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WY Dept of Health
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Healthcare Licensing
and Surveys

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0042	A. BUILDING _____ B. WING _____	R 07/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HOUSE LIVING FOR SHERIDAN	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
{F 000}	INITIAL COMMENTS	{F 000}		
{F 323} SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	{F 323}	F-323 GHLS will ensure that the resident environment remains as free from accident hazards as is possible; and provide each resident adequate supervision and assistance devices to prevent accidents. This will be accomplished by:	8/17/12

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:
Based on review of the CMS-2567 and staff interview, the facility failed to ensure a safe environment in 2 of 2 resident houses. The findings were:

Review of the CMS-2567 dated 5/10/12 showed exit patio doors from each house were observed to be locked from the outside; therefore, if a resident exited the patio doors, the locked doors would prevent him/her from getting back inside. During a phone interview on 7/23/12 at 3:45 PM, the administrator stated the patio exit doors remained locked from the outside. She stated it would be approximately two to three weeks before the contractor received the hardware for the patio doors.

1. Assure that exit patio doors are unlocked so that people can get back into the cottage. This will be accomplished by keeping the push bar in the down position so that it remains unlocked from the outside. A closer will be installed on the door to assure that it will close effectively.

The Maintenance Technician will implement a quarterly quality improvement tool to include that patio doors are unlocked from the outside. Any safety findings will be corrected and reported monthly to the Safety Committee and quarterly to the QA Committee for ongoing evaluation and assessment, and to determine further staff education needs. Staff working in the Cottages will make sure that no elders remain outdoors before locking patio doors.

Allow reentry into the Cottage from the patio during periods of patio usage. The "egress only" panic bar shall be disengaged, or "dogged down" with a hex key. An added closer will be installed to secure the active leaf within the frame without having the door locked. The added closer has a manual "hold open" position to allow users to prop door open.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Szymanski — TITLE: Administrator — (X6) DATE: 8/7/12

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.

Changes added on conversation w/ Chris Szymanski CEO on Aug 14, 2012 — 8/14/12

artment of Health and Human Services
nters For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
WY0042	A. Building B. Wing	07/26/2012

Name of Facility	Street Address, City, State, Zip Code
GREEN HOUSE LIVING FOR SHERIDAN	2311 SHIRLEY COVE SHERIDAN, WY 82801

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0176 Reg. # 483.10(n) LSC	07/13/2012	ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4 LSC	07/13/2012	ID Prefix F0226 Reg. # 483.13(c) LSC	07/13/2012
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	07/13/2012	ID Prefix F0315 Reg. # 483.25(d) LSC	07/13/2012	ID Prefix F0318 Reg. # 483.25(e)(2) LSC	07/13/2012
ID Prefix F0371 Reg. # 483.35(i) LSC	07/13/2012	ID Prefix F0386 Reg. # 483.40(b) LSC	07/13/2012	ID Prefix F0428 Reg. # 483.60(c) LSC	07/13/2012
ID Prefix F0441 Reg. # 483.65 LSC	07/13/2012	ID Prefix F0498 Reg. # 483.75(f) LSC	07/13/2012	ID Prefix F0507 Reg. # 483.75(i)(2)(iv) LSC	07/13/2012
ID Prefix F0519 Reg. # 483.75(n) LSC	07/13/2012	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
	B 8/3/12		Janelle Cole, LOTC/L		7/26/12
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
05/10/2012	✓			