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 _____	C 04/04/2024

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
F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys on 4/4/24. The survey was prompted by complaint intake WY000003847.	F 000		
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, medical record review, and facility incident report review, the facility failed to ensure a safe functional environment in 3 of 4 cottages (Scott, Watt, Founders). The findings were: 1. Review of a facility incident report dated 3/29/24 and timed 7:30 AM showed staff entered the room of resident #1 to assist him/her out of bed. At that time, the room was "extremely hot" with a thermostat reading of 97 degrees Fahrenheit, despite being set to 71 degrees Fahrenheit. In addition, the resident was "lethargic" and "flushed" with red skin. Further review showed the resident had a temperature of 100.4 degrees Fahrenheit and was transferred to the hospital for intravenous rehydration and further evaluation. Review of a progress note dated 3/29/2024 and timed 12:07 PM showed the resident was ordered antibiotic therapy for suspected pneumonia during the hospital evaluation. 2. Interview with resident #2 on 4/4/24 at 4:50 PM revealed the resident was previously located in	F 921	F921 Safe/Functional/Sanitary/Comfortable Environment It is the policy of this facility to ensure the highest quality of care for all of our Elders. Consistent with this practice, the following has been done as there is the potential for all residents to be affected. 1. Elder #1 was moved to a different room after state survey on 4/4/24 for further evaluation of potential malfunction of heating equipment. Electrician evaluated bathroom fan and heat lamp and found no defect. Temperature of Elder #1's room was monitored through our vendor furnace software managing system. No further elevation of room temperature occurred during monitoring. Elder #2 was moved immediately upon smoke being reported. The fire department was called and evaluated the building. No active fires were found. Baseboard heaters that were reported to be smoking and all other baseboard heaters were turned off at the breaker to ensure no further risk to the Elders.	

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

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.

Rosemary Lueder 4-18-2024

Changed mode per phone call with Elizabeth Maguire on 4/18/24 @ 1:58 pm.

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F 921	Continued From page 1 the Scott cottage; however, s/he had to be moved after the heater in his/her room began to smoke. Further interview revealed the temperature was often cold when it should have been hot and hot when it should have been cold. 3. Interview with RN #1 on 4/4/24 at 4:33 PM revealed both the Watt and Scott cottages were having heat/AC issues and administration was "aware" and was "working on it." 4. Interview with the maintenance director on 4/4/24 at 5:25 PM revealed the baseboard heat in the cottages had been shut off and central heat and air conditioning was used to regulate the cottage temperatures. She revealed an electrician was in room 108 this morning to test the bathroom fan and it was "working properly; however, the facility had not identified the root cause of the increase in the room temperature and the resident was returned to the room after discharge from the hospital. The director had requested a temperature log for room 108 with timestamps from the vendor to evaluate the change in room temperature during that time frame. Further interview revealed there were previous concerns in the Scott cottage room 111, "relay replaced" in the baseboard heater and the resident was moved to another cottage because of smoke coming out of the heater and a smell which was reported about "2 weeks ago" in the Founders cottage room 408 and the baseboard heat was shut off. She revealed the long term plan was to remove all 48 baseboard heaters and upgrade the HVAC system from a multi zone system to a split zone system. 5. Interview with the maintenance director on 4/4/24 at 6:01 PM confirmed the facility initially	F 921	2. All Elders have potential to be harmed by heating and cooling malfunctions. Initial action taken to reduce risk was to disconnect baseboard heaters from the power source to ensure no further potential injuries. The baseboard heaters provided supplemental heating. The main heat source is forced air. The maintenance director will complete a daily audit of room temperatures with our vendor software monitoring system daily x 30 days, x 3 months and ongoing. 3. GHLS will contract with our current vendor for system upgrade which will provide alerts and 24-hour monitoring of room temperatures. 4. Data for the audits will be presented to the Facilities/QAPI meeting monthly x 3 months. The Administrator and /or Maintenance Director are responsible for implementing and maintaining the acceptable plan of correction. Corrective action will be completed on:	~~06/12/2024~~ 5/19/24 JL

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F 921	Continued From page 2 turned off the breaker to the heating lamp in resident #1's bathroom as they believed it was the source of the elevated temperature; however, an electrician assessed the heating lamp and was unable to find a malfunction. She confirmed the breaker was turned back on, the resident remained in the room, and the facility could not ensure a similar even with the resident's heating system would not occur.	F 921		