-nursing living is steadfast that the residents be able to see, hear, smell and even participate in preparation of the "family" meal as an imperative/integral part of their care. The retractable pocket doors at the low height kitchen walls are in place to section off the kitchen to the residents when high-heat preparation is taking place.		
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 18.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by:	K 141		6/29/12	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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K 141	Continued From page 7 Based on observation and staff interview, the facility failed to provide the oxygen storeroom with a "No Smoking, Oxygen Storage" sign. The findings were: Observation of the oxygen storeroom on 5/7/12 at 6:31 PM showed the corridor door was not posted with a "No Smoking, Oxygen Storage" sign. Further observation showed the oxygen storage rack had 28 slots capable of storing "E" type cylinders. At the time of the observation the maintenance director reported he was unaware only 12 "E" cylinders were allowed to be stored without "No Smoking, Oxygen Storage" signs. Reference, NFPA 101, 2000 Edition, 18.3.2.4, NFPA 99, 1999 Edition; 8-3.1.11.3 Signs. A precautionary sign, readable from a distance of 5 ft, shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum: CAUTION OXIDIZING GAS(ES) STORED WITHIN NO SMOKING	K 141	K141: Thy oxygen storeroom doorways will have a sign posted "Caution: Oxidizing Gases stored within - No Smoking" that is readable within 5'. The maintenance technician will monitor on a monthly basis to assure that signage is in place and that all combustible items within 5' of the e-tanks are removed. Amy findings will be reported to the Safety and QA Committees.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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JUL 16 2012

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K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas by 1-hour fire rated assembly in 2 of 2 smoke compartments. The findings were: Observation on 5/7/12 at 5:34 PM showed the doors and door frames to #128 mechanical/furnace rooms were not 1-hour rated, they were unrated. At the time of the observation the maintenance director reported the door and	K 029	Whitney Building K029: GHLS will develop a policy or procedure that requires any maintenance or modification activity performed to incorporate Life Safety Code requirements. Doors and frames have been replaced	5/25/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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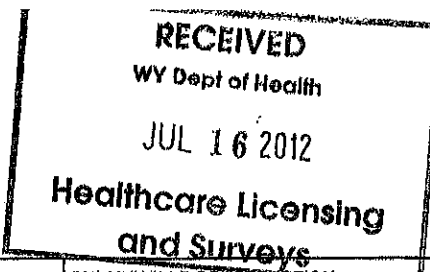
HC ORIGINAL ACCEPTED W/ CHRIS SZYMANSKI ON 6/28/12

FORM CMS-2567(02-00) Previous Versions Obsolete.

Event ID: 6D5D21

Facility ID: WY0042

If continuation sheet Page 1 of 7



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - WHITNEY BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2012
NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801		
(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) COMPLETION DATE	
K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, New Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled single story building of Type V (111) construction with plan approval in 2010. The building was equipped with a supervised automatic dry sprinkler system and an addressable fire alarm system. The building had a capacity of 12 certified Medicare and Medicaid beds.	K 000			
K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas by 1-hour fire rated assembly in 2 of 2 smoke compartments. The findings were: Observation on 5/7/12 at 5:34 PM showed the doors and door frames to #128 mechanical/furnace rooms were not 1-hour rated, they were unrated. At the time of the observation the maintenance director reported the door and	K 029	Whitney Building K029: GHLS will develop a policy or procedure that requires any maintenance or modification activity performed to incorporate Life Safety Code requirements. Doors and frames have been replaced	5/25/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - WHITNEY BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2012
NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801		
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K 029	Continued From page 1 frames were in the process of being replaced.	K 029	with 3/4 hour, fire-rated door frame assemblies at identified openings. The maintenance technician will monitor all maintenance and modification activities and verify that the Life Safety Code requirements have been addressed for doors and frames. Any findings that would jeopardize fire resistance ratings for doorframes and doors will be corrected and reported to the Safety and QA Committees.		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure corridor door latches only required one action to open and failed to ensure corridor doors were operable from the egress side in 2 of 2 smoke compartments. The findings were: Observation on 5/7/12 at 5:28 PM showed a latch was installed on the computer room and the coat closet which required two actions to open the door. The locks required one action to release the lock and a second to open the door. Further observation showed both the computer room and coat closet were large enough to allow a person entry, but the latch was not accessible from the	K 038	K038: The contractor will provide single action egress hardware to meet code requirements at corridor doors. Egress hardware on corridor doors will be monitored on a quarterly basis by the maintenance technician to assure they are functioning properly. Any egress hardware found not to be working effectively will be replaced and action items reported to the Safety and QA Committees.		7/2/12

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801 		
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K 038	Continued From page 2 interior of the room to release the lock and open the door. At the time of the observation the maintenance director reported he was unaware of the aforementioned requirements. Reference, NFPA 101, 2000 Edition; 18.2.2.2.4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side.	K 038			
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This STANDARD is not met as evidenced by: Based on observation, blue print review, and staff interview, the facility failed to ensure exterior canopies had sprinkler coverage under 4 of 4 canopies. The findings were: Observation on 6/7/12 at 5:25 PM showed the four exterior canopies did not have sprinkler coverage under the canopies. The smallest	K 056	K056: Section 8.16.7.3 of NFPA 13 (2010) does permit the omission of sprinklers below entryways and covered porch areas when the exposed finish material of the overhand is of noncombustible material PROVIDED that the above combustible concealed space is sprinklered or the	6/12/12	

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K 056	Continued From page 3 canopy measured 12 feet by 14 feet and the largest measured 19 feet by 41 feet. Review of the blue prints at that same time showed the sprinklers were installed in the attic space per NFPA 13, 2008 Edition. Observation of the attic at 8:43 AM showed sprinkler heads were installed above the canopies. At the time of the observation the maintenance director reported he was unaware the sprinkler system was required to meet the requirements of NFPA 13, 1999 Edition. Reference, NFPA 101, 2000 Edition, 18.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft in width. Exception: Sprinklers are permitted to be omitted where the canopy of roof is of noncombustible or limited combustible construction.	K 056	space meets one of the three listed spaces that do not require sprinklers. Project meets this exception. All four skilled nursing structures on the Green House® Living for Sheridan campus were inspected by the City of Sheridan Fire Marshall and City of Sheridan Building Inspectors prior to Certificate of Occupancy being issued for each building. This is evidence that the system, as installed, complies with NFPA 13, 2010 Edition. Green House® Living for Sheridan will instill an operational policy requiring the system be inspected on an annual basis to ensure integrity of the system is maintained and will perform as designed. Any deficiencies noted in the fire sprinkler system by the inspector and/or maintenance technician will be reported to the Safety and QA Committees. **A long-term waiver is requested for this deficiency based on S&C letter 12-21** In the event this waiver is not approved, the contractor will install a sprinkler system per NFPA 13 (1999)		
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A	K 067		6/12/12	

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801		
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K 067	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation, blue print review, and staff interview, the facility failed to ensure the fire place was separated from resident rooms. The findings were: Observation of the living room on 5/7/12 at 5:39 PM showed a gas fire place was installed against the smoke barrier wall. Further observation showed the fire place was not separated from resident rooms by a 1-hour rated fire barrier wall. Blue print review at that same time showed the smoke barrier wall was a 30-minute fire rated wall, not a 1-hour rated wall. At the time of the observation the maintenance director reported the facility will either receiver a waiver for the fire place or disconnect the fuel source. Reference, NFPA 101, 2000 Edition; 18.5.2.2* Any heating device other than a central heating plant shall be designed and installed so that combustible material will not be ignited by the device or its appurtenances. If fuel-fired, such heating devices shall be chimney connected or vent connected, shall take air for combustion directly from outside, and shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area. Any heating device shall have safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperatures or ignition failure. Exception No. 1: Approved, suspended unit heaters shall be permitted in locations other than means of egress and patient sleeping areas, provided that such heaters are located high enough to be out of the reach of persons using	K 067	K067 Section 18.5.2.2, NFPA 101, 2000 edition, permits any heating device installed in accordance with provisions contained within this section. Fireplaces installed at this project comply with the provisions of Section 18.5.2.2. Exceptions to compliance are also outlined within Section 18.5.2.2. (Including the option of separation of sleeping rooms and fireplaces by one hour construction) but are not applicable as compliance with Section 18.5.2.2 is achieved. The gas line to the fireplace has been turned off and capped. The maintenance technician will monitor the fireplaces monthly. **A long-term waiver is requested for this deficiency based on S&C letter 12-21** The Green House® model of skilled-care-nursing living is driven around the concept of a centrally located fireplace/hearth room, with resident units radiating around it. This model of skilled-care-nursing is to simulate family-life within a private residence with the professional staff to provide appropriate medical care for individual needs of each resident. If this waiver is not approved, then gas lines will remain capped.	6/28/12	

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801 6/28/12		
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K 067	Continued From page 5 the area and are equipped with the safety features required by 18.5.2.2. Exception No. 2: Fireplaces shall be permitted and used only in areas other than patient sleeping areas, provided that such areas are separated from patient sleeping spaces by construction having not less than a 1-hour fire resistance rating and that such fireplaces comply with the provisions of 9.2.2. In addition, the fireplace shall be equipped with a hearth that shall be raised not less than 4 in. (10.2 cm) and a fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343°C) and constructed of heat-tempered glass or other approved material. If, in the opinion of the authority having jurisdiction, special hazards are present, a lock on the enclosure and other safety precautions shall be permitted to be required.	K 067			
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the kitchen was separated from the corridor. The findings were: Observation on 5/7/12 at 5:37 PM showed the kitchen was open to the living room and the corridor. The residential range top was installed under a fire suppression hood system. Further observation showed the range top was equipped with a power lock and time limit switch. At the time of the observation the maintenance director reported the kitchen would only supply food for a	K 069	K069: Section 9.2.3 Commercial Cooking Equipment states that Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. The Type 1 Commercial kitchen hood, exhaust system and	6/12/12	

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801  6/28/12		
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K 069	Continued From page 6 maximum of 12 residents. Reference, NFPA 101, 2000 Edition; 18.3.2.6 Cooking Facilities. Cooking facilities shall be protected in accordance with 9.2.3. Exception*: Where domestic cooking equipment is used for food-warming or limited cooking, protection or segregation of food preparation facilities shall not be required.	K 069	make-up air system for the kitchen are NFPA 96 compliant. Section 18.3.2.6 Cooking Facilities states that cooking facilities shall be protected in accordance with 9.2.3. Compliance with both section 9.2.3 and 18.3.2.6 is achieved. Significant re-design, demolition and reconstruction of the kitchen area would be required to provide separation between kitchen and corridor. If required to make these significant revisions, a time line would be forthcoming based on scope of work and material availability. **A long-term waiver is requested for this deficiency based on S&C 12-21** The Green House® model of skilled-care-nursing living is steadfast that the residents be able to see, hear, smell and even participate in preparation of the "family" meal as an imperative/integral part of their care. The retractable pocket doors at the low height kitchen walls are in place to section off the kitchen to the residents when high-heat preparation is taking place.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0042		(X2) MULTIPLE CONSTRUCTION A. BUILDING AND SURVEYORS BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2012	
NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN				STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801			
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K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, New Health Care, of the National Fire Protection Association (NFPA). The facility was a fully sprinkled single story building of Type V (111) construction with plan approval in 2010. The building was equipped with a supervised automatic dry sprinkler system and an addressable fire alarm system. The building had a capacity of 12 certified Medicare and Medicaid beds.	K 000					
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure corridor door latches only required one action to open and failed to ensure corridor doors were operable from the egress side in 2 of 2 smoke compartments. The findings were: Observation on 5/7/12 at 6:06 PM showed a latch was installed on the computer room and the coat closet which required two actions to open the door. The locks required one action to release the lock and a second to open the door. Further observation showed both the computer room and	K 038	Building 04 - Founders K038: The contractor will provide single action egress hardware to meet code requirements at corridor doors. Egress hardware on corridor doors will be monitored on a quarterly basis by the maintenance technician to assure they are functioning properly. Any egress hardware found not to be	7/2/12			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Chris Szymanski

TITLE

Administrator

(X6) DATE

7/16/12

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FOR ORIGINAL ACCEPTANCE W/ CHRIS SZYMANSKI, NHA, ON 6/28/12

RECEIVED
WY Dept of Health

JUL 16 2012

Healthcare Licensing

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FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801		
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K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure corridor door latches only required one action to open and failed to ensure corridor doors were operable from the egress side in 2 of 2 smoke compartments. The findings were: Observation on 5/7/12 at 6:06 PM showed a latch was installed on the computer room and the coat closet which required two actions to open the door. The locks required one action to release the lock and a second to open the door. Further observation showed both the computer room and	K 038	Building 04 - Founders K038: The contractor will provide single action egress hardware to meet code requirements at corridor doors. Egress hardware on corridor doors will be monitored on a quarterly basis by the maintenance technician to assure they are functioning properly. Any egress hardware found not to be	7/2/12	

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TITLE

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K 038	Continued From page 1 coat closet were large enough to allow a person entry, but the latch was not accessible from the interior of the room to release the lock and open the door. At the time of the observation the maintenance director reported he was unaware of the aforementioned requirements. Reference, NFPA 101, 2000 Edition; 18.2.2.2.4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side.	K 038	working effectively will be replaced and action items reported to the Safety and QA Committees.		
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This STANDARD is not met as evidenced by: Based on observation, blue print review, and staff interview, the facility failed to ensure exterior canopies had sprinkler coverage under 4 of 4 canopies. The findings were: Observation on 5/7/12 at 6:04 PM showed the	K 056	K056: Section 8.15.7.3 of NFPA 13 (2010) does permit the omission of sprinklers below entryways and covered porch areas when the exposed finish material of the overhand is of noncombustible material	6/12/12	

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801		
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K 056	Continued From page 2 four exterior canopies did not have sprinkler coverage under the canopies. The smallest canopy measured 12 feet by 14 feet and the largest measured 19 feet by 41 feet. Review of the blue prints at that same time showed the sprinklers were installed in the attic space per NFPA 13, 2008 Edition. Observation of the attic at 8:43 AM showed sprinkler heads were installed above the canopies. At the time of the observation the maintenance director reported he was unaware the sprinkler system was required to meet the requirements on NFPA 13, 1999 Edition. Reference, NFPA 101, 2000 Edition, 18.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft in width. Exception: Sprinklers are permitted to be omitted where the canopy of roof is of noncombustible or limited combustible construction.	K 056	PROVIDED that the above combustible concealed space is sprinklered or the space meets one of the three listed spaces that do not require sprinklers. Project meets this exception. All four skilled nursing structures on the Green House® Living for Sheridan campus were inspected by the City of Sheridan Fire Marshall and City of Sheridan Building Inspectors prior to Certificate of Occupancy being issued for each building. This is evidence that the system, as installed, complies with NFPA 13, 2010 Edition. Green House® Living for Sheridan will instill an operational policy requiring the system be inspected on an annual basis to ensure integrity of the system maintained and will perform as designed. Any deficiencies noted in the fire sprinkler system by the inspector and/or maintenance technician will be reported to the Safety and QA Committees. **A long-term waiver is requested for this deficiency based on S&C letter 12-21** In the event this waiver is not approved, the contractor will install a sprinkler system per NFPA 13 (1999)		
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A	K 067		6/12/12	

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NAME OF PROVIDER OR SUPPLIER GREEN HOUSE LIVING FOR SHERIDAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2311 SHIRLEY COVE SHERIDAN, WY 82801		
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K 067	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, blue print review, and staff interview, the facility failed to ensure the fire place was separated from resident rooms. The findings were: Observation of the living room on 5/8/12 at 8:45 AM showed a gas fire place was installed against the smoke barrier wall. Further observation showed the fire place was not separated from resident rooms by a 1-hour rated fire barrier wall. Blue print review at that same time showed the smoke barrier wall was a 30 minute fire rated wall, not a 1-hour rated wall. At the time of the observation the maintenance director reported the facility will either receiver a waiver for the fire place or disconnect the fuel source. Reference, NFPA 101, 2000 Edition; 18.5.2.2* Any heating device other than a central heating plant shall be designed and installed so that combustible material will not be ignited by the device or its appurtenances. If fuel-fired, such heating devices shall be chimney connected or vent connected, shall take air for combustion directly from outside, and shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area. Any heating device shall have safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperatures or ignition failure. Exception No. 1: Approved, suspended unit heaters shall be permitted in locations other than means of egress and patient sleeping areas,	K 067	K067 Section 18.5.2.2, NFPA 101, 2000 edition, permits any heating device installed in accordance with provisions contained within this section. Fireplaces installed at this project comply with the provisions of Section 18.5.2.2. Exceptions to compliance are also outlined within Section 18.5.2.2. (Including the option of separation of sleeping rooms and fireplaces by one hour construction) but are not applicable as compliance with Section 18.5.2.2 is achieved. The gas line to the fireplace has been turned off and capped. The maintenance technician will monitor the fireplaces monthly. **A long-term waiver is requested for this deficiency based on S&C letter 12-21** The Green House® model of skilled-care-nursing living is driven around the concept of a centrally located fireplace/hearth room, with resident units radiating around it. This model of skilled-care-nursing is to simulate family-life within a private residence with the professional staff to provide appropriate medical care for individual needs of each resident. If this waiver is not approved, then gas		

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K 067	Continued From page 4 provided that such heaters are located high enough to be out of the reach of persons using the area and are equipped with the safety features required by 18.5.2.2. Exception No. 2: Fireplaces shall be permitted and used only in areas other than patient sleeping areas, provided that such areas are separated from patient sleeping spaces by construction having not less than a 1-hour fire resistance rating and that such fireplaces comply with the provisions of 9.2.2. In addition, the fireplace shall be equipped with a hearth that shall be raised not less than 4 in. (10.2 cm) and a fireplace enclosure guaranteed against breakage up to a temperature of 650°F (343°C) and constructed of heat-tempered glass or other approved material. If, in the opinion of the authority having jurisdiction, special hazards are present, a lock on the enclosure and other safety precautions shall be permitted to be required.	K 067	lines will remain capped.		
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the kitchen was separated from the corridor. The findings were: Observation on 5/8/12 at 8:47 AM showed the kitchen was open to the living room and the corridor. The residential range top was installed under a fire suppression hood system. Further observation showed the range top was equipped with a power lock and time limit switch. At the	K 069	K069: Section 9.2.3 Commercial Cooking Equipment states that Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having	6/12/12	

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K 069	Continued From page 5 time of the observation the maintenance director reported the kitchen would only supply food for a maximum of 12 residents. Reference, NFPA 101, 2000 Edition; 18.3.2.6 Cooking Facilities. Cooking facilities shall be protected in accordance with 9.2.3. Exception*: Where domestic cooking equipment is used for food-warming or limited cooking, protection or segregation of food preparation facilities shall not be required.	K 069	jurisdiction. The Type 1 Commercial kitchen hood, exhaust system and make-up air system for the kitchen are NFPA 96 compliant. Section 18.3.2.6 Cooking Facilities states that cooking facilities shall be protected in accordance with 9.2.3. Compliance with both section 9.2.3 and 18.3.2.6 is achieved. Significant re-design, demolition and reconstruction of the kitchen area would be required to provide separation between kitchen and corridor. If required to make these significant revisions, a time line would be forthcoming based on scope of work and material availability. **A long-term waiver is requested for this deficiency based on S&C 12-21** The Green House® model of skilled-care-nursing living is steadfast that the residents be able to see, hear, smell and even participate in preparation of the "family" meal as an imperative/integral part of their care. The retractable pocket doors at the low height kitchen walls are in place to section off the kitchen to the residents when high-heat preparation is taking place.		

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WY Dept of Health

15:22:29

07-16-2012

2/5

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K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in this section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, New Business Occupancy, of the National Fire Protection Association (NFPA). The facility was a non-sprinkled single story building of Type V (000) construction built in 2010. The building was equipped with an addressable fire alarm system.	K 000					
K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 of 2 hazardous areas were separated from use areas. The findings were: Observation of the storeroom on 5/7/12 at 5:09 PM showed food and nursing supplies were being stored in the room. Further observation showed the building was not equipped with a sprinkler system. Review of the door frame showed it was not 1-hour rated and the door was not 3/4 hour rated. At the time of the observation the maintenance director reported he was unaware general storerooms were required to have 1-hour	K 029	Building 05- Roberts Administration K029: GHLS will develop a policy or procedure that requires any maintenance or modification activity performed to incorporate Life Safety Code requirements. Doors and frames have been replaced with 3/4 hour, fire-rated door and frame assemblies at identified openings.	6/29/12			

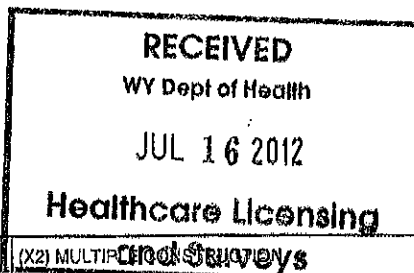
LABORATORY/DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FOC ORIGINALLY ACCEPTED W/ CHAIRS SZYMANSKI, NHA, ON 6/28/12



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K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 1 of 2 hazardous areas were separated from use areas. The findings were: Observation of the storeroom on 5/7/12 at 5:09 PM showed food and nursing supplies were being stored in the room. Further observation showed the building was not equipped with a sprinkler system. Review of the door frame showed it was not 1-hour rated and the door was not 3/4 hour rated. At the time of the observation the maintenance director reported he was unaware general storerooms were required to have 1-hour	K 029	Building 05- Roberts Administration K029: GHLS will develop a policy or procedure that requires any maintenance or modification activity performed to incorporate Life Safety Code requirements. Doors and frames have been replaced with 3/4 hour, fire-rated door and frame assemblies at identified openings.	6/29/12	

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K 029	Continued From page 1 separation or be fully sprinkled with smoke resistant partitions in business occupancy. Reference, NFPA 101, 2000 Edition; 38.3.2.1* Hazardous areas including, but not limited to, areas used for general storage, boiler or furnace rooms, and maintenance shops that include woodworking and painting areas shall be protected in accordance with Section 8.4. 8.4.1.1* Protection from any area having a degree of hazard greater than that normal to the general occupancy of the building or structure shall be provided by one of the following means: (1) Enclose the area with a fire barrier without windows that has a 1-hour fire resistance rating in accordance with Section 8.2. (2) Protect the area with automatic extinguishing systems in accordance with Section 9.7. (3) Apply both 8.4.1.1(1) and (2) where the hazard is severe or where otherwise specified by Chapters 12 through 42.	K 029	The maintenance technician will monitor all maintenance and modification activities and verify that the Life Safety Code requirements have been addressed for doors and frames. Any findings that would jeopardize fire resistance ratings for doorframes and doors will be corrected and reported to the Safety and QA Committees.		