STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	B. WING _____	12/07/2016

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 Nursing Homes Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing 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 of 12.	K 000		
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD 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	K 511	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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chris Szymanski	Administrator	12/23/16

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.

Accepted POC with Chris Szymanski on 12-29-2016.
36541

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 _____	12/07/2016

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 511	Continued From page 1 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	K 511		

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

RECEIVED
DEC 21 2016
Healthcare Licensing and Surveys

PRINTED: 12/19/2016
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 02 - WATT BUILDING	12/07/2016

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 Nursing Homes Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing 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 of 12.	K 000		
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD 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	K 511	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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chris Szymanski	Administrator	12/23/16

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.

ACCEPTED FOR PLAN WITH CHRIS SZYMANSKI VIA PHONE ON 12-29-2016.

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 _____	12/07/2016

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 511	Continued From page 1 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	K 511		

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 _____	12/07/2016

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 Nursing Homes Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing 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 of 12.	K 000		
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD 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	K 511	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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chris Seymanski	Administrator	12/23/16

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.

Accepted for via phone call with Chris Seymanski on 12-29-2016

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 _____	12/07/2016

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 511	Continued From page 1 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	K 511		

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	12/07/2016

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 Nursing Homes Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing 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 of 12.	K 000		
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD 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	K 511	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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chris Szymanski	Administrator	12/23/16

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.

Accepted POC via phone call with Chris Szymanski on 12-29-2016

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 _____	12/07/2016

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 511	Continued From page 1 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	K 511		