

Wyoming Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Granite Rehabilitation and Wellness			STREET ADDRESS, CITY, STATE, ZIP CODE 3128 Boxelder Dr , Cheyenne, Wyoming, 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
S0000	<p>OPENING COMMENTS</p> <p>Rules and Regulations utilized for this survey are:</p> <p>Rules and Regulations for Program Administration of Nursing Care Facilities, Chapter 11, effective 07/01/2020</p> <p>Rules and Regulations for Licensure of Nursing Care Facilities, Chapter 19, effective 06/26/2000</p> <p>A licensure survey was conducted by Healthcare Licensing and Surveys from 3/23/26 through 3/26/26.</p> <p>Less commonly used abbreviations will be annotated in each deficiency.</p>	S0000		04/09/2026
S2915	<p>Physical Environment</p> <p>CFR(s): Ch 11 Sec 6 (a)(iv)</p> <p>(a) The building(s) of the Nursing Care Facility shall be constructed, arranged and maintained to ensure the health and welfare of all residents.</p> <p>(iv) The facility shall ensure hot water temperatures are adjusted for resident comfort and safety. The water temperature for showers and baths must not exceed 120 degrees Fahrenheit. Hand wash sinks must not exceed 110 degrees Fahrenheit.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation and staff interview the facility failed to ensure residents had an environment free from water temperatures the exceeded 120 degrees Fahrenheit (F) in 2 out of 3 shower areas and 110 degrees F in 11 resident room sinks. The findings were:</p> <p>1. Observation on 3/26/26 at 10:12 AM showed the first floor shower room reached a maximum temperature 130.5 degrees F during a 5 minute continuous monitor of water flow which was verified by the maintenance assistant.</p>	S2915	<p>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.</p> <p>State Miscellaneous</p> <p>S7999</p> <p>CORRECTIVE ACTION</p> <p>Install and/or calibrate thermostatic mixing valves to validate consistent delivery of safe water temperatures 4/24/26.</p> <p>IDENTIFICATION OF OTHERS</p> <p>Residents who use the shower for bathing and hand sinks have the potential to be affected by this practice.</p> <p>SYSTEMIC CHANGE</p>	05/08/2026

Office of Primary Care and Health Systems Management

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