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	12/02/2015

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 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. 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 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 document review and staff interview, the facility failed to provide documentation identifying certification of the central station fire alarm system in accordance with NFPA 72. The finding were: Document review on 12/02/15 at 9:53 AM revealed the central station fire alarm system UL certificate was no posted at or near the station.	K 052	Greenhouse Living for Sheridan (GHLS) will ensure that the required documentation remains visible and current by: 1. Contacting the alarm monitoring company to obtain certification documents to be posted on the fire station, immediately 2. The renewal procedure for obtaining updated certifcates each year will be added to the Work Order system as a scheduled task, to be completed prior to the expiration of the current certificate each calendar year. 3. To prevent a lapse in certification in the future, monitoring of the posted documentation we be included in the GHLS Quality Assurance Performance Indicators.	12/21/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Szymanski | TITLE: Administrator | (X6) DATE: 12/23/15

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 with Administrator Chris Szymanski on 12/30/15 @ 3:00pm. 34354

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 _____	12/02/2015

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	Continued From page 1 Interview with the Facility Maintenance Manager at the time of the review acknowledged the certificate was not posted, and was unaware of the requirement. Ref: 2000 NFPA 101, Sections 18.3.4.1 and 9.6.1.4 1999 NFPA 72, Section 1-6.2.3.1.1	K 052		
K 056 SS=D	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 and staff interview, the facility failed to ensure that exterior roof overhangs exceeding 4' constructed of combustible materials were sprinklered per the requirements of NFPA 13. The findings were: 1. Observation on 12/02/15 at 9:15 AM of the north west exit revealed the exterior of the exit was provided with an 8' X 13' overhang of Type V	K 056	Waiver request received from facility on 12/14/15. CMS RO approved waiver on 12/16/15, until 12/18/18.	

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 _____	12/02/2015

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 2 construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 2. Observation on 12/02/15 at 9:45 AM of the south west exit revealed the exterior of the exit was provided with an 13' X 30' overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. Ref: 2000 NFPA 101, Sections 18.3.5.1 and 9.7.1.1 1999 NFPA 13, Section 5-13.8.1	K 056		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that medical gas storage and administration areas are protected in	K 076	Greenhouse Living for Sheridan will ensure that the oxygen storage areas are protected by: 1. Removing all combustible materials from the oxygen storage rooms. 2. Installing locks on the oxygen storage room doors. 3. Add the task of performing monthly visual inspections of the oxygen storage areas to the Work Order schedule, to prevent further storage of combustible materials. 4. Continue to monitor the oxygen storage rooms as scheduled and if any issues regarding compliance arise, they will be taken to the GHLS Quality Assurance Committee, and added to the performormance indicator checklist.	01/15/2016

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 _____	12/02/2015

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 076	Continued From page 3 accordance with NFPA 99. The findings were: Observation of the Oxygen Storage Room on 12/02/15 at 10:01 AM revealed the room was unsecured, and a lock was not provided for the door. Additional observation revealed a oxygen concentrator and plastic containers being stored within the space. At the time of the observation the Facility Maintenance Manager acknowledged the door was unable to be locked, and combustible materials were being stored within the space. Ref: 2000 NFPA 101, Section 18.3.2.4 1999 NFPA 99, Section 8-3.1.11.2	K 076		

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

PRINTED: 12/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING _____ B. WING _____	12/02/2015

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 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. 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 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 document review and staff interview, the facility failed to provide documentation identifying certification of the central station fire alarm system in accordance with NFPA 72. The finding were: Document review on 12/02/15 at 11:40 AM revealed the central station fire alarm system UL certificate was no posted at or near the station.	K 052	Greenhouse Living for Sheridan (GHLS) will ensure that the required documentation remains visible and current by: 1. Contacting the alarm monitoring company to obtain certification documents to be posted on the fire station, immediately. 2. The renewal procedure for obtaining updated certifcates each year will be added to the Work Order system as a scheduled task, to be completed prior to the expiration of the current certificate each calendar year. 3. To prevent a lapse in certification in the future, monitoring of the posted doc-mentation will be included in the GHLS Quality Assurance Performance Indicat-ors.	12/21/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Szymanski | TITLE: Administrator | (X6) DATE: 12/23/15

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 Chris Szymanski on 12/30/15 @ 3:00 pm. 34354

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 _____	12/02/2015

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	Continued From page 1 Interview with the Facility Maintenance Manager at the time of the review acknowledged the certificate was not posted, and was unaware of the requirement. Ref: 2000 NFPA 101, Sections 18.3.4.1 and 9.6.1.4 1999 NFPA 72, Section 1-6.2.3.1.1	K 052		
K 056 SS=D	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 and staff interview, the facility failed to ensure that exterior roof overhangs exceeding 4' constructed of combustible materials were sprinklered per the requirements of NFPA 13. The findings were: 1. Observation on 12/02/15 at 11:36 AM of the north east exit revealed the exterior of the exit was provided with an 8' X 13' overhang of Type V	K 056	Waiver request received from facility on 12/14/15. CMS RO approved waiver on 12/16/15, until 12/18/18.	

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 _____	12/02/2015

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 2 construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 2. Observation on 12/02/15 at 11:30 AM of the south west east revealed the exterior of the exit was provided with an 13' X 30' overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 3. Observation on 12/02/15 at 11:38 AM of the main entrance exit revealed the exterior of the exit was provided with an overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. Ref: 2000 NFPA 101, Sections 18.3.5.1 and 9.7.1.1 1999 NFPA 13, Section 5-13.8.1	K 056		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6 This STANDARD is not met as evidenced by:	K 064	Greenhouse Living for Sheridan will ensure that compliance is achieved by: 1. Inspecting all portable fire extingiushers on the property, and signing off, attesting to their integrity and functionality. 2. To prevent a lapse of inspection in the future, GHLS will add the task of fire extinguisher inspections to the monthly Work Order schedule, and follow a checklist when performing said inspections so that no items are overlooked or forgotten.	12/27/2015

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 _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 064	Continued From page 3 Based on observation and staff interview, the facility failed to inspect portable fire extinguishers in accordance with NFPA 10. The findings were: Observation of all fire extinguishers on 12/02/15 from 11:30 AM to 11:41 AM revealed the last monthly inspection completed was 10/21/15. At the time of the observations the Facility Maintenance Manager acknowledged the extinguishers had not been checked in the month of November. Ref: 2000 NFPA 101, Sections 38.3.5 and 9.7.4.1 1998 NFPA 10, Section 4-3.1	K 064	(cont. from page 3) 3. Scheduled monitoring of the fire extinguishers will be added to the GHLS Quality Assurance performance indicators, and tracked within the maintenance department.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that medical gas storage and administration areas are protected in accordance with NFPA 99. The findings were: Observation of the Oxygen Storage Room on	K 076	Greenhouse Living for Sheridan will ensure that the oxygen storage areas are protected by: 1. Removing all combustible materials from the oxygen storage rooms. 2. Installing locks on the oxygen storage room doors. 3. Add the task of performing monthly visual inspections of the oxygen storage areas to the Work Order schedule, to prevent further storage of combustible materials. 4. Continue to monitor the oxygen storage rooms as scheduled and if any issues regarding compliance arise, they will be taken to the GHLS Quality Assurance Committee, and added to the performormance indicator checklist.	01/15/2016

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 _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 076	Continued From page 4 12/02/15 at 11:41 AM revealed the room was unsecured, and a lock was not provided for the door. Additional observation revealed a oxygen concentrator and a plastic bucket being stored within the space. At the time of the observation the Facility Maintenance Manager acknowledged the door was unable to be locked, and combustible materials were being stored within the space. Ref: 2000 NFPA 101, Section 18.3.2.4 1999 NFPA 99, Section 8-3.1.11.2	K 076		

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

PRINTED: 12/16/2015
FORM APPROVED
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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 _____	12/02/2015

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 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. 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 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 document review and staff interview, the facility failed to provide documentation identifying certification of the central station fire alarm system in accordance with NFPA 72. The finding were: Document review on 12/02/15 at 11:00 AM revealed the central station fire alarm system UL certificate was no posted at or near the station.	K 052	Greenhouse Living for Sheridan (GHLS) will ensure that the required documentation remains visible and current by: 1. Contacting the alarm monitoring company to obtain certification documents to be posted on the fire station, immediately. 2. The renewal procedure for obtaining updated certifcates each year will be added to the Work Order system as a scheduled task, to be completed prior to the expiration of the current certificate each calendar year. 3. To prevent a lapse in certification in the future, monitoring of the posted doc-mentation will be included in the GHLS Quality Assurance Performance Indicat-ors.	12/21/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Szymanski | TITLE: Administrator | (X6) DATE: 12/23/15

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 with Administrator Chris Szymanski on 12/30/15 @ 3:00pm. 34354

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 _____	12/02/2015

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	Continued From page 1 Interview with the Facility Maintenance Manager at the time of the review acknowledged the certificate was not posted, and was unaware of the requirement. Ref: 2000 NFPA 101, Sections 18.3.4.1 and 9.6.1.4 1999 NFPA 72, Section 1-6.2.3.1.1	K 052		
K 056 SS=D	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 and staff interview, the facility failed to ensure that exterior roof overhangs exceeding 4' constructed of combustible materials were sprinklered per the requirements of NFPA 13. The findings were: 1. Observation on 12/02/15 at 10:46 AM of the north east exit revealed the exterior of the exit was provided with an 13' X 30' overhang of Type	K 056	Waiver request received from facility on 12/14/15. CMS RO approved waiver on 12/16/15, until 12/18/18.	

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 _____	12/02/2015

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 2 V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 2. Observation on 12/02/15 at 10:55 AM of the south east exit revealed the exterior of the exit was provided with an 8' X 13' overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 3. Observation on 12/02/15 at 10:58 AM of the north west exit revealed the exterior of the exit was provided with an 13' X 30' overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. Ref: 2000 NFPA 101, Sections 18.3.5.1 and 9.7.1.1 1999 NFPA 13, Section 5-13.8.1	K 056		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.	K 076	Greenhouse Living for Sheridan will ensure that the oxygen storage areas are protected by: 1. Removing all combustible materials from the oxygen storage rooms. 2. Installing locks on the oxygen storage room doors. 3. Add the task of performing monthly visual inspections of the oxygen storage areas to the Work Order schedule, (cont.)	01/15/2016

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 _____	12/02/2015

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 076	Continued From page 3 (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that medical gas storage and administration areas are protected in accordance with NFPA 99. The findings were: Observation of the Oxygen Storage Room on 12/02/15 at 11:05 AM revealed the room was unsecured, and a lock was not provided for the door. Additional observation revealed a oxygen concentrator and plastic oxygen supplies, and card board boxes being stored within the space. At the time of the observation the Facility Maintenance Manager acknowledged the door was unable to be locked, and combustible materials were being stored within the space. Ref: 2000 NFPA 101, Section 18.3.2.4 1999 NFPA 99, Section 8-3.1.11.2	K 076	(cont. from page 3) to prevent further storage of combustible materials. 4. Continue to monitor the oxygen storage rooms as scheduled and if any issues regarding compliance arise, they will be taken to the GHLS Quality Assurance Committee, and added to the performormance indicator checklist.	

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 04 - FOUNDERS BUILDING B. WING	12/02/2015

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 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. 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.	K 000		
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 document review and staff interview, the facility failed to provide documentation identifying certification of the central station fire alarm system in accordance with NFPA 72. The finding were: Document review on 12/02/15 at 11:26 AM revealed the central station fire alarm system UL certificate was no posted at or near the station.	K 052	Greenhouse Living for Sheridan (GHLS) will ensure that the required documentation remains visible and current by: 1. Contacting the alarm monitoring company to obtain certification documents to be posted on the fire station, immediately. 2. The renewal procedure for obtaining updated certifcates each year will be added to the Work Order system as a scheduled task, to be completed prior to the expiration of the current certificate each calendar year. 3. To prevent a lapse in certification in the future, monitoring of the posted documentation will be included in the GHLS Quality Assurance Performance Indicators.	12/21/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Szymanski | TITLE: Administrator | (X6) DATE: 12/23/15

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 U.A Phone Call on With Administrator Chris Szymanski on 12/30/15 @ 3:00pm. 24354

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 _____	12/02/2015

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	Continued From page 1 Interview with the Facility Maintenance Manager at the time of the review acknowledged the certificate was not posted, and was unaware of the requirement. Ref: 2000 NFPA 101, Sections 18.3.4.1 and 9.6.1.4 1999 NFPA 72, Section 1-6.2.3.1.1	K 052		
K 056 SS=D	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 and staff interview, the facility failed to ensure that exterior roof overhangs exceeding 4' constructed of combustible materials were sprinklered per the requirements of NFPA 13. The findings were: 1. Observation on 12/02/15 at 11:15 AM of the north west exit revealed the exterior of the exit was provided with an 13' X 30' overhang of Type	K 056	Waiver request received from facility on 12/14/15. CMS RO approved waiver on 12/16/15, until 12/18/18.	

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 _____	12/02/2015

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 2 V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 2. Observation on 12/02/15 at 11:20 AM of the south west exit revealed the exterior of the exit was provided with an 13' X 30' overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. 3. Observation on 12/02/15 at 11:25 AM of the main entrance exit revealed the exterior of the exit was provided with an overhang of Type V construction. Further observation revealed the overhang was not provided with sprinkler coverage. Interview with the Facility Maintenance Manager at the time of the observation confirmed the area was not provided with sprinklers. Ref: 2000 NFPA 101, Sections 18.3.5.1 and 9.7.1.1 1999 NFPA 13, Section 5-13.8.1	K 056		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than	K 076	Greenhouse Living for Sheridan will ensure that the oxygen storage areas are protected by: 1. Removing all combustible materials from the oxygen storage rooms. 2. Installing locks on the oxygen storage room doors. 3. Add the task of performing monthly visual inspections of the oxygen storage areas to the Work Order schedule,(cont.)	01/15/2016

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 _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HOUSE LIVING FOR SHERIDAN	2311 SHIRLEY COVE SHERIDAN, WY 82801

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K 076	Continued From page 3 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that medical gas storage and administration areas are protected in accordance with NFPA 99. The findings were: Observation of the Oxygen Storage Room on 12/02/15 at 11:27 AM revealed the room was unsecured, and a lock was not provided for the door. Additional observation revealed a oxygen concentrator and plastic oxygen supplies, and floor mats being stored within the space. At the time of the observation the Facility Maintenance Manager acknowledged the door was unable to be locked, and combustible materials were being stored within the space. Ref: 2000 NFPA 101, Section 18.3.2.4 1999 NFPA 99, Section 8-3.1.11.2	K 076	(cont. from page 3) to prevent further storage of combustible materials. 4. Continue to monitor the oxygen storage rooms as scheduled and if any issues regarding compliance arise, they will be taken to the GHLS Quality Assurance Committee, and added to the performormance indicator checklist.	

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

RECEIVED
WY Dept of Health
DEC 28 2015
Healthcare Licensing

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 05 - ROBERTS ADMINISTRATION BUILDING B. WING	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HOUSE LIVING FOR SHERIDAN	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 the section, the facility must meet the applicable provisions of the 2000 Edition of the Life Safety Code, New Business, of the National Fire Protection Association. 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.	K 000		
K 029 SS=D	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 protected from the corridor with self-closing doors in 1 of 1 smoke compartments. The findings were: Observation on 12/02/15 at 10:28 AM revealed the corridor door to the administration storage room was not provided with self-closing device. At the time of the observation the Facility Maintenance Manager acknowledged the door was not provided with self-closing device. Ref:	K 029	Greenhouse Living for Sheridan will correct the violation by: 1. Installing an automatice closing mechanism on the door in question, and adjust it's functionality to close the door fully without assistance. 2. Perform a visual inspection throughout the property to locate any other doors that require an automatic closure, that currently do not have one. 3. The maintenance department will continue to monitor the functionalty of the door closure mechanism and report to the GHLS Quality Assurance Committee if any compliance issues are observed.	01/15/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Szymanski | TITLE: Administrator | (X6) DATE: 12/23/15

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 V.A Phone Call W.M Administrator Chris Szymanski on 12/30/15 @ 3:00pm. MKC 34354

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 05 - ROBERTS ADMINISTRATION BUILDING B. WING _____	12/02/2015

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 029	Continued From page 1 2000 NFPA 101, Sections 38.3.2.1 and 8.4.1.3	K 029		
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 document review and staff interview, the facility failed to provide documentation identifying certification of the central station fire alarm system in accordance with NFPA 72. The finding were: Document review on 12/02/15 at 10:32 AM revealed the central station fire alarm system UL certificate was no posted at or near the station. Interview with the Facility Maintenance Manager at the time of the review acknowledged the certificate was not posted, and was unaware of the requirement. Ref: 2000 NFPA 101, Sections 38.3.4.1 and 9.6.1.4 1999 NFPA 72, Section 1-6.2.3.1.1	K 052	Greenhouse Living for Sheridan (GHLS) will ensure that the required documentation remains visible and current by: 1. Contacting the alarm monitoring company to obtain certification documents to be posted on the fire station, immediately. 2. The renewal procedure for obtaining updated certifcates each year will be added to the Work Order system as a scheduled task, to be completed prior to the expiration of the current certificate each calendar year. 3. To prevent a lapse in certification in the future, monitoring of the posted doc-mentation we be included in the GHLS Quality Assurance Performance Indicators.	12/21/2015
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6	K 064	Greenhouse Living for Sheridan will ensure that compliance is achieved by: 1. Inspecting all portable fire extinguishers on the property, and signing off, attesting to their integrity and functionality. 2. To prevent a lapse of inspection in the (cont.)	12/27/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 05 - ROBERTS ADMINISTRATION BUILDING B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN HOUSE LIVING FOR SHERIDAN	2311 SHIRLEY COVE SHERIDAN, WY 82801

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K 064	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to inspect portable fire extinguishers in accordance with NFPA 10. The findings were: Observation of all fire extinguishers on 12/02/15 from 10:25 AM to 10:32 AM revealed the last monthly inspection completed was 10/21/15. At the time of the observations the Facility Maintenance Manager acknowledged the extinguishers had not been checked in the month of November. Ref: 2000 NFPA 101, Sections 38.3.5 and 9.7.4.1 1998 NFPA 10, Section 4-3.1	K 064	(cont. from page 2) future, GHLS will add the task of fire extinguisher inspections to the monthly Work Order schedule, and follow a checklist when performing said inspections so that no items are overlooked or forgotten. 3. Scheduled monitoring of the fire extinguishers will be added to the GHLS Quality Assurance performance indicators, and tracked within the maintenance department.	