STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 02 - WATT BUILDING B. WING _____	08/07/2013

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
K 000	INITIAL COMMENTS	K 000		

Stories: 1
Construction type: Type V A per plans= NFPA V(111)
Constructed: 2011
K0180: Fully Sprinkled

Certified Beds: 12
Census: 12

K 038 SS=E	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 Interview, the facility failed to maintain the means of egress as required Findings include: On 8/6/2013 a pad lock was securing the gate on a fence at the back of the building. The sidewalk in the path of the gate was the exit discharge for 3 of 4 exits from the building. Doors in the means of egress are not permitted to be secured in the direction of egress with a lock or latch that requires special knowledge to operate. The padlock required special knowledge. In addition, there was a second latching mechanism on the gate thus requiring 2 releasing motions. Doors are required to be operable with one releasing motion.	K 038	K038 - Padlock system has been disabled from the patio fence gate of each of the cottages so as not to impede egress from the patio area. Patio gates will be monitored to ensure that they remain closed and unlocked. Any gate found not functioning properly will be reported to the Safety Committee. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chris Szymanski	Administrator	9/3/13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 02 - WATT BUILDING B. WING _____	08/07/2013

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
K 038	Continued From page 1 The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to maintain the means of egress as required increases the risk of death or injury due to fire. Ref: 2000 NFPA 101 Section 18.2.2.2.1, 7.2.1.5.1, 18.2.2.2.4, 18.2.7, 7.7.4, 7.2.1.5.4	K 038		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to test emergency lighting as required. Findings Include: On 8/7/2013 the facility could not provide documentation that 30 second monthly and 90 minute annual testing of battery powered emergency lighting had been conducted. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to test battery powered emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected 1 of numerous emergency lights in the building Ref: 2000 NFPA 101 Section 18.2.9.1, 7.9.3	K 046	K046 - 30 second monthly emergency battery tests are now conducted during the generator load test & documented on TELS. The 90 minute load test was completed & is documented on TELS. If battery test fails, non-functioning batteries will be replaced. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 02 - WATT BUILDING B. WING _____	08/07/2013

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
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fire alarm system as required. Findings include: On 8/8/2013 the fire alarm system test reports documented a load voltage test performed on 2/28/13. There was no other record for load voltage testing of the fire alarm system battery in the past year. Load voltage testing of the fire alarm system batteries is required semiannually. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to test the fire alarm system as required increases the risk of death or injury due to fire. The deficiency affected 1 of numerous tests required of the fire alarm system. Ref: 2000 NFPA 101 Section 18.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052	K052 - Contractor is scheduled to perform semi-annual fire alarm system battery load tests. Any batteries found to be defective will be replaced by the contractor. Any deficiencies related to the fire alarm system and battery maintenance will be reported by Maintenance Director to the Safety Committee. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 02 - WATT BUILDING B. WING _____	08/07/2013

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
K 056	Continued From page 3 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 and Interview, the facility failed to maintain the automatic sprinkler system as required. Findings include: On 8/6/2013 6ea- 96 gallon garbage cans were found stored underneath an overhang of an estimated size of 8ft x 16 feet. This area was not protected with automatic fire sprinklers. Combustibles are not permitted to be stored under roofs or canopies where sprinklers are not provided. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to maintain areas under overhangs free of combustibles where the area is not protected with automatic fire sprinklers increases the risk of	K 056	K056 - Garbage cans will be removed from the storage area under the canopies of all cottages to another area. Maintenance staff will monitor this area weekly to assure that combustible items are not stored here. These items will be removed to an appropriate area. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee. 9/6/13	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 02 - WATT BUILDING B. WING _____	09/07/2013

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
K 056	Continued From page 4 death or injury due to fire. The deficiency affected one of four sides of the building. Ref: 2000 NFPA 101 Section 18.3.5.1, 9.7.1.1; 1999 NFPA 13 Section 5-13.8.2	K 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 01 - SCOTT BUILDING B. WING _____	08/07/2013

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
K 000	INITIAL COMMENTS	K 000		
	Stories: 1 Construction type: Type V A per plans= NFPA V(111) Constructed: 2011 K0180: Fully Sprinkled Certified Beds:12 Census: 12			
K 038 SS=E	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 interview, the facility failed to maintain the means of egress as required. Findings include: On 8/6/2013 a pad lock was securing the gate on a fence at the back of the building. The sidewalk in the path of the gate was the exit discharge for 3 of 4 exits from the building. Doors in the means of egress are not permitted to be secured in the direction of egress with a lock or latch that requires special knowledge to operate. The padlock required special knowledge. In addition, there was a second latching mechanism on the gate thus requiring 2 releasing motions. Doors are required to be operable with one releasing motion.	K 038	K038 - Padlock system has been disabled from the patio fence gate of each of the cottages so as not to impede egress from the patio area. Patio gates will be monitored to ensure that they remain closed and unlocked. Any gate found not functioning properly will be reported to the Safety Committee. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chris Szymanski	Administrator	9/6/13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 01 - SCOTT BUILDING B. WING _____	08/07/2013

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
K 038	Continued From page 1 The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to maintain the means of egress as required increases the risk of death or injury due to fire. Ref: 2000 NFPA 101 Section 18.2.2.2.1, 7.2.1.5.1, 18.2.2.2.4, 18.2.7, 7.7.4, 7.2.1.5.4	K 038		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to test emergency lighting as required. Findings Include: On 8/7/2013 the facility could not provide documentation that 30 second monthly and 90 minute annual testing of battery powered emergency lighting had been conducted. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to test battery powered emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected 1 of numerous emergency lights in the building. Ref: 2000 NFPA 101 Section 18.2.9.1, 7.9.3	K 046	K046 - 30 second monthly emergency battery tests are now conducted during the generator load test & documented on TELS. The 90 minute load test was completed and is documented on TELS. If battery test fails, non-functioning batteries will be replaced. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535084	A. BUILDING 01 - SCOTT BUILDING B. WING _____	08/07/2013

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) COMPLET ON DATE
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fire alarm system as required. Findings include: On 8/6/2013 the fire alarm system test reports documented a load voltage test performed on 2/28/13. There was no other record for load voltage testing of the fire alarm system battery in the past year. Load voltage testing of the fire alarm system batteries is required semiannually. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to test the fire alarm system as required increases the risk of death or injury due to fire. The deficiency affected 1 of numerous tests required of the fire alarm system. Ref. 2000 NFPA 101 Section 18.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052	K052 - Contractor is scheduled to perform semi-annual fire alarm system battery load tests. Any batteries found to be defective will be replaced by the contractor. Any deficiencies related to the fire alarm system and battery maintenance will be reported by Maintenance Director to the Safety Committee. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 01 - SCOTT BUILDING B. WING _____	08/07/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HOUSE LIVING FOR SHERIDAN	2311 SKIRLEY 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 056	Continued From page 3 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 and interview, the facility failed to maintain the automatic sprinkler system as required. Findings include: On 8/6/2013 6ea- 96 gallon garbage cans were found stored underneath an overhang of an estimated size of 8ft x 16 feet. This area was not protected with automatic fire sprinklers. Combustibles are not permitted to be stored under roofs or canopies where sprinklers are not provided. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to maintain areas under overhangs free of combustibles where the area is not protected with automatic fire sprinklers increases the risk of	K 056	K056 - Garbage cans will be removed from the storage area under the canopies of all cottages to another area. Maintenance staff will monitor this area weekly to assure that combustible items are not stored here. These items will be removed to an appropriate area. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee. 9/6/13	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 01 - SCOTT BUILDING B. WING _____	08/07/2013

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
K 056	Continued From page 4 death or injury due to fire. The deficiency affected one of four sides of the building. Ref: 2000 NFPA 101 Section 18.3.5.1, 9.7.1.1; 1999 NFPA 13 Section 5-13.8.2	K 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 04 - FOUNDERS BUILDING B. WING _____	08/07/2013

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
K 000	INITIAL COMMENTS Stories: 1 Construction type: Type V A per plans= NFPA V(111) Constructed: 2011 K0180: Fully Sprinkled Certified Beds 12 Census: 12	K 000		
K 038 SS=E	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 interview, the facility failed to maintain the means of egress as required Findings include: On 8/6/2013 a pad lock was securing the gate on a fence at the back of the building. The sidewalk in the path of the gate was the exit discharge for 3 of 4 exits from the building. Doors in the means of egress are not permitted to be secured in the direction of egress with a lock or latch that requires special knowledge to operate. The padlock required special knowledge. In addition, there was a second latching mechanism on the gate thus requiring 2 releasing motions. Doors are required to be operable with one releasing motion.	K 038	K038 - Padlock system has been disabled from the patio fence gate of each of the cottages so as not to impede egress from the patio area. Patio gates will be monitored to ensure that they remain closed and unlocked. Any gate not functioning properly will be reported to the Safety Committee. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Szymanski
TITLE: Administrator
(X6) DATE: 9/3/13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535064	A. BUILDING 04 - FOUNDERS BUILDING B. WING _____	08/07/2013

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
K 038	Continued From page 1 The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to maintain the means of egress as required increases the risk of death or injury due to fire. Ref: 2000 NFPA 101 Section 18.2.2.2.1, 7.2.1.5.1, 18.2.2.2.4, 18.2.7, 7.7.4, 7.2.1.5.4	K 038		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9 18.2.9.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to test emergency lighting as required. Findings Include: On 8/7/2013 the facility could not provide documentation that 30 second monthly and 90 minute annual testing of battery powered emergency lighting had been conducted. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to test battery powered emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected 1 of numerous emergency lights in the building. Ref: 2000 NFPA 101 Section 18.2.9.1, 7.9.3	K 046	K046 - 30 second monthly emergency battery tests are now conducted during the generator load test & documented on TELS. The 90 minute load test was completed and is documented on TELS. If battery test fails, non-functioning batteries will be replaced. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee. 9/6/13	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 04 - FOUNDERS BUILDING B. WING _____	08/07/2013

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
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fire alarm system as required. Findings include: On 8/6/2013 the fire alarm system test reports documented a load voltage test performed on 2/28/13. There was no other record for load voltage testing of the fire alarm system battery in the past year. Load voltage testing of the fire alarm system batteries is required semiannually. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to test the fire alarm system as required increases the risk of death or injury due to fire. The deficiency affected 1 of numerous tests required of the fire alarm system. Ref: 2000 NFPA 101 Section 18.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 Item 8.d.3.	K 052	K052 - Contractor is scheduled to perform semiannual fire alarm system battery load tests. Any batteries found to be defective will be replaced by the contractor. Any deficiencies related to the fire alarm system and battery maintenance will be reported by Maintenance Director to the Safety Committee. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 04 - FOUNDERS BUILDING B. WING	09/07/2013

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
K 056	Continued From page 3 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 and interview, the facility failed to maintain the automatic sprinkler system as required. Findings include: On 8/6/2013 6ea- 96 gallon garbage cans were found stored underneath an overhang of an estimated size of 8ft x 16 feet. This area was not protected with automatic fire sprinklers. Combustibles are not permitted to be stored under roofs or canopies where sprinklers are not provided. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to maintain areas under overhangs free of combustibles where the area is not protected with automatic fire sprinklers increases the risk of	K 056	K056 - Garbage cans will be removed from the storage area under the canopies of all cottages to another area. Maintenance staff will monitor this area weekly to assure that combustible items are not stored here. These items will be removed to an appropriate area. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13

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K 056	Continued From page 4 death or injury due to fire. The deficiency affected one of four sides of the building. Ref: 2000 NFPA 101 Section 18.3.5.1, 9.7.1.1; 1999 NFPA 13 Section 5-13.8.2	K 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 03 - WHITNEY BUILDING B. WING _____	08/07/2013

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K 000	INITIAL COMMENTS Stories: 1 Construction type: Type V A per plans= NFPA V(111) Constructed: 2011 K0180: Fully Sprinkled Certified Beds:12 Census: 12	K 000		
K 038 SS=E	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 interview, the facility failed to maintain the means of egress as required. Findings include: On 8/6/2013 a pad lock was securing the gate on a fence at the back of the building. The sidewalk in the path of the gate was the exit discharge for 3 of 4 exits from the building. Doors in the means of egress are not permitted to be secured in the direction of egress with a lock or latch that requires special knowledge to operate. The padlock required special knowledge. In addition, there was a second latching mechanism on the gate thus requiring 2 releasing motions. Doors are required to be operable with one releasing motion	K 038	K038 - Padlock system has been disabled from the patio fence gate of each of the cottages so as not to impede egress from the patio area. Patio gates will be monitored to ensure that they remain closed and unlocked. Any gate found not functioning properly will be reported to the Safety Committee. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chris Szymanski	Administrator	9/3/13

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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K 038	Continued From page 1 The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to maintain the means of egress as required increases the risk of death or injury due to fire. Ref: 2000 NFPA 101 Section 18.2.2.2.1, 7.2.1.5.1, 18.2.2.2.4, 18.2.7, 7.7.4, 7.2.1.5.4	K 038		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to test emergency lighting as required. Findings include: On 8/7/2013 the facility could not provide documentation that 30 second monthly and 90 minute annual testing of battery powered emergency lighting had been conducted. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to test battery powered emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected 1 of numerous emergency lights in the building. Ref: 2000 NFPA 101 Section 18.2.9.1, 7.9.3	K 046	K046 - 30 second monthly emergency battery tests are now conducted during the generator load test & documented on TELS. The 90 minute load test was completed & is documented on TELS. If battery test fails, non-functioning batteries will be replaced. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13

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K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fire alarm system as required. Findings include: On 8/6/2013 the fire alarm system test reports documented a load voltage test performed on 2/28/13. There was no other record for load voltage testing of the fire alarm system battery in the past year. Load voltage testing of the fire alarm system batteries is required semiannually. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to test the fire alarm system as required increases the risk of death or injury due to fire. The deficiency affected 1 of numerous tests required of the fire alarm system. Ref: 2000 NFPA 101 Section 18.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052	K052 - Contractor is scheduled to perform semi-annual fire alarm system battery load tests. Any batteries found to be defective will be replaced by the contractor. Any deficiencies related to the fire alarm system and battery maintenance will be reported by Maintenance Director to the Safety Committee. Negative trends will be reported to the Safety Committee and a plan of action implemented. The results of the plan of action will be reported to the QA Committee.	9/6/13
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

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