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

PRINTED: 02/01/2013
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
	53A049	A. BUILDING 01 - MAIN BUILDING 01 B. WING	01/23/2013

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) COMPLETION DATE
K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinkled single story building of Type V (111) construction built in 1998. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system that communicates with the Alzheimer ' s building. The facility had a capacity of 75 certified Medicaid beds with a census of 65.	K 000		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure corridors were maintained unobstructed in 1 of 6 smoke compartments. The findings were: Observation of the dining room on 1/23/13 at 11:42 AM showed one of the two double doors had the door stop removed from the top edge of the door. Further observation showed the door obstructed the corridor by 24 inches when in the full open position. At the time of the observation	K 038	Dining room: Door stop reattached to the top edge of the door and fixed to not project more than 7" into the corridor. Completion date: 02/01/2013 This will be monitored by Plant Ops Supervisor and reported quarterly to safety committee, Pictures to follow	2/1/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 2/18/2013

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 w/ Mary Howe, DON, on 2/18/13 2/19/13

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	53A049	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/23/2013

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

2/1/13

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K 038	Continued From page 1 the facilities operations senior manager reported he was unaware corridor doors could only project 7 inches into the corridor when fully opened. NFPA 101, 2000 Edition, 19.2.2.1; 7.2.1.4.4* During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 in. (17.8 cm) into the required width of an aisle, corridor, passageway, or landing, when fully open. Doors shall not open directly onto a stair without a landing. The landing shall have a width not less than the width of the door. (See 7.2.1.3.)	K 038		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure sprinkler heads were maintained in 2 of 6 smoke compartments. The findings were: 1 Observation of the laundry on 1/23/13 at 11:22 AM showed two standard-temperature (165 degree) sprinkler heads were installed above the clothing driers. At the time of the observation the facilities operations senior manager could not explain why the sprinkler heads were not high -temperature (212 degree) sprinkler heads.	K 062	Laundry: 1. (2) 165d standard temperature fire sprinkler heads replaced with (2) 212d high temperature sprinkler heads. Completion Date: 02/01/2013 Switchgear room: 2. (3) 212d high temperature sprinkler heads replaced with (3) 165d standard sprinkler heads. Completion Date: 02/01/2013 This will be monitored by Plant Ops Supervisor and reported quarterly to safety committee. Pictures to follow Copy of invoice attached for repairs made to sprinkler heads	2/1/13

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	53A049	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOSHEN CARE CENTER	2000 LARAMIE STREET TORRINGTON, WY 82240

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K 062	Continued From page 2 2. Observation of the switch gear room on 1/23/13 at 11:27 AM showed three high-temperature (212 degree) sprinkler heads were installed. Further observation showed the emergency generator had been removed from the room in 2010. At the time of the observation the facilities operations senior manager could not explain why the sprinkler heads were not replaced with standard-temperature (165 degree) sprinkler heads. Review of the annual sprinkler system inspection record showed the sprinkler contractor had not identified sprinkler heads installed with improper temperature ratings. NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; 5-3.1.4 Temperature Ratings. 5-3.1.4.2 The following practices shall be observed to provide sprinklers of other than ordinary temperature classification unless other temperatures are determined or unless high-temperature sprinklers are used throughout ... (1) Sprinklers in the high-temperature zone shall be of the high-temperature classification, and sprinklers in the intermediate-temperature zone shall be of the intermediate-temperature classification. 5-3.1.4.3 In case of occupancy change involving temperature change, the sprinklers shall be changed accordingly. 5-3.1.5.2 When existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed.	K 062	This page left blank intentionally	

PHOENIX FIRE PROTECTION

Phoenix Fire Protection. Inc.
2022 Snyder Ave.
Cheyenne, WY 82001
307-634-FIRE (3473)

Invoice

Date	Invoice #
2/5/2013	10889
P.O. No.	

Bill To

TORRINGTON COMMUNITY HOSP
2000 CAMPBELL DR
TORRINGTON, WY 82240

Ship To

TORRINGTON COMMUNITY HOSP
2000 CAMPBELL DR
TORRINGTON, WY 82240

Terms	Net 30, 1 1/2%, $10 Min. per month

Due Date	3/7/2013

Description	Qty	Rate	Amount
LABOR	6	75.00	450.00
Sprinkler Head	8	20.00	160.00
		0.00%	0.00

FEB 2013
ENTERED
COMMUNITY
HOSPITAL

APPROVAL FOR PAYMENT

Date 2/18/13 Dept. Mgr. [signature]

Dept. Maintenance Phone 7191

3580 1174-2100 750120-0000
Facility AU/Cost Center Expense Account

Thank you for you business.

Total	$610.00
Payments/Credits	$0.00
Balance Due	$610.00

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	53A049	A. BUILDING 02 ALZHEIMERS BUILDING B. WING	01/23/2013

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

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K 000	INITIAL COMMENTS Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code, New Health Care, of the National Fire Protection Association. The facility was a fully sprinkled single story building of Type V (111) construction built in 2007. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system that communicates with the main building. The facility had a capacity of 28 certified Medicaid beds with a census of 28. On January 23 2013, a Life Safety Code Survey was conducted for the Goshen Care Center Alzheimer's Unit in Torrington WY. It was determined, based upon the findings of the survey, that no deficiencies were identified pertaining to the Life Safety Code.	K 000		

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

CEO 2/18/2013

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RETURNED 2/18/13