

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Green House Living for Sheridan		STREET ADDRESS, CITY, STATE, ZIP CODE 2311 Shirley Cove Sheridan, WY 82801	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, medical record review, activity calendar review, and policy and procedure review, the facility failed to ensure resident choice of activities were provided for 3 of 4 resident cottages ([NAME], [NAME], Founders) with activity concerns. The findings were:</p> <p>1. Review of the activity calendar for March 2025 showed on 3/12/25 the scheduled activities were 10 AM activities binder exercise CNA pick and assist and 2 PM Dominos in [NAME] game room. Further review showed the PM activity every day was This day in History reading by staff (read at lunch or dinner).</p> <p>2. Review of the quarterly MDS assessment dated [DATE] showed resident #6 had a brief interview for mental status (BIMS) score of 15 out 15, which indicated the resident was cognitively intact, and had diagnoses which included depression. Review of the annual MDS assessment dated [DATE] showed it was very important to have books, newspapers, and magazines to read, listen to music, be around animals, keep up with the news, do his/her favorite activities, and participate in religious services or activities. Review of an Activities-Quarterly/Annual Participation Review dated 3/18/24 showed the resident enjoyed both group and individual activities, facility events and celebrations, crafts appropriate for his/her age, and music when piano players visited the facility. Review of the resident's care plan last revised on 1/20/25 showed the resident enjoyed art activities and helping with household duties such as cooking and prepping food and wanted to participate in streaming exercise. Further review showed I enjoy music. I enjoy crafts projects that have a purpose. For example, card making, jewelry making, etc. I enjoy socializing with others but also enjoy my alone time because I grew up as an only child and I find it relaxing. The following concerns were identified:</p> <p>a. Interview with the resident on 3/11/25 at 10:04 AM revealed the facility no longer performed activities in the cottage and s/he did most of his/her activities alone in the room.</p> <p>b. Observation on 3/12/25 from 9:03 AM to 9:18 AM showed a staff member was playing cards at the dining room table with 2 residents in the Founders cottage when resident #6 arrived at the table for breakfast. Further observation showed resident #6 was not invited to play cards at that time. Upon completion of breakfast at 9:18 AM, the resident returned to his/her room. Observation from 9:33 AM to 12:09 PM showed no activities were performed in the Founders cottage. Observation at 9:08 AM showed resident #6 arrived at the dining table positioned him/herself up to the dining table. Further observation showed the resident was not offered to participate in the card game being played between a staff member and another resident.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. Review of the activity participation record from 2/11/25 to 3/12/25 showed the resident participated in Coffee and Visit 6 times, Conversation 21 times, and Current Events 8 times. Further review showed no other activities were attended.</p> <p>3. Review of the quarterly MDS assessment dated [DATE] showed resident #11 had BIMS score of 4 out of 15, which indicated severe cognitive impairment and diagnoses which included Alzheimer's disease and major depressive disorder. Review of the annual MDS assessment dated [DATE] showed it was very important to listen to music s/he liked, keep up with the news, do things with groups, do his/her favorite activities, and go outside to get fresh air when the weather was good. Review of an Activities-Quarterly/Annual Participation Review dated 3/14/24 showed the resident enjoyed painting, watching television, and enjoys the company of other residents when s/he can hear them. Review of the resident's care plan last revised on 1/29/24 showed Ensure that the activities I am attending are: Compatible with my physical and mental capabilities; Compatible with my known interests and preferences; Adapted as needed (such as large print, holders if resident lacks hand strength, task segmentation), Compatible with my individual needs and abilities; and age appropriate .I like spending time with staff 1:1. I would like to be assisted to my painting area, and paint. I like doing art related projects also .I need assistance/escort to activity functions and assistance during activities . Invite me to scheduled activities. Provide a program of activities that is of interest and empowers me by encouraging/allowing choice, self-expression and responsibility. Notify me of any changes to the calendar of activities . The following concerns were identified:</p> <p>a. Observation on 3/12/25 from 9:02 AM to 9:33 AM showed resident #11 was seated at the dining table in the Founders cottage, playing cards with another resident and a staff member. Observation at 9:36 AM showed CNA #4 assisted the resident to his/her room. Observation at 9:44 AM showed CNA #4 assisted the resident to the common area and into a recliner. Observation from 9:44 AM to 11:07 AM showed the resident remained in the recliner. Observation at 11:46 AM showed CNA #4 assisted the resident to stand and ambulate to the dining table. No activities were performed from 9:33 AM to 12:09 PM.</p> <p>b. Review of the activity participation record from 2/11/25 to 3/12/25 showed the resident participated in Coffee and Visit 3 times, Conversation 33 times, and Current Events 2 times. Further review showed no other activities were attended.</p> <p>4. Review of the annual MDS assessment dated [DATE] showed resident #20 had a BIMS score of 0 out of 15, which indicated severe cognitive impairment, and diagnoses which included dementia. Further review showed it was very important to be around animals and go outside for fresh air when the weather was good, and somewhat important to have books newspaper, and magazines to read, keep up with the news, and do his/her favorite activities. Review of the resident's care plan last revised on 12/18/24 showed I enjoy 1:1 time with staff. I like to talk about elk hunting, cars, and motors. I like going for strolls outside . The following concerns were identified:</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Observation in the [NAME] cottage on 3/12/25 from 1:34 PM to 4:53 PM showed the resident independently ambulated throughout the cottage. The resident occupied the common area and his/her room with intermittent staff redirection. Observation at 4:57 PM showed the resident was attempted to exit the facility into the courtyard. RN #1 attempted to redirect the resident and held the door closed until the resident ambulated away. Interview with the RN at that time revealed the cottage needed a 1 to 1 staff member to redirect the resident. Observation at 4:59 PM showed the resident ambulated over to the table near resident #7. Resident #7 became visually upset and asked staff to get the resident away from him/her. Resident #20 was redirected by CNA #5 to sit in arm chair near the resident's room. Further observation showed Domino's was performed in the cottage from 1:34 PM to 1:58 PM which 3 residents from the cottage, which did not include resident #20, and 1 resident from another cottage attended. Further observation showed no additional activities were performed in the cottage.</p> <p>b. Review of the activity participation record from 2/11/25 to 3/12/25 showed the resident participated in Coffee and Visit 1 time, Conversation 34 times, and Current Events 11 times. Further review showed no other activities were attended.</p> <p>c. Interview with patient care tech #1 and RN #1 on 3/12/25 at 1:38 PM revealed the [NAME] Cottage should have a 1 to 1 for resident #20 and staff were unable to perform showers and other household duties, including activities which they were responsible for. Further interview revealed at that time there was 1 CNA, the RN, and the patient care tech on shift due to another CNA not showing up for the shift as scheduled and resident #20 was difficult to manage due to his/her behaviors.</p> <p>5. Review of the quarterly MDS assessment dated [DATE] showed resident #26 had a BIMS score of 10 out of 15, which indicated moderate cognitive impairment, and diagnoses which included depression. Review of the admission MDS assessment dated [DATE] showed it was very important for the resident to keep up with the news and somewhat important to have books, newspapers, and magazines to read and do his/her favorite activities. The following concerns were identified:</p> <p>a. Review of the resident's care plan last revised on 1/5/25 showed no evidence the resident's activity preferences were identified.</p> <p>b. Observation in the [NAME] cottage on 3/12/25 from 1:34 PM to 1:58 PM showed a Dominos game was performed in the cottage; however, the resident did not attend. Observation from 1:58 PM to 5 PM showed no other activities were performed in the cottage.</p> <p>6. Review of annual MDS assessment dated [DATE] showed resident #3 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. Further review showed it was very important to do things with groups of people and to do his/her favorite activities. Review of the resident's care plan, last updated 12/26/24, showed [resident] likes to stay busy and attend lots of activities. Interventions included Invite me to scheduled activities and Provide a program of activities that is of interest to me and empowers me by encouraging/allowing choice, self-expression and responsibility. My preferred activities are: group activities, crafts, music, outdoor activities, pet visits, community outings. The following concerns were identified:</p> <p>a. Interview with the resident on 3/10/25 at 4:03 PM revealed s/he liked to go to bingo and dominoes but mostly spent time in his/her room doing solo activities. S/he stated s/he would like to learn how to crochet and that a staff member had begun to teach him/her but hadn't continued. S/he further stated, Every time I ask for puzzles, they don't know where they're at.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. Observation on 3/12/25 from 8:48 AM to 10:30 AM showed the activities board in [NAME] cottage said 10:00 AM activities binder; however, no activities were observed taking place with any residents during that time period. Further observation on 3/12/25 at 2:04 PM showed resident #3 returned from playing dominoes at [NAME] cottage. S/he had been gone for approximately 30 minutes and was the only resident from [NAME] cottage who participated in the group activity.</p> <p>7. Interview with LPN #1 and CNA #2 on 3/12/25 at 2:44 PM revealed the activities director almost never came to the houses to do activities with the residents. The interview further revealed they don't do bingo anymore, and they used to do that a lot. The previous activities director used to frequently come around and do 1:1 activities like playing a game or doing crafts. Activities and 1:1 time were very helpful for the residents in [NAME] and Founders cottages who wander. They really benefited from the 1:1 time and were a lot more calm and less likely to wander as a result.</p> <p>8. Interview with the activities director on 3/13/25 at 8:54 AM revealed the staff in each cottage were expected to perform activities for the cottage and she expected them to follow the activity guidance provided in the activity binder. She revealed she expected to staff to do more activities than observed during the survey. Further interview revealed she did not feel staff could perform the activities tasks with the staffing levels of the facility.</p> <p>9. Review of the policy titled Elder Preference of Activities last updated 2/16/22 showed .1. Elders are encouraged to choose the types of recreational, cultural, and religious activities and social events in which they prefer to participate .</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff, resident representative, and resident interview, and facility staffing review, the facility failed to ensure adequate staff in 1 of 4 cottages ([NAME]). The cottage census was 9. The findings were:</p> <p>1. Review of the annual MDS assessment dated [DATE] showed resident #20 had a BIMS score of 0 out of 15, which indicated severe cognitive impairment, and diagnoses which included dementia. Review of the resident's care plan last revised on 12/18/24 showed I enjoy 1:1 time with staff. I like to talk about elk hunting, cars, and motors. I like going for strolls outside . Further review showed I may have behaviors of being verbally mean or getting agitated [related to] dementia and I may wander or try to leave my cottage r/t History of attempts to leave facility unattended. The following concerns were identified:</p> <p>a. Observation in the [NAME] cottage on 3/12/25 from 1:34 PM to 4:53 PM showed the resident independently ambulated throughout the cottage. The resident occupied the common area and his/her room with intermittent staff redirection. Observation at 4:57 PM showed the resident attempted to exit the facility into the courtyard. RN #1 attempted to redirect the resident and held the door closed until the resident ambulated away. Interview with the RN at that time revealed the cottage needed a 1 to 1 staff member to redirect the resident.</p> <p>b. Observation on 3/12/25 at 4:59 PM showed the resident ambulated over to the table near resident #7. Resident #7 became visually upset and asked staff to get the resident away from him/her. Resident #20 was redirected by CNA #5 to sit in arm chair near the resident's room.</p> <p>c. Review of a progress note dated 3/10/25 and timed 3:47 AM showed Elder was very restless last evening, and at times even agitated and combative. He took [his/her] medications mixed in ice cream, but no effect noted. In earlier part of shift [s/he] was fairly steady on [his/her] feet, but became more unsteady as the shift progressed. No falls this shift. No limping or signs and symptoms of pain noted from fall yesterday. Unable to obtain 2245 [10:45 PM] vitals from elder d/t [due to] [his/her] constant activity. By 2345 [11:45 PM] elder laid [him/herself] into bed, and has been resting quietly there ever since .</p> <p>d. Review of a progress note dated 3/9/35 and timed 5:45 AM showed Elder generally very restless and wakeful this [night]. [S/He] slept on and off for one to two hours, but then would sit up on side of bed, or get up and pace around a bit. Generally preoccupied [him/herself] with moving chairs, at one point threw a pillow into the kitchen, or rearranging [his/her] blankets. PRN Haldol was given at about 2045 [8:45 PM], it was ineffective. [His/her] muscular coordination seemed impaired, [s/he] was more unsteady on [his/her] feet, and [his/her] speech seemed more slurred than before. No agitation or aggressiveness noted this shift. At this time sitting on bedside and trying to put on [his/her] jacket like they were pants .</p> <p>e. Review of a progress noted dated 3/7/25 and timed 1:10 AM showed this elder has continued to pace and touch anything that catches [his/her] eye. [S/He] often stops whenever there is a change in design on the carpeted floor to touch and scratch at the seams of the squares. [S/He] also picks up non-existent items from the floor and holds the items until [s/he] sees someone to give it to .</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>f. Review of a progress note dated 3/4/25 and timed 11:03 PM showed Elder has been very restless so far this shift, pacing up and down hallway, trying to climb up onto kitchen island counter, moving chairs around, etc. No real agitation noted, although [s/he] didn't like it when [s/he] was redirected from going outside. Occasionally [s/he] verbalizes toward staff, but speech comes out as hushed whispers, and is mostly incomprehensible. PRN Haldol given at 2115 [9:15 PM], no beneficial effects noted until about an hour later. Elder is resting in [his/her] bed with eyes closed at this time and appears to be settled in for this noc, but will continue to monitor .</p> <p>g. Review of a progress note dated 2/27/25 and timed 3:25 PM showed Elder wandering cottage. Grabbing and trying to move objects: (table, chairs, trim on wall, closed/locked doors), touching other elders, very unsteady. Difficult to redirect. High risk for falls. Very frequent observation by staff. Elder refused breakfast and ate 25-50% of lunch. Drank small amounts of water .</p> <p>h. Review of a progress note dated 2/25/25 and timed 11:30 AM showed This nurse went to founder's house to fax something and when I was leaving out the front door the elder was right there. The two-[NAME] CNAs were just then running across the street. Elder was aggressively trying to get into founders with founder's family members having to use the back door to get in. Several attempts were made to redirect the elder back to [NAME] house, but this nurse was shoved by the elder. Another nurse (male) came to help and grabbed a wheelchair in hopes to get [him/her] to sit in it. After about 30 minutes the nurse and CNA were able to direct [him/her] into the back door of [NAME]. [S/He] was still agitated so this nurse gave [him/her] a PRN Haldol shot. The elder was trying to get into other residents' rooms. Daughter and DON were notified of current behaviors. Daughter mentioned to call her back if the PRN didn't help. Earlier in the morning, elder also tried to have a bowel movement on a recliner in the living room. CNA got him sat on the toilet and then [s/he] proceeded to stand back up and have a BM on the floor and spreading it with [his/her] foot.</p> <p>i. Interview with the resident representative on 3/11/25 at 1:13 PM revealed she did not feel the facility had adequate staff to provide the care the resident required.</p> <p>2. Interview with resident #7 on 3/11/25 at 11:15 AM revealed resident #20 had severe dementia and required a significant amount of staff's time. Further, the resident revealed staff did not have time to assist other residents in the cottage due to insufficient staff and resident #20's required needs.</p> <p>3. Review of the posted staff schedule in the [NAME] cottage on 3/12/25 at 3:16 PM showed there was 1 CNA, a patient care tech, and an RN working in the cottage at that time.</p> <p>4. Interview with patient care tech #1 and RN #1 on 3/12/25 at 1:38 PM revealed the [NAME] Cottage should have a 1 to 1 staff member for resident #20 and staff were unable to perform showers and other household duties, including activities which they were responsible for. The patient care tech revealed she was currently in a CNA program; however, she had not completed the course. She revealed she had worked at the facility for 5 days and on day 2 when they did not have enough staff for the cottage, she was told to provide resident care such as perineal care and transfers. The patient care tech revealed on 3/10/25 she was told she was not allowed to perform resident care due to the survey. Further interview confirmed at that time there was 1 CNA, the RN, and the patient care tech on shift due to another CNA not showing up for the shift as scheduled and resident #20 was difficult to manage due to his/her behaviors.</p>		

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<p>F 0729</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>Based on employee file review and staff interview, the facility failed to ensure the CNA abuse registry was checked prior to resident contact for 4 of 4 CNA files (#6, #7, #8, #9) reviewed. The census was 28. The findings were:</p> <ol style="list-style-type: none"> 1. Review of the employee filed for CNA #6 showed the CNA had an active Wyoming certification and there was no evidence the abuse registry was checked prior to resident contact. 2. Review of the employee filed for CNA #7 showed the CNA had an active Wyoming certification and there was no evidence the abuse registry was checked prior to resident contact. 3. Review of the employee filed for CNA #8 showed the CNA had an active Wyoming certification and there was no evidence the abuse registry was checked prior to resident contact. 4. Review of the employee filed for CNA #9 showed the CNA had an active Wyoming certification and there was no evidence the abuse registry was checked prior to resident contact. 5. Interview with human resources #1 and human resources #2 on 3/13/25 at 12:39 PM revealed the facility only checked for abuse through the department of family services and did not check the state CNA abuse registry. Further interview revealed they were not aware CNA abuse registry needed to be checked prior to resident contact. 		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure an antibiotic stewardship program was implemented. The census was 28. The findings were:</p> <ol style="list-style-type: none"> 1. Review of the physician orders for resident #26 showed the resident had an order for Cephalexin 250 milligrams (mg) 1 tablet by mouth one time a day for infection management which was ordered on 9/27/24 and didn't have a stop date. Review of a hospital discharge note-physician 9/26/24 showed the discharge plan indicated the resident had recurrent infection with no current symptoms and Cephalexin 250 mg was ordered daily for prophylaxis. Further review showed no evidence a physician rationale was provided for long-term antibiotic use. Interview with the DON and administrator on 3/13/25 at 10:04 AM confirmed the physician had not provided rationale for the long-term use of the antibiotic and the facility had not implemented an antibiotic stewardship program to review antibiotic usage. 2. Review of the policy titled Antibiotic Stewardship last revised on 8/20/23 showed .Antimicrobial Stewardship is a coordinated program that appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms. The Infection Control Committee and Infection Preventionist shall take an active and effective role in monitoring the use of antibiotics at GHLS .

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on staff interview, the facility failed to ensure a qualified infection preventionist was designated. The census was 28. The findings were:</p> <p>Interview with the facility administrator on 3/10/25 at 3:28 PM revealed the infection preventionist position was open and she was keeping up with the program with assistance from the hospital. Further interview confirmed there was nobody on staff who had completed specialized training in infection prevention and control.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on medical record review, staff interview and policy and procedure review, the facility failed to document if residents were educated about the benefits and potential side effects of the influenza and pneumococcal immunizations and if residents received the immunizations for 4 of 6 sample residents (#12, #14, #24, #28) reviewed for immunization status. The findings were:</p> <ol style="list-style-type: none"> 1. Review of the immunization records for resident #12 showed there was no evidence of education, offer, refusal or receipt of a current pneumococcal immunization. 2. Review of the immunization records for resident #14 showed there was no evidence of education, offer, refusal or receipt of an annual influenza, current COVID-19, or current pneumococcal immunization. 3. Review of the immunization records for resident #24 showed there was no evidence of education, offer, refusal or receipt of an annual influenza or current pneumococcal immunization. 4. Review of the immunization records for resident #28 showed there was no evidence of education, offer, refusal or receipt of an annual influenza, current COVID-19, or current pneumococcal immunization. 5. Interview with the administrator and director of nursing on 3/13/25 at 9:35 AM revealed the facility should offer and encouraged all immunizations. Further interview confirmed the facility did not have evidence the immunizations were offered or provided for resident #12, #14, #24 and #28. 6. Review of facility policy titled Vaccination of Elders Policy last updated 3/3/22 showed .Prior to receiving vaccinations, the elder or legal representative will be provided information and education regarding the benefits and potential side effects of the vaccinations. Provision of such education shall be documented in the elder's medical record . If vaccinations are refused, the refusal shall be documented in the elder's medical record. If the elder receives a vaccination, at least the following information shall be documented in the elder's medical record: a. Site of administration, b. Date of administration, c. Lot number of the vaccine, d. Expiration date, e. Name of person administering the vaccine .