STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	WY0010	A. BUILDING _____ B. WING _____	12/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOSHEN CARE CENTER	2009 LARAMIE STREET TORRINGTON, WY 82240

(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) COMPLETE DATE
SNH	LIC REGS FOR NURSING HOMES This State Rules and Regulations is not met as evidenced by: WYOMING DEPARTMENT OF HEALTH AGING DIVISION ~~Rules and Regulations for the Program~~ Administration of Nursing Care Facilities Chapter 11 Section 6. Physical Environment, (iv) Shower/bath and resident lavatories shall be set to provide water of a temperature not to exceed 110 degrees Fahrenheit. Based on observation and staff interview, the facility failed to ensure safe water temperatures in 1 of 5 (Secure unit) units. The findings were: Random water temperature checks on 12/21/11 at 5:10 PM revealed the following issues: The water temperature from the sink in the bathroom in resident room #503 was 118 degrees; water temperature from the sink in the bathroom in resident room #522 was 120 degrees; water temperature from the sink in the women's restroom (#547) was 118 degrees. Interview on 12/22/11 at 10:30 AM with the maintenance director revealed he did random water temperature checks daily, but confirmed the water temperatures in the rooms farthest from the water source were hardest to maintain.	SNH	To ensure compliance with this State Regulation, mixing valves will be added to each sink in the Alzheimer's Unit. Valley Plumbing will be performing the work on this project. ~~Completion date: February 5, 2012~~ Water temperatures will be monitored daily on a Preventative Maintenance scheduled by the maintenance staff and reported quarterly to the Safety Committee.	2-5-12

Natalie Kozell — LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator — TITLE

1/20/12 — (X6) DATE

STATE FORM 6899 RQ1511 If continuation sheet 1 of 1

Accepted with no changes needed
left voice message for admin.
Natalie Kozell on 1/27/12
Joalie Ross

RECEIVED
WY Dept of Health
JAN 23 2012
Healthcare Licensing and Surveys