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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535054	A. BUILDING 01 - SCOTT BUILDING B. WING	R 04/17/2024

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
(K 000)	INITIAL COMMENTS A Life Safety Code revisit survey was conducted by Healthcare Licensing and Surveys on 04/17/2024 for all previous deficiencies cited on 01/30/2024 and 03/06/2024. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	(K 000)		
(K 761) SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain egress doors and fire-rated doors in accordance with the 2012 NFPA 101, Life Safety Code and 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives. Failure to properly test and maintain egress doors and fire-rated doors could result in a delay or inability to egress, resulting in injury or death in the event of an emergency requiring evacuation. The deficiency affected all egress and fire-rated doors and has the potential	(K 761) 5	Green House Living will conduct an inspection and testing of all egress doors and fire-rated doors. Our facility director will complete the NFPA 80 ITM for Swinging Fire Doors Online Training and verify the safety of all doors in accordance with NFPA 80. A checklist will be included in the binder of this inspection. Future Plan: Green House Living will conduct and maintain an annual test of all egress and fire-rated doors and store information properly. This will be organized in a binder with the corresponding deficiency number. The facility director will also periodically check these doors to maintain complete accuracy and complete random audits of these doors to ensure the upmost safety.	4/30/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Facility Director — (X6) DATE: 4/30/24

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.

POC accepted with Amy Sturges via Phone call on 4/30/24 @ 2:00 PM.

33647

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	525054	A. BUILDING 01 - SCOTT BUILDING B. WING	R 04/17/2024

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{K 761}	Continued From page 1 to affect all residents, staff, and visitors. The findings were: Document review on 04/17/2024 starting at 11:30 AM revealed that the facility failed to conduct the annual inspection and testing of egress and fire-rated doors. No documentation was available at the time of the survey to demonstrate that the annual inspection of door assemblies that swing in the direction of egress travel or fire-rated door assemblies had been conducted. Interview with the maintenance director at the time of observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the maintenance director at the time of the exit acknowledge the deficiency. Ref: 2012 NFPA 101 19.7.6, 8.3.3.1, 2010 NFPA 80 5.2.1	{K 761}		
{K 918} SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised	{K 918}		

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{K 918}	Continued From page 2 under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to test and maintain the essential electrical system (EES) in accordance with the 2012 NFPA 99, Health Care Facilities, and 2010 NFPA 110, Standard for Emergency and Standby Power Systems. Failure to properly test and maintain the EES could result in a failure of the system, resulting in injury or death in the event of an emergency. The deficiency affected the EES and could potentially affect all residents, staff, and visitors. The findings were: Document review and staff interview on	{K 918}	Green House Living will conduct a 4-hour generator test under load and complete a monthly specific gravity test of the emergency generator. Future Plan: Green House Living will maintain a 36-month test of the generator under load, for a minimum of 4 hours. Green House will also maintain a monthly log of the specific gravity of the emergency battery within the generator. The facilities director will also complete a weekly check of this logbook to ensure the information is consistently accurate and up to date.	4/26/2024

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{K 916}	Continued From page 3 04/17/2024 starting at 11:30 AM revealed that the facility failed to perform the four (4) hour test of the EES. No documentation was available at the time of the survey to demonstrate that the four (4) hour continuous load test of the EES had been conducted in the last 36 (thirty-six) months. Interview with the maintenance director at the time of observation acknowledge the deficiency, and indicated that they were aware of the requirement. Interview with the maintenance director at the time of the exit acknowledge the deficiency. Ref: 2010 NFPA 110 8.4.9	{K 916}		