Department of Health and Human Services
Centers 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
535013	A. Building 01 - MOUNTAIN TOWERS HEALTH CARE B. Wing	11/12/2015

Name of Facility	Street Address, City, State, Zip Code
GRANITE REHABILITATION AND WELLNESS	3128 BOXELDER DRIVE CHEYENNE, WY 82001

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Reg. # NFPA 101 LSC K0029	Correction Completed 10/18/2015	ID Prefix Reg. # NFPA 101 LSC K0033	Correction Completed 10/18/2015	ID Prefix Reg. # NFPA 101 LSC K0038	Correction Completed 10/18/2015
ID Prefix Reg. # NFPA 101 LSC K0052	Correction Completed 10/18/2015	ID Prefix Reg. # NFPA 101 LSC K0056 WAIVER	Correction Completed 10/14/2015	ID Prefix Reg. # NFPA 101 LSC K0062 WAIVER	Correction Completed 10/14/2015
ID Prefix Reg. # NFPA 101 LSC K0076	Correction Completed 10/18/2015	ID Prefix Reg. # NFPA 101 LSC K0130	Correction Completed 10/18/2015	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By RO 12/10/15	Date:	Signature of Surveyor: 34354	Date: 11/13/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 08/31/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

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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
	535013	A. BUILDING 01 - MAIN BUILDING _____ B. WING _____	R 11/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANITE REHABILITATION AND WELLNESS	3128 BOXELDER DRIVE CHEYENNE, WY 82001

(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}	Preparation and/or execution of this plan of correction does not constitute the provider's admission of or agreement with the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	
K 143 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 This STANDARD is not met as evidenced by: Based on observation, document review, and staff interview, the facility failed to provide qualified personnel who are familiar with the precautions necessary to avoid hazards of transfilling liquid oxygen. The findings were: Observation of a Certified Nursing Assistant on 11/12/15 at 3:11 PM revealed the staff member filling a liquid oxygen portable device without any protected equipment being utilized. Further observation revealed that all necessary protective	K 143	K143 Corrective Action: Employee who was not using the proper PPE was educated regarding the policy and procedure addressing the use of PPE while transfilling oxygen. Identification of Others: Employees have been observed transfilling oxygen from the storage tank to a portable tank using the necessary PPE.	11/17/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/16/15

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.

POC Accepted via Phone Call w. th Administrator Adam Zanser on 11/17/15 @ 3:17pm 34354

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K 143	Continued From page 1 equipment was located within the filling location. The Facility Maintenance Manager was present at the time of the observation and acknowledge the staff member not utilizing the provided protective equipment. Interview with the Certified Nursing Assistant at the time of the observation acknowledged she was aware the protective equipment was in the room, but was not familiar with the hazards or the precautions necessary when filling portable liquid oxygen. Document review on 11/12/15 at 3:35 PM revealed no documentation was available in employee files to verify proper training of staff members in the precautions necessary to avoid the hazards listed in CGA P-2.6. Interview with the Director of Nursing on 11/12/15 at 3:40 PM verified that no training documentation was present in employee files. The Director of Nursing stated that she does train new employees on how to fill liquid oxygen, but when asked could not provide the hazards of liquid oxygen during the filling process. The Facility Administrator and the Regional Vice President of Operations was present during the document review, and interview of the Director of Nursing. Ref: 2000 NFPA 101, Section 19.3.2.4 1999 NFPA 99, Section 8-6.2.5.2 CGA Pamphlet P-2.6, Sections 1.3.1, 5.1.1, and 5.3.2	K 143	System Changes: The SDC/Designee will re-educate employees that fill oxygen and place supporting documentation in employee files. All new employees addressing transfilling oxygen will be educated upon orientation. Monitoring: Random weekly audits will be conducted for three (3) months to confirm that employees transfilling oxygen from a storage tank to a portable tank are using the necessary PPE. Completed audits will be provided at the monthly CQI meeting for further evaluation and educational opportunities.	