STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535013	A. BUILDING **01** B. WING _____	C **12/11/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANITE REHABILITATION AND WELLNESS	**3128 BOXELDER DRIVE** **CHEYENNE, WY 82001**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code complaint investigation survey was conducted by Healthcare Licensing and Surveys on December 10, 2024 and December 11, 2024. The survey was prompted by complaint intake WY-4108. Requirements for Long Term Care Facilities Section 42 CFR 483.90 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 sprinklered, three story building with a basement of a Type II (222), and Type II (111) construction built in 1966 and 1972. The building was equipped with a supervised automatic wet sprinkler system, and an addressable fire alarm system. The facility had a capacity of 146 certified Medicare and Medicaid beds with 35 residents on the 2nd floor.	K 000		
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced	K 511		1/2/25

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

Electronically Signed | 12/30/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535013	A. BUILDING **01** B. WING _____	C **12/11/2024**

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GRANITE REHABILITATION AND WELLNESS	**3128 BOXELDER DRIVE** **CHEYENNE, WY 82001**

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K 511	Continued From page 1 by: Based on observation and staff interview the facility failed to install electric equipment in accordance with 2012 NFPA 101, Life Safety Code and the 2012 NFPA 70, National Electric Code. Failure to properly install electric equipment could result in electrocution or fire, resulting in injury or death. The deficiency affected one (1) of several resident showers and has the potential to affect any residents, staff, or visitors that use or provide assistance in that shower. The findings were: Observation on 12/10/2024 at 1:00 PM in the second floor north shower room, it was observed that a point of use water heater had been installed in the shower stall. It was further observed that the manufactures cord had been modified, by removing the plug, and spliced onto a commercial flexible extension cord. The spliced wires were connected with UL 486G rated wire nut and electrical tape. The splice location was not within a junction box and was in an unsecured location where it could get wet. The flexible extension cord was routed into the ceiling above the water heater, then across a corridor and down into a receptacle. It could not be confirmed that the receptacle was protected by a GFCI circuit breaker. The manufacturer's instructions for the electric water heater states that is shall not be installed in a location that will get wet. Equipment shall be installed and used in accordance with any instructions. Flexible cord shall be used only in continuous lengths without splice or tap. In damp or wet locations, fittings shall be placed or equipped so as to prevent moisture from entering or accumulating within the fitting. Flexible cords shall not be used to run through holes in ceilings or where located above ceilings.	K 511	Preparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility□s allegation of compliance in accordance with the State Operations Manual. Corrective Action The Point of Use Water Heater and cord were removed by the Maintenance Director on 12/10/24. Identification of Others An audit was conducted by the Maintenance Director on 12/10/24 to identify any manufactured cords related to the point of use water heater that had been spliced or had the plug removed. None were found. An audit was conducted by the Maintenance Director on 12/10/24 to identify any splice locations related to the point of use water heater that were not located with a junction box or in an unsecured location where it could get wet.	

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	535013	A. BUILDING **01** B. WING _____	C **12/11/2024**

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GRANITE REHABILITATION AND WELLNESS	**3128 BOXELDER DRIVE** **CHEYENNE, WY 82001**

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K 511	Continued From page 2 Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of ext acknowledged the deficiency. Ref: 2012 NFPA 101, Section 19.5.1.1, 9.1.2 2011 NFPA 70, Section: 400.9, 400.8(2), 110.3(B), 314.15c	K 511	None were found. There was only 1 Point of Use Water Heater in one shower room and it was removed on 12/10/24. Systemic Change The Maintenance staff was provided in-service education by the Executive Director on 12/30/24 related to following the manufacturer□s guidelines related to electrical installation and splicing/modification of the device. The Maintenance staff was provided in-service education by the Executive Director on 12/30/24 related to ensuring that any spliced wiring is secured in a junction box and plugged into a GFCI circuit breaker and that the manufacturer□s guidance is followed to ensure that equipment is not installed in a wet area that should not be. The Maintenance staff was provided in-service education by the Executive Director on 12/30/24 related to ensuring that flexible cords are not run through holes in the ceiling or located above the ceiling. The Maintenance Director conducts monthly rounds to verify that no equipment has spliced or modified electrical connections that is not accurately installed per the manufacturer□s guidelines. If any equipment is identified, it is corrected	

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K 511	Continued From page 3	K 511	immediately. The Maintenance Director conducts monthly rounds to verify that all spliced wiring is secured in a junction box and plugged into a GFCI circuit breaker and that the manufacturer□s guidance is followed to ensure that the equipment is not installed in a wet area that should not be. If any is issues are identified they are corrected immediately. The Maintenance Director conducts monthly rounds to ensure that flexible cords are not run through holes in the ceiling or located above the ceiling. If any concerns are identified it is corrected immediately. Monitoring The Maintenance Director reviews any identified concerns related to splicing, unprotected or unsecured wires, cords run through the ceiling and installation of equipment per the manufacture□s guidelines or in damp areas and corrections made to the Quality Assurance Performance Improvement Committee monthly for their review and direction. This monitoring will continue for 3 months unless the QAPI Committee deems it prudent to continue.	