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 _____	**03/05/2019**

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 March 5, 2019. 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 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain the means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the means of egress could result in injury or death in the event	K 211	On March 18, 2019 Maintenance Director registered for the NFPA 80 2016 training course to gain certification to conduct fire-rated door assembly inspections. This course will be completed, certification	3/31/19

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

Electronically Signed | 03/20/2019

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 **01 - SCOTT BUILDING** B. WING _____	**03/05/2019**

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 211	Continued From page 1 of an emergency. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that inspection of fire-rated door assemblies had not been conducted in the last 12 months. Fire-rated door assemblies shall be inspected and tested annually in accordance with the 2010 NFPA 80. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.2.1, 7.2.1.15.2; 2010 NFPA 80 5.2.1	K 211	attained, and inspections conducted by March 31, 2019. Maintenance Director has added the task of conducting annual inspections of fire-rated door assemblies to the preventative maintenance schedule. Maintenance Director will report finding for the annual inspection of all fire-rated door assemblies to the Safety Committee and the QA Manager. Monitoring of the inspection of the fire-rated door assemblies will be added to the Quality Assurance Performance Improvement (QAPI) program for to ensure compliance. Responsible: Maintenance Director	
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 document review and staff interview,	K 345	Green House Living for Sheridan will	4/10/19

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 _____	**03/05/2019**

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 2 the facility failed to test and maintain the fire alarm system in accordance with the 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to test and maintain the fire alarm system could result in injury or death in the event of a fire. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that the water flow alarm device test had not been conducted in every quarter during the previous 12 months. The testing had been conducted in the months of May, July, August, and October the previous year. Testing of the water flow alarm device must be conducted quarterly. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 72 13.2.5.1; 2011 NFPA 25 Table 5.1.1.2, 5.3.3.1	K 345	ensure that the water flow alarm device test will be conducted in every quarter by: 1. Entering into a work contract with a fire inspection company in ensure proper timing of inspections and testing. 2. Initiating and Monitoring of the quarterly inspections and tests of the water flow alarm device test has been added to the preventative maintenance tracking system. 3. Reports of the quarterly inspections and tests of the water flow alarm device will be reported to the Safety and QA Committee. 4. This plan of correction will be integrated into the Quality Assurance Performance Improvement (QAPI) program to ensure compliance. Responsible: Maintenance Director	
K 351 SS=D	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	K 351		4/10/19

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 _____	**03/05/2019**

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 351	Continued From page 3 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 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 staff interview, the facility failed to maintain the automatic sprinkler system in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the automatic sprinkler system could result in injury or death in the event of a fire. The deficiency affected one (1) of two (2) smoke compartments. The findings were: 1. Observation on 03/05/19 at 12:05 PM revealed that in the hall storage closet, adjacent to the hall linen closet, the escutcheon was missing from the sprinkler head exposing open space between the sprinkler head and ceiling drywall. Escutcheons shall be used to cover the annular space around the sprinkler. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement.	K 351	Green House Living for Sheridan will have the escutcheon in the hall storage closet installed by their contracted fire inspection company by 3/31/19 Green House Living for Sheridan will ensure continued compliance with maintaining the automatic sprinkler system by: 1. Entering into a work contract with a fire inspection company to ensure that all areas of the automatic sprinkler system are inspected and maintained in accordance with the 2012 NFPA 101 Life Safety Code. 2. The task of visual inspection of all sprinkler heads by the maintenance department will be added as a monthly task to the preventative maintenance schedule.	

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 _____	**03/05/2019**

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K 351	Continued From page 4 Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.3.5.1, 9.7.1.1; 2010 NFPA 13 6.2.7.1 2. Observation on 03/05/19 at 12:08 PM in the hallway linen closet revealed blankets were being stored on the top shelf, which was obstructing coverage of the sprinkler head. The blankets were located within 18 inches of the sprinkler head. Sprinklers shall be located so as to minimize obstructions to discharge. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.3.5.1, 9.7.1.1; 2010 NFPA 13 8.6.5.1.1, 8.6.5.2.1.1	K 351	3. Reports of any findings will be reported to the Safety and QA committees. 4. This plan of correction will be integrated into the Quality Assurance Performance Improvement (QAPI) program to ensure compliance. Responsible: Maintenance Director	
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	K 353		4/10/19

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 _____	**03/05/2019**

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K 353	Continued From page 5 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 document review and staff interview, the facility failed to test and maintain the automatic sprinkler system in accordance with the 2011 NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to test and maintain the automatic sprinkler system could result in injury or death in the event of a fire. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that the low air alarm test had not been conducted in every quarter during the previous 12 months. The testing had been conducted in the months of May, July, August, and October the previous year. Testing of the low air alarm must be conducted quarterly. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency.	K 353	Green House Living for Sheridan will ensure that the low air alarm device test will be conducted in every quarter by: 1. Entering into a work contract with a fire inspection company in ensure proper timing of inspections and testing. 2. Initiating and Monitoring of the quarterly inspections and tests of the low air alarm device test has been added to the preventative maintenance tracking system. 3. Reports of the quarterly inspections and tests of the low air alarm device will be reported to the Safety and QA Committee. 4. This plan of correction will be integrated into the Quality Assurance Performance Improvement (QAPI) program to ensure compliance. Responsible: Maintenance Director	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 353	Continued From page 6 Reference: 2011 NFPA 25 13.4.4.2.6	K 353		

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 _____	**03/05/2019**

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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on March 5, 2019. 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 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain the means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the means of egress could result in injury or death in the event	K 211	On March 18, 2019 Maintenance Director registered for the NFPA 80 2016 training course to gain certification to conduct fire-rated door assembly inspections. This course will be completed, certification	3/31/19

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

Electronically Signed | 03/20/2019

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 _____	**03/05/2019**

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K 211	Continued From page 1 of an emergency. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that inspection of fire-rated door assemblies had not been conducted in the last 12 months. Fire-rated door assemblies shall be inspected and tested annually in accordance with the 2010 NFPA 80. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.2.1, 7.2.1.15.2; 2010 NFPA 80 5.2.1	K 211	attained, and inspections conducted by March 31, 2019. Maintenance Director has added the task of conducting annual inspections of fire-rated door assemblies to the preventative maintenance schedule. Maintenance Director will report finding for the annual inspection of all fire-rated door assemblies to the Safety Committee and the QA Manager. Monitoring of the inspection of the fire-rated door assemblies will be added to the Quality Assurance Performance Improvement (QAPI) program for to ensure compliance. Responsible: Maintenance Director	
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 document review and staff interview,	K 345	Green House Living for Sheridan will	4/10/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 345	Continued From page 2 the facility failed to test and maintain the fire alarm system in accordance with the 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to test and maintain the fire alarm system could result in injury or death in the event of a fire. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that the water flow alarm device test had not been conducted in every quarter during the previous 12 months. The testing had been conducted in the months of May, July, August, and October the previous year. Testing of the water flow alarm devices must be conducted quarterly. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 72 13.2.5.1; 2011 NFPA 25 Table 5.1.1.2, 5.3.3.1	K 345	ensure that the water flow alarm device test will be conducted in every quarter by: 1. Entering into a work contract with a fire inspection company in ensure proper timing of inspections and testing. 2. Initiating and Monitoring of the quarterly inspections and tests of the water flow alarm device test has been added to the preventative maintenance tracking system. 3. Reports of the quarterly inspections and tests of the water flow alarm device will be reported to the Safety and QA Committee. 4. This plan of correction will be integrated into the Quality Assurance Performance Improvement (QAPI) program to ensure compliance. Responsible: Maintenance Director	
K 351 SS=D	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	K 351		4/10/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 351	Continued From page 3 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 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 staff interview, the facility failed to maintain the automatic sprinkler system in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the automatic sprinkler system could result in injury or death in the event of a fire. The deficiency affected one (1) of two (2) smoke compartments. The findings were: Observation on 03/05/19 at 12:34 PM in the hallway linen closet revealed blankets were being stored on the top shelf, which was obstructing coverage of the sprinkler head. The blankets were located within 18 inches of the sprinkler head. Sprinklers shall be located so as to minimize obstructions to discharge. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement.	K 351	The Maintenance Director has removed the linens from the top shelf of the hallway linen closet. The back wall of the hallway closets has been marked two feet down from the ceiling in the hallway linen closet to serve as an indicator of the maximum height items can be stacked on the top shelf. Training will be conducted to educate the staff regarding the purpose of this height restriction. Additionally, this training will also be incorporated in to new hire training. Visually monitoring the compliance of maintaining this height restriction in the hallway linen closets has been added as a monthly task in the preventative maintenance tracking software. Findings of monthly inspections will be reported to the Safety and QA	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 351	Continued From page 4 Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.3.5.1, 9.7.1.1; 2010 NFPA 13 8.6.5.1.1, 8.6.5.2.1.1 .	K 351	committees. This plan of correction will be integrated into the Quality Assurance Performance Improvement program to ensure effectiveness and compliance. Responsible: Maintenance Director	
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 document review and staff interview, the facility failed to test and maintain the automatic sprinkler system in accordance with the 2011 NFPA 25, Standard for the Inspection,	K 353	Green House Living for Sheridan will ensure that the low air alarm device test will be conducted in every quarter by:	4/10/19

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 _____	**03/05/2019**

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 5 Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to test and maintain the automatic sprinkler system could result in injury or death in the event of a fire. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that the low air alarm test had not been conducted in every quarter during the previous 12 months. The testing had been conducted in the months of May, July, August, and October the previous year. Testing of the low air alarm must be conducted quarterly. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2011 NFPA 25 13.4.4.2.6	K 353	1. Entering into a work contract with a fire inspection company in ensure proper timing of inspections and testing. 2. Initiating and Monitoring of the quarterly inspections and tests of the low air alarm device test has been added to the preventative maintenance tracking system. 3. Reports of the quarterly inspections and tests of the low air alarm device will be reported to the Safety and QA Committee. 4. This plan of correction will be integrated into the Quality Assurance Performance Improvement (QAPI) program to ensure compliance. Responsible: Maintenance Director	

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 _____	**03/05/2019**

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 March 5, 2019. 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 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain the means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the means of egress could result in injury or death in the event	K 211	On March 18, 2019 Maintenance Director registered for the NFPA 80 2016 training course to gain certification to conduct fire-rated door assembly inspections. This course will be completed, certification	3/31/19

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

Electronically Signed | 03/20/2019

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 _____	**03/05/2019**

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 211	Continued From page 1 of an emergency. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that inspection of fire-rated door assemblies had not been conducted in the last 12 months. Fire-rated door assemblies shall be inspected and tested annually in accordance with the 2010 NFPA 80. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.2.1, 7.2.1.15.2; 2010 NFPA 80 5.2.1	K 211	attained, and inspections conducted by March 31, 2019. Maintenance Director has added the task of conducting annual inspections of fire-rated door assemblies to the preventative maintenance schedule. Maintenance Director will report finding for the annual inspection of all fire-rated door assemblies to the Safety Committee and the QA Manager. Monitoring of the inspection of the fire-rated door assemblies will be added to the Quality Assurance Performance Improvement (QAPI) program for to ensure compliance. Responsible: Maintenance Director	
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 document review and staff interview,	K 345	Green House Living for Sheridan will	4/10/19

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 _____	03/05/2019

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 2 the facility failed to test and maintain the fire alarm system in accordance with the 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to test and maintain the fire alarm system could result in injury or death in the event of a fire. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that the water flow alarm device test had not been conducted in every quarter during the previous 12 months. The testing had been conducted in the months of May, July, August, and October the previous year. Testing of the water flow alarm devices must be conducted quarterly. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 72 13.2.5.1; 2011 NFPA 25 Table 5.1.1.2, 5.3.3.1	K 345	ensure that the water flow alarm device test will be conducted in every quarter by: 1. Entering into a work contract with a fire inspection company in ensure proper timing of inspections and testing. 2. Initiating and Monitoring of the quarterly inspections and tests of the water flow alarm device test has been added to the preventative maintenance tracking system. 3. Reports of the quarterly inspections and tests of the water flow alarm device will be reported to the Safety and QA Committee. 4. This plan of correction will be integrated into the Quality Assurance Performance Improvement (QAPI) program to ensure compliance. Responsible: Maintenance Director	
K 351 SS=D	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	K 351		4/10/19

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 _____	**03/05/2019**

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 351	Continued From page 3 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 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 staff interview, the facility failed to maintain the automatic sprinkler system in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the automatic sprinkler system could result in injury or death in the event of a fire. The deficiency affected one (1) of two (2) smoke compartments. The findings were: Observation on 03/05/19 at 11:35 AM in the hallway linen closet revealed blankets were being stored on the top shelf, which was obstructing coverage of the sprinkler head. The blankets were located within 18 inches of the sprinkler head. Sprinklers shall be located so as to minimize obstructions to discharge. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement.	K 351	The Maintenance Director has removed the linens from the top shelf of the hallway linen closet. The back wall of the hallway closets has been marked two feet down from the ceiling in the hallway linen closet to serve as an indicator of the maximum height items can be stacked on the top shelf. Training will be conducted to educate the staff regarding the purpose of this height restriction. Additionally, this training will also be incorporated in to new hire training. Visually monitoring the compliance of maintaining this height restriction in the hallway linen closets has been added as a monthly task in the preventative maintenance tracking software. Findings of monthly inspections will be reported to the Safety and QA	

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 _____	**03/05/2019**

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 351	Continued From page 4 Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.3.5.1, 9.7.1.1; 2010 NFPA 13 8.6.5.1.1, 8.6.5.2.1.1 .	K 351	committees. This plan of correction will be integrated into the Quality Assurance Performance Improvement program to ensure effectiveness and compliance. Responsible: Maintenance Director	
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 document review and staff interview, the facility failed to test and maintain the automatic sprinkler system in accordance with the 2011 NFPA 25, Standard for the Inspection,	K 353	Green House Living for Sheridan will ensure that the low air alarm device test will be conducted in every quarter by:	4/10/19

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 _____	**03/05/2019**

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 5 Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to test and maintain the automatic sprinkler system could result in injury or death in the event of a fire. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that the low air alarm test had not been conducted in every quarter during the previous 12 months. The testing had been conducted in the months of May, July, August, and October the previous year. Testing of the low air alarm must be conducted quarterly. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2011 NFPA 25 13.4.4.2.6 .	K 353	1. Entering into a work contract with a fire inspection company in ensure proper timing of inspections and testing. 2. Initiating and Monitoring of the quarterly inspections and tests of the low air alarm device test has been added to the preventative maintenance tracking system. 3. Reports of the quarterly inspections and tests of the low air alarm device will be reported to the Safety and QA Committee. 4. This plan of correction will be integrated into the Quality Assurance Performance Improvement (QAPI) program to ensure compliance. Responsible: Maintenance Director	

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 _____	**03/05/2019**

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 March 5, 2019. 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 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain the means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the means of egress could result in injury or death in the event	K 211	On March 18, 2019 Maintenance Director registered for the NFPA 80 2016 training course to gain certification to conduct fire-rated door assembly inspections. This course will be completed, certification	3/31/19

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

Electronically Signed | 03/20/2019

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 **04 - FOUNDERS BUILDING** B. WING _____	**03/05/2019**

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 211	Continued From page 1 of an emergency. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that inspection of fire-rated door assemblies had not been conducted in the last 12 months. Fire-rated door assemblies shall be inspected and tested annually in accordance with the 2010 NFPA 80. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was unaware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.2.1, 7.2.1.15.2; 2010 NFPA 80 5.2.1	K 211	attained, and inspections conducted by March 31, 2019. Maintenance Director has added the task of conducting annual inspections of fire-rated door assemblies to the preventative maintenance schedule. Maintenance Director will report finding for the annual inspection of all fire-rated door assemblies to the Safety Committee and the QA Manager. Monitoring of the inspection of the fire-rated door assemblies will be added to the Quality Assurance Performance Improvement (QAPI) program for to ensure compliance. Responsible: Maintenance Director	
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 document review and staff interview,	K 345	Green House Living for Sheridan will	4/10/19

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 _____	**03/05/2019**

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 2 the facility failed to test and maintain the fire alarm system in accordance with the 2010 NFPA 72, National Fire Alarm and Signaling Code. Failure to test and maintain the fire alarm system could result in injury or death in the event of a fire. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that the water flow alarm device test had not been conducted in every quarter during the previous 12 months. The testing had been conducted in the months of May, July, August, and October the previous year. Testing of the water flow alarm devices must be conducted quarterly. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2010 NFPA 72 13.2.5.1; 2011 NFPA 25 Table 5.1.1.2, 5.3.3.1	K 345	ensure that the water flow alarm device test will be conducted in every quarter by: 1. Entering into a work contract with a fire inspection company in ensure proper timing of inspections and testing. 2. Initiating and Monitoring of the quarterly inspections and tests of the water flow alarm device test has been added to the preventative maintenance tracking system. 3. Reports of the quarterly inspections and tests of the water flow alarm device will be reported to the Safety and QA Committee. 4. This plan of correction will be integrated into the Quality Assurance Performance Improvement (QAPI) program to ensure compliance. Responsible: Maintenance Director	
K 351 SS=D	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	K 351		4/10/19

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 _____	**03/05/2019**

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 351	Continued From page 3 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 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 staff interview, the facility failed to maintain the automatic sprinkler system in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the automatic sprinkler system could result in injury or death in the event of a fire. The deficiency affected one (1) of two (2) smoke compartments. The findings were: Observation on 03/05/19 at 12:50 PM in the hallway linen closet revealed blankets were being stored on the top shelf, which was obstructing coverage of the sprinkler head. The blankets were located within 18 inches of the sprinkler head. Sprinklers shall be located so as to minimize obstructions to discharge. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement.	K 351	The Maintenance Director has removed the linens from the top shelf of the hallway linen closet. The back wall of the hallway closets has been marked two feet down from the ceiling in the hallway linen closet to serve as an indicator of the maximum height items can be stacked on the top shelf. Training will be conducted to educate the staff regarding the purpose of this height restriction. Additionally, this training will also be incorporated in to new hire training. Visually monitoring the compliance of maintaining this height restriction in the hallway linen closets has been added as a monthly task in the preventative maintenance tracking software. Findings of monthly inspections will be reported to the Safety and QA	

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 _____	**03/05/2019**

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 351	Continued From page 4 Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2012 NFPA 101 19.3.5.1, 9.7.1.1; 2010 NFPA 13 8.6.5.1.1, 8.6.5.2.1.1 .	K 351	committees. This plan of correction will be integrated into the Quality Assurance Performance Improvement program to ensure effectiveness and compliance. Responsible: Maintenance Director	
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 document review and staff interview, the facility failed to test and maintain the automatic sprinkler system in accordance with the 2011 NFPA 25, Standard for the Inspection,	K 353	Green House Living for Sheridan will ensure that the low air alarm device test will be conducted in every quarter by:	4/10/19

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 _____	**03/05/2019**

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 5 Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to test and maintain the automatic sprinkler system could result in injury or death in the event of a fire. The deficiency affected two (2) of two (2) smoke compartments. The findings were: Document review on 03/05/19 at 1:30 PM revealed that the low air alarm test had not been conducted in every quarter during the previous 12 months. The testing had been conducted in the months of May, July, August, and October the previous year. Testing of the low air alarm must be conducted quarterly. Interview with the maintenance director at the time of the observation acknowledged the deficiency, and indicated he was aware of the requirement. Interview with the director of nursing at the time of exit acknowledged the deficiency. Reference: 2011 NFPA 25 13.4.4.2.6	K 353	1. Entering into a work contract with a fire inspection company in ensure proper timing of inspections and testing. 2. Initiating and Monitoring of the quarterly inspections and tests of the low air alarm device test has been added to the preventative maintenance tracking system. 3. Reports of the quarterly inspections and tests of the low air alarm device will be reported to the Safety and QA Committee. 4. This plan of correction will be integrated into the Quality Assurance Performance Improvement (QAPI) program to ensure compliance. Responsible: Maintenance Director	

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 _____	03/05/2019

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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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 03/05/2019. .	E 000		
E 039 SS=F	EP Testing Requirements CFR(s): 483.73(d)(2) (2) Testing. The [facility, except for LTC facilities, RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCIs and OPOs] must do all of the following: *[For LTC Facilities at §483.73(d):] (2) Testing. The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following:] (i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event. (ii) Conduct an additional exercise that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or individual, facility-based. (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set	E 039		4/8/19

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

Electronically Signed | 03/20/2019

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.

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	535054	A. BUILDING _____ B. WING _____	03/05/2019

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E 039	Continued From page 1 of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. *[For RNHCIs at §403.748 and OPOs at §486.360] (d)(2) Testing. The [RNHCI and OPO] must conduct exercises to test the emergency plan. The [RNHCI and OPO] must do the following: (i) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (ii) Analyze the [RNHCI's and OPO's] response to and maintain documentation of all tabletop exercises, and emergency events, and revise the [RNHCI's and OPO's] emergency plan, as needed. This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to implement policies and procedures for emergency preparedness training and testing. The findings were: Document review of the Emergency Preparedness Plan on 03/05/19 at 2:00 PM revealed that the facility had not conducted the annual full-scale and tabletop exercises.	E 039	On 3/18/2019, Maintenance Director contacted Sheridan County Public Health and the local fire station to arrange to participate in their next community-based exercise in April of 2019. Maintenance Director will also conduct an individual facility-based exercise by April 8, 2019. The Maintenance Director has entered a due date into TELS, the electronic system used for maintenance activity tracking, to conduct both and	

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	535054	A. BUILDING _____ B. WING _____	03/05/2019

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E 039	Continued From page 2 Interview with the maintenance director at the time of the observation acknowledged the deficiency. Interview with the director of nursing at the time of exit acknowledged the deficiency.	E 039	individual facility-based exercise and participate in a community-based exercise annually. Maintenance Director will conduct a table-top exercise by April 8, 2019. The Maintenance Director has entered a due date into TELS, the electronic system used for maintenance activity tracking, to conduct a tabletop exercise annually. Maintenance Director will report the activities and analysis of the exercises to both the safety committee and QA Manager. This plan of correction is integrated into the Quality Assurance Performance Improvement (QAPI) program and will be reviewed during the quarterly QAPI meetings by the committee to ensure compliance.	