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 _____	**01/10/2018**

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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 1/10/2018. 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 that was built 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 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on documentation and staff interview the facility failed to test the fire sprinkler system in accordance with 2010 NFPA 72 National Fire Alarm and Signaling Code: The findings were:	K 345	1. Green House Living for Sheridan (GHLS) had a contractor complete the 2-year smoke detector sensitivity testing on 1/11/18. 2. The Maintenance Director has entered the due date for the next 2-year smoke	2/15/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/02/2018

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 _____	**01/10/2018**

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 345	Continued From page 1 Documentation review on 01/10/18 at 2:50 PM revealed that documentation of the required 2 year smoke detector sensitivity testing was unavailable. Failure to properly maintain and test the fire alarm system could result in injury or death in the event of an emergency. Interview with maintenance director at the time of the survey revealed that he was aware of the requirement for testing and believed it was being conducted yearly. Reference: 2011 NFPA 72 Table 14.4.5.15(i)	K 345	detector sensitivity testing into TELS, the electronic system utilized for preventive maintenance. 3. The Maintenance Director will report the status of required fire system testing monthly to the safety committee. 4. On a quarterly basis during 2018, the Maintenance Director will report any negative trends to the Quality Assurance Performance Improvement (QAPI) team.	
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on documentation and staff interview the facility failed to test the fire sprinkler system in	K 353	1. GHLS has contracted to replace or recalibrate sprinkler gauges by 2/15/18.	2/15/18

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 _____	01/10/2018

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 353	Continued From page 2 accordance with 2011 NFPA 25 Standard for Inspection, Testing, and Maintenance Water-Based Fire Protection System: The findings were: Documentation review on 01/10/18 at 2:50 PM revealed that documentation of the required 5 year fire sprinkler gauge replacement or recalibration was unavailable. Failure to properly maintain and test the fire sprinkler system could result in injury or death in the event of an emergency. Interview with maintenance director at the time of the survey revealed that he was unaware of the required recalibration or replacement of the fire sprinkler gauges. Reference: 2011 NFPA 25 5.3.2	K 353	2. The Maintenance Director has entered the due date for the next 5-year sprinkler gauge replacement or recalibration into TELS, the electronic system utilized for preventive maintenance. 3. The Maintenance Director will report the status of required fire system testing monthly to the safety committee. 4. On a quarterly basis in 2018, the Maintenance Director will report any negative trends noted to the Quality Assurance Performance Improvement (QAPI) team.	
K 932 SS=E	Features of Fire Protection - Other CFR(s): NFPA 101 Features of Fire Protection - Other List in the REMARKS section any NFPA 99 Chapter 15 Features of Fire Protection requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 15 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on documentation and staff interview the facility failed to test the HVAC system in accordance with 2012 NFPA 99 Health Care Facilities Code: The findings were: Documentation review on 01/10/18 at 2:50 PM	K 932	1. GHLS has contracted to complete the required 4-year fire damper testing by 03/09/18. 2. The Maintenance Director has entered the due date for the next 4-year fire damper testing into TELS, the electronic system utilized for preventive	3/9/18

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 _____	**01/10/2018**

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 932	Continued From page 3 revealed that documentation of the required 4 year Fire Damper testing was unavailable. Failure to properly maintain and test the fire dampers could result in injury or death in the event of an emergency. Interview with maintenance director at the time of the survey revealed that he was aware of the requirement for testing and believed it was being conducted yearly. Reference: 2012 NFPA 99 15.5.2.1, 2012 NFPA 90A 5.4.8, 2010 NFPA 80 19.4.1.1	K 932	maintenance. 3. The Maintenance Director will report the status of required fire system testing monthly to the safety committee. 4. On a quarterly basis during 2018, the Maintenance Director will report any negative tends noted to the Quality Assurance Performance Improvement (QAPI) team.	

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 _____	**01/10/2018**

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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 1/10/2018. 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 that was built 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 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on documentation and staff interview the facility failed to test the fire sprinkler system in accordance with 2010 NFPA 72 National Fire Alarm and Signaling Code: The findings were:	K 345	1. Green House Living for Sheridan (GHLS) had a contractor complete the 2-year smoke detector sensitivity testing on 1/11/18. 2. The Maintenance Director has entered the due date for the next 2-year smoke	2/15/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/02/2018

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
	535054	A. BUILDING **02 - WATT BUILDING** B. WING _____	**01/10/2018**

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 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on documentation and staff interview the facility failed to test the fire sprinkler system in	K 353	1. GHLS has contracted to replace or recalibrate sprinkler gauges by 2/15/18.	2/15/18

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 _____	**01/10/2018**

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 353	Continued From page 2 accordance with 2011 NFPA 25 Standard for Inspection, Testing, and Maintenance Water-Based Fire Protection System: The findings were: Documentation review on 01/10/18 at 2:50 PM revealed that documentation of the required 5 year fire sprinkler gauge replacement or recalibration was unavailable. Failure to properly maintain and test the fire sprinkler system could result in injury or death in the event of an emergency. Interview with maintenance director at the time of the survey revealed that he was unaware of the required recalibration or replacement of the fire sprinkler gauges. Reference: 2011 NFPA 25 5.3.2	K 353	2. The Maintenance Director has entered the due date for the next 5-year sprinkler gauge replacement or recalibration into TELS, the electronic system utilized for preventive maintenance. 3. The Maintenance Director will report the status of required fire system testing monthly to the safety committee. 4. On a quarterly basis in 2018, the Maintenance Director will report any negative trends noted to the Quality Assurance Performance Improvement (QAPI) team.	
K 932 SS=E	Features of Fire Protection - Other CFR(s): NFPA 101 Features of Fire Protection - Other List in the REMARKS section any NFPA 99 Chapter 15 Features of Fire Protection requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 15 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on documentation and staff interview the facility failed to test the HVAC system in accordance with 2012 NFPA 99 Health Care Facilities Code: The findings were: Documentation review on 01/10/18 at 2:50 PM	K 932	1. GHLS has contracted to complete the required 4-year fire damper testing by 03/09/18. 2. The Maintenance Director has entered the due date for the next 4-year fire damper testing into TELS, the electronic system utilized for preventive	3/9/18

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 _____	**01/10/2018**

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 932	Continued From page 3 revealed that documentation of the required 4 year Fire Damper testing was unavailable. Failure to properly maintain and test the fire dampers could result in injury or death in the event of an emergency. Interview with maintenance director at the time of the survey revealed that he was aware of the requirement for testing and believed it was being conducted yearly. Reference: 2012 NFPA 99 15.5.2.1, 2012 NFPA 90A 5.4.8, 2010 NFPA 80 19.4.1.1	K 932	maintenance. 3. The Maintenance Director will report the status of required fire system testing monthly to the safety committee. 4. On a quarterly basis during 2018, the Maintenance Director will report any negative tends noted to the Quality Assurance Performance Improvement (QAPI) team.	

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 _____	**01/10/2018**

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
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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
	535054	A. BUILDING **03 - WHITNEY BUILDING** B. WING _____	**01/10/2018**

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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	535054	A. BUILDING **03 - WHITNEY BUILDING** B. WING _____	**01/10/2018**

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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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 _____	**01/10/2018**

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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	535054	A. BUILDING **04 - FOUNDERS BUILDING** B. WING _____	**01/10/2018**

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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 1/10/2018. 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 that was built 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 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on documentation and staff interview the facility failed to test the fire sprinkler system in accordance with 2010 NFPA 72 National Fire Alarm and Signaling Code: The findings were:	K 345	1. Green House Living for Sheridan (GHLS) had a contractor complete the 2-year smoke detector sensitivity testing on 1/11/18. 2. The Maintenance Director has entered the due date for the next 2-year smoke	2/15/18

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Electronically Signed | 02/02/2018

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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 _____	**01/10/2018**

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K 345	Continued From page 1 Documentation review on 01/10/18 at 2:50 PM revealed that documentation of the required 2 year smoke detector sensitivity testing was unavailable. Failure to properly maintain and test the fire alarm system could result in injury or death in the event of an emergency. Interview with maintenance director at the time of the survey revealed that he was aware of the requirement for testing and believed it was being conducted yearly. Reference: 2011 NFPA 72 Table 14.4.5.15(i)	K 345	detector sensitivity testing into TELS, the electronic system utilized for preventive maintenance. 3. The Maintenance Director will report the status of required fire system testing monthly to the safety committee. 4. On a quarterly basis during 2018, the Maintenance Director will report any negative trends to the Quality Assurance Performance Improvement (QAPI) team.	
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on documentation and staff interview the facility failed to test the fire sprinkler system in	K 353	1. GHLS has contracted to replace or recalibrate sprinkler gauges by 2/15/18.	2/15/18

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K 353	Continued From page 2 accordance with 2011 NFPA 25 Standard for Inspection, Testing, and Maintenance Water-Based Fire Protection System: The findings were: Documentation review on 01/10/18 at 2:50 PM revealed that documentation of the required 5 year fire sprinkler gauge replacement or recalibration was unavailable. Failure to properly maintain and test the fire sprinkler system could result in injury or death in the event of an emergency. Interview with maintenance director at the time of the survey revealed that he was unaware of the required recalibration or replacement of the fire sprinkler gauges. Reference: 2011 NFPA 25 5.3.2	K 353	2. The Maintenance Director has entered the due date for the next 5-year sprinkler gauge replacement or recalibration into TELS, the electronic system utilized for preventive maintenance. 3. The Maintenance Director will report the status of required fire system testing monthly to the safety committee. 4. On a quarterly basis in 2018, the Maintenance Director will report any negative trends noted to the Quality Assurance Performance Improvement (QAPI) team.	
K 932 SS=E	Features of Fire Protection - Other CFR(s): NFPA 101 Features of Fire Protection - Other List in the REMARKS section any NFPA 99 Chapter 15 Features of Fire Protection requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 15 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on documentation and staff interview the facility failed to test the HVAC system in accordance with 2012 NFPA 99 Health Care Facilities Code: The findings were: Documentation review on 01/10/18 at 2:50 PM	K 932	1. GHLS has contracted to complete the required 4-year fire damper testing by 03/09/18. 2. The Maintenance Director has entered the due date for the next 4-year fire damper testing into TELS, the electronic system utilized for preventive	3/9/18

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K 932	Continued From page 3 revealed that documentation of the required 4 year Fire Damper testing was unavailable. Failure to properly maintain and test the fire dampers could result in injury or death in the event of an emergency. Interview with maintenance director at the time of the survey revealed that he was aware of the requirement for testing and believed it was being conducted yearly. Reference: 2012 NFPA 99 15.5.2.1, 2012 NFPA 90A 5.4.8, 2010 NFPA 80 19.4.1.1	K 932	maintenance. 3. The Maintenance Director will report the status of required fire system testing monthly to the safety committee. 4. On a quarterly basis during 2018, the Maintenance Director will report any negative tends noted to the Quality Assurance Performance Improvement (QAPI) team.	

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 01/10/2018.	E 000		
E 024 SS=C	Policies/Procedures-Volunteers and Staffing CFR(s): 483.73(b)(6) [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:] (6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. *[For RNHCIs at §403.748(b):] Policies and procedures. (6) The use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency. This REQUIREMENT is not met as evidenced by: Documentation review and staff interview revealed that the facility failed to provide policies and procedures for use of volunteers as required. The findings were: Documentation review of the Emergency	E 024	1. Green House Living for Sheridan (GHLS) has developed a policy and procedure for the use of volunteers and other emergency staffing strategies to address surge needs. This policy has been integrated into the emergency	2/15/18

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E 024	Continued From page 1 Preparedness Plan on 01/10/18 at 3:20PM revealed that no policies or procedures for the use of volunteers in an emergency or other emergency staffing strategies were provided. Interview with the facility maintenance director revealed he was unaware that this requirement was missing from the plan.	E 024	preparedness plan. 2. The Maintenance Director will in-service staff regarding the use of volunteers and other emergency staffing strategies to address surge needs by 2/15/18. 3. At monthly safety committee meetings, GHLS will review the emergency preparedness plan to determine if changes need to be made to emergency staffing strategies including the use of volunteers. 4. On a quarterly basis during 2018, the safety committee will report to the Quality Assurance Performance Improvement (QAPI) team any revisions that need to be made to the use of volunteers and other emergency staffing strategies section of the emergency preparedness plan.	
E 029 SS=C	Development of Communication Plan CFR(s): 483.73(c) (c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. This REQUIREMENT is not met as evidenced by: Documentation review and staff interview revealed that the facility failed to maintain and develop an emergency preparedness communication plan as required. The findings were: Documentation review of the Emergency Preparedness Plan on 01/10/2018 at 3:20 PM revealed that no emergency preparedness	E 029	1. GHLS has developed an emergency preparedness communication plan. This plan has been integrated into the emergency preparedness plan. 2. The Maintenance Director will in-service staff regarding the communication plan by 2/15/18. 3. At monthly safety committee meetings, GHLS will review the emergency	2/15/18

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E 029	Continued From page 2 communications plan was provided. Interview with the facility maintenance director revealed he was unaware that this requirement was missing from the plan.	E 029	preparedness plan to determine if changes need to be made to the communication plan. 4. On a quarterly basis during 2018, the safety committee will report to the Quality Assurance Performance Improvement (QAPI) team any revisions that need to be made to the communication plan.	