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 _____	**11/29/2017**

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 Stories: 3 Construction: Type I (332) Constructed: 1962 K0180: Fully Sprinkled Certified Beds: 146 Capacity: 146 Census: 115	K 000	Preparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth of 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 the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with the State Operations Manual.	
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide emergency lighting as required. Findings include: On 11/29/17, records for the annual 90 minute test of battery powered emergency lights and/ or the 30 second monthly testing were not available for review as required. Battery powered lights were located in physical therapy and the generator room. Ref: 2012 NFPA 101 Section 19.2.9.1, 7.9.3.1.1 On 11/29/17, the required monthly testing and recording of electrolyte specific gravity or conductance results (CCA) of the lead acid batteries in connection with the emergency power supply system (generator) were not completed as required. The emergency power supply system provides power for emergency	K 291	K291 1. A monthly test and recording of the emergency generator battery electrolyte gravity or CCA value was tested by 12/18/2017. A 90 minute annual and 30 sec monthly test of battery powered emergency lights was completed by 12/18/2017. 2. The Maintenance Director or designee revised the facility preventative maintenance log for monitoring of the emergency generator to include battery electrolyte gravity or CCA value and annual/ monthly testing of battery powered emergency lights by 12/18/2017. 3. The Maintenance Director or designee will complete a monthly audit for 90 days to validate battery electrolyte gravity or CCA value as well as annual/ monthly testing of battery powered emergency lights are tested and recorded. 4. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly quality assurance meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	12/19/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Executive Director	12/18/2017

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.

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 _____	11/29/2017

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 291	Continued From page 1 lighting. Ref: 2012 NFPA 101 Section 19.2.9.1, 7.9.2.4, 4.6.12.1; 2010 NFPA 110 Section 8.3.7.1 The Maintenance Director was present when the deficiency was identified. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected one of numerous emergency lighting requirements.	K 291		
K 345 SS=E	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to test the fire alarm system as required. Findings include: On 11/29/17, there was no documentation that the required annual testing of audible and visible	K 345	K 345 1. The annual testing of audible and visible notification devices of the fire alarm system was completed by 12/18/2017. 2. The Maintenance Director or designee was educated regarding the required annual testing of audible and visible notification devices of the fire alarm system by 12/18/2017. 3. The Maintenance Director or designee will validate annual testing of audible and visible notification devices of the fire alarm system is in the preventitive maintenance log. 4. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly quality assurance meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	12/19/2017

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 _____	11/29/2017

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 345	Continued From page 2 notification devices of the fire alarm system had been performed in the past year as required. Device test results (alarm initiating, supervisory alarm initiating, and notification) are required to be itemized list with the following information, device type, address, location, and test result as required. - Test reports dated 10/19/17, 7/31/17, and 4/28/17 reviewed. ¼ devices done per quarter The Maintenance Director was present when the deficiency was identified. Failure to increases the risk of death or injury due to fire. The deficiency affected one of three types of devices. Ref: 2012 NFPA 101 Section 19.3.4.1, 9.6.1.5; 2010 NFPA 72 Table 14.4.5 Item 20; Ref: 2012 NFPA 101 Section 19.3.4.1, 9.6.1.5; 2010 NFPA 72 Section 14.6.2.4, Figure 14.6.2.4 Section 7.12-7.14 and page 11 of 11)	K 345		
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit	K 351	K 351 1. The basement maintenance office, 2nd floor hopper room- wings A, B and C, 3rd floor hopper room- wings A, B, and C inspector test connection orifice was repaired to the smallest sprinkler orifice by 12/18/2017. 2. All areas cited and deemed in compliace were noted in the citation. 3. The Maintenance Director or designee was educated regarding the required inspector test connection orifice valve criteria by 12/18/2017. The Maintenance Director or designee updated the facility preventative maintenance log to include the required inspector test connection orifice valve criteria by 12/18/2017. 4. The Maintenance Director or designee will report the tracking and trending of the log to the facility monthly quality assurance meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	12/19/2017

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 _____	11/29/2017

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 351	Continued From page 3 sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to protect the facility with an automatic sprinkler system as required. Findings include: On 11/29/17, the automatic fire sprinkler inspectors test connection at the following locations did not terminate in a smooth bore corrosion resistant orifice giving a flow equivalent to one sprinkler of a type having the smallest orifice installed on the particular system. The inspector test connection orifice was larger than the smallest sprinkler orifice observed in the building. - Basement maintenance office - 2nd floor hopper room, Wings A, B, and C - 3rd floor hopper rooms, Wing A, B, and C The Maintenance Director was present when the deficiency was identified. Failure to protect the facility with an automatic sprinklers system as required increases the risk of death or injury due to fire. The deficiency affected seven of eight inspector	K 351		

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 _____	11/29/2017

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 351	Continued From page 4 test connections. Ref: 2012 NFPA 101 Section 19.3.5.1, 9.7.1.1; 2010 NFPA 13 Section 8.17.4.2	K 351		
K 521 SS=D	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide HVAC systems as required. Findings include: On 11/29/17, the facility did not have any documentation for damper testing and inspections as required. Damper testing and inspections are required every 4 years. The Maintenance Director was present when the deficiency was identified. Failure to provide HVAC systems as required increases the risk of death or injury due to fire. The deficiency affected one of numerous HVAC requirements.	K 521	K521 1. At this time we are requesting a time limited waiver for 90 days. 2. The Maintenance Director or designee was educated regarding the required 4 year HVAC damper test and inspection requirement. At this time we are requesting a time limited waiver for 90 days. 3. The Maintenance Director or designee updated the facility preventative maintenance log to include the required 4 year HVAC damper test and inspection requirement. At this time we are requesting a time limited waiver for 90 days. 4. The Maintenance Director or designee will report the tracking and trending of the log to the facility monthly quality assurance meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee. At this time we are requesting a time limited waiver for 90 days.	Time Limited Waiver Request

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 _____	11/29/2017

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 521	Continued From page 5 Ref: 2012 NFPA 101 Section 19.5.2.1, 9.2.1, 2012 NFPA 90A 5.4.8.1, 2010 NFPA 80 Section 19.4.1.1	K 521		
K 711 SS=D	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a fire plan as required. Findings include: On 11/29/17, the fire plan did provide for evacuation of smoke compartment as required. The Maintenance Director was present when the deficiency was identified. Failure to provide a fire plan as required increases the risk of death or injury due to fire. The deficiency affected one of nine required provisions.	K 711	K711 1. The facility fire plan was revised to validate the evacuation of smoke compartments by 12/18/2017. 2. The Maintenance Director or designee will audit the facility emergency preparedness manuals to validate that the revised fire plan is present by 12/18/2017. 3. The Maintenance Director or designee was educated regarding the facility fire plan and the evacuation of smoke compartments requirement by 12/18/2017. 4. The Maintenance Director or designee will report the tracking and trending of the audit to the facility monthly quality assurance meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	12/19/2017

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 _____	**11/29/2017**

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 711	Continued From page 6 Ref: 2012 NFPA 101 Section 19.7.1.1, 19.7.2.2	K 711		