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FORM APPROVED

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0042	DEC 27 2016 (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/07/2016
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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) COMPLETE DATE
S 000	General Comments A Life Safety Survey was conducted in 5 buildings on 12/06/2016 through 12/07/2016 per State Licensure Rules and Regulations.	S 000		
S7026	NFPA Life Safety - Nfpa Electric NFPA 101 Electric This State Rule and Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to provide electrical receptacles in accordance with NFPA 70. The findings were: Observation on 12/07/2016 at 8:40 AM located in the spa room of each building revealed a floor-mounted receptacle adjacent to a bathtub. Further observation revealed that when the cover of the receptacle plate was opened that the receptacle faced up towards the ceiling. Water was present and submerged the receptacle. Subsequent off-site review and research regarding the receptacle cover also determined that the floor-mounted receptacle assembly was not weather-proof as required by NFPA 70. Interview with the Facility Maintenance Manager at the time of observation indicated they were unaware of the requirement. Ref: 2012 NFPA 101 - Sections 19.5.1 and 9.1 2011 NFPA 70 - Section 406.9 (B) 1	S7026	Greenhouse Living for Sheridan will ensure that the electrical receptacles in all 4 of 4 cottages are in accordance with NFPA 70 by: 1. Disabling the non-compliant floor-mounted electrical receptacle in the spa room and removing the source of electricity that powers it from the circuit breaker panel. 2. Removing the floor-mounted receptacle and sealing over the junction box in which it is currently installed. 3. Performing an internal audit to confirm that all other electrical receptacles on GHLS property are in accordance with NFPA code. 4. Adding the internal audits to the Quality Assurance Performance Indicators (QAPI) for three months to ensure that all electrical receptacles are up to code. The results will be reported at the monthly Safety Committee Meeting and to the QAPI Committee quarterly. 4. If it is determined that the audits are not being performed or that there are receptacles in non-compliance, then it will be taken to the Safety Committee to focus on a solution. The Safety Committee will report the results to the QAPI Committee.	1/15/2017

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Chris Szymanski

TITLE

Administrator

(X8) DATE

12/23/16

STATE FORM

5000

Z7Q511

If continuation sheet 1 of 1

Accepted POC WITH CHRIS SZYMANSKI ON 12-29-2016.

[Signature]

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