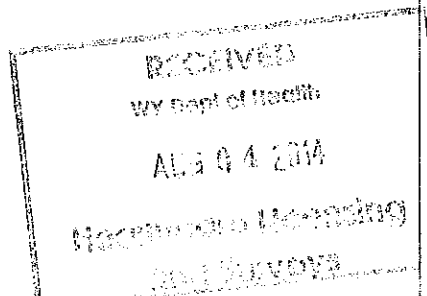


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535054	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SCOTT BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2014
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 the 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 2008. The building was equipped with a supervised, automatic dry sprinkler system and an addressable fire alarm system. The facility had a capacity of 12 certified Medicare and Medicaid beds with a census of 12.	K 000		
K 073 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD No furnishings or decorations of highly flammable character are used. 18.7.5.2, 18.7.5.3, 18.7.5.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure combustible decorations were flame-retardant. The findings were: Observation of the shared living room on 07/08/14 at 9:25 AM revealed a fabric banner without flame-retardant information attached. At the time of the observation, the Administrator acknowledged that the banner was installed last month, that it was not fire-retardant treated, and that she could not produce a policy regarding the facilities flame retarding policy. References 18.7.5.1 Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in	K 073	 Greenhouse Living will ensure that all combustible decorations inside the cottages are flame-retardant. This will be accomplished by: A) Writing a company 'Fire Retardant' policy to ensure that interior cottage decorations meet NFPA Life Safety Code under reference 18.7.5.1. B) Apply NFPA-approved fire retardant to all necessary decorations/furnishings in the cottages. This will be done on a schedule within the Fire Retardant policy. Note: decorations currently in the cottages have been treated with fire retardant and labeled/dated as such. Decorations for future holidays will be treated according to the schedule in the company policy.	 completed 7/25/14 completed 7/29/14

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

Chris Szemanski

TITLE

Administrator

(X6) DATE

8/1/14

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.

PLAN OF CORRECTIONS (POC) ACCEPTABLE W/CHRIS SZEMANSKI ON 8/29/14

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535054	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SCOTT BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2014
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 073	Continued From page 1 health care occupancies shall be in accordance with the provisions of 10.3.1. (See 18.3.5.5.) 18.7.5.4 Combustible decorations shall be prohibited in any health care occupancy unless they are flame-retardant. Exception: Combustible decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present. 10.3.1 Where required by the applicable provisions of this Code, draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.	K 073	C) The application and inspection schedule will be maintained on a monthly basis, with a record to be kept in the maintenance office with fire safety audits. This information has also been coordinated with the Activities Director in order to stay compliant in a consistent and timely manner. D) Retardant inspections will be added to the quality assurance program so that updates may be tracked and accounted for. E) Retardant application and inspection will also be added to the maintenance work order schedule as a monthly task.	7/30/14 8/15/14 7/31/14	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535054	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - WATT BUILDING B. WING _____	AUG 04 2014 Healthcare Licensing 07/08/2014	
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	K 000			
K 073 SS=D	Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the 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 2008. The building was equipped with a supervised, automatic dry sprinkler system and an addressable fire alarm system. The facility had a capacity of 12 certified Medicare and Medicaid beds with a census of 11. NFPA 101 LIFE SAFETY CODE STANDARD No furnishings or decorations of highly flammable character are used. 18.7.5.2, 18.7.5.3, 18.7.5.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure combustible decorations were flame-retardant. The findings were: Observation of the shared living room on 07/08/14 at 11:14 AM revealed a fabric banner without flame-retardant information attached. At the time of the observation, the Maintenance Associate acknowledged that the banner was installed last month, that it was not fire-retardant treated, and that he could not produce a policy regarding the facilities flame retarding policy. References 18.7.5.1 Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in	K 073	Greenhouse Living will ensure that all combustible decorations inside the cottages are flame-retardant. This will be accomplished by: A) Writing a company 'Fire Retardant' policy to ensure that interior cottage decorations meet NFPA Life Safety Code under reference 18.7.5.1. B) Apply NFPA-approved fire retardant to all necessary decorations/furnishings in the cottages. This will be done on a schedule within the Fire Retardant policy. Note: decorations currently in the cottages have been treated with fire retardant and labeled/dated as such. Decorations for future holidays will be treated according to the schedule in the company policy.	completed 7/25/14 completed 7/29/14	

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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FORM CMS-2567(02-99) Previous Versions Obsolete

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535054	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - WHITNEY BUILDING Healthcare Licensing and Surveys B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2014
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 the 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 2008. The building was equipped with a supervised, automatic dry sprinkler system and an addressable fire alarm system. The facility had a capacity of 12 certified Medicare and Medicaid beds with a census of 11. The building meets the Life Safety Code standards based on compliance with all provisions.	K 000		

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

TITLE

(X6) DATE

Chris Bzymanski

Administrator

8/1/14

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535054	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - FOUNDERS BUILDING B. WING _____		AUG 04 2014 Healthcare Licensing		(X3) DATE SURVEY COMPLETED 07/08/2014
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 the 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 2008. The building was equipped with a supervised, automatic dry sprinkler system and an addressable fire alarm system. The facility had a capacity of 12 certified Medicare and Medicaid beds with a census of 11. The building meets the Life Safety Code standards based on compliance with all provisions.		K 000				

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

Chris Seymour

TITLE

Administrator

(X6) DATE

8/1/14

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535054	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - ROBERTS ADMINISTRATION BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/08/2014
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 the 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 non-sprinkled, single-story building of Type V (111) construction with plan approval in 2010. The building was equipped with an addressable fire alarm system. The building meets the Life Safety Code standards based on compliance with all provisions.	K 000			

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

TITLE

(X6) DATE

Chris Bernacki

Administrator

8/1/14

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.