

AUG-16-2010 11:59 OFFICE OF REGIONAL
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

8/9/2011

P.01
P.01
P.01

P.01
PRINTED: 07/26/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53A049	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 06/03/2010
NAME OF PROVIDER OR SUPPLIER GOSHEN CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 (NFPA) The facility was a fully sprinklered single story building of Type V (III) construction built in 1998 with a connecting Alzheimer Unit built in 12009. The building was equipped with a dry branch in the attic and an addressable fire alarm system. NFPA 101 LIFE SAFETY CODE STANDARD	K 000			
K 018 SS=D	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by:	K 018	K 018 The wheelchair cord that was plugged into the wall was impeding the closing of the door to the resident room. The maintenance staff and Goshen Care Center Supervisor educated the resident and the Care Center staff on ensuring that the door from the room to the hall remains clear and able to close. On April 26 th the resident gave staff permission to have the wheelchair moved to a storage room where it could be plugged in and still be accessible to the resident. The doorway will be monitored by nursing and maintenance staff weekly, by monthly safety walk throughs, and reported to safety committee.	2010 AUG 9 PM 3 15 4/26/10 06/03/2010 KA 8/16/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
x Natalie Koylo Administrator x
TITLE
DATE 8/16/10

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.

Wyoming Dept of Health

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/29/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53A049	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2010
NAME OF PROVIDER OR SUPPLIER GOSHEN CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 018	Continued From page 1 Based on observations on 6/03/2010 the facility failed to assure that there were no impediments to closing of corridor doors. Resident room door 404 was observed at approximately 11:07 AM to have a power cord that was plugged into a electrical outlet and under the residents smoke resisting door preventing full closure. This observation was verified by the maintenance director.	K 018	X		X