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

PRINTED: 11/06/2013
FORM APPROVED
OMB NO. 0938-0391

RECEIVED
WY Dept of Health
NOV 20 2013
Facility Licensing and Surveys

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	10/22/2013

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 sprinklered, 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 69.	K 000		
K 038 SS=E	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 corridor system on 10/21/13 between 2:30 PM and 3 PM showed one of two dining room corridor double doors projected more than 7 inches into the corridor when fully open. Observation showed the door projected 12 inches into the corridor when fully open. Further	K 038	A) On 10/23/2013, Facility Maintenance Department adjusted the 2 doors listed in the CMS 2567 so they would not project any more than 7 inches into the corridor. B) The Facility Maintenance Director or designee will conduct a facility wide audit of all doors to ensure that all doors are compliant with Federal and State regulations. Any doors found not in compliance will be corrected immediately. C) Facility Maintenance Director or designee will provide education to Maintenance Staff on the regulations regarding doors and their projection into facility corridors. Facility Maintenance Director or designee will conduct a monthly audit of corridor doors to ensure doors are in compliance with Federal and State Regulations.	12/6/13

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

NHA 11/15/13

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.

for MODIFIED ACCEPTED w/ Michael Spidle, NHA, ON 11/21/13

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

PRINTED: 11/06/2013
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	10/22/2013

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 038	Continued From page 1 observation showed one of two activities corridor double doors projected 16 inches into the corridor when fully open. On 10/21/13 at 2:47 PM, the plant operations senior manager could not explain why the aforementioned doors had not been noticed and modified to project no more than 7 inches during the quarterly safety inspections. Reference 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	D) The results of monthly audits will be reported to the Facility's Monthly Environment of Care Committee for further follow up and actions.	~~12/17/13~~ 12/20/13
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and facility staff interview, the facility failed to ensure 1 of 2 kitchen hood tests was conducted as needed. The findings were: Review of the kitchen hood exhaust vent duct cleaning records showed the system was not cleaned on a routine basis. On 10/22/13 at 10 AM, the plant operations senior manager reported he was unaware of the aforementioned requirement.	K 069	A) On 11/13/2013, all Kitchen hood exhaust vents listed in the CMS 2567 were cleaned by a certified vendor. B) The Facility Maintenance Director or designee will add semi-annual kitchen hood exhaust duct cleaning to the Preventative Maintenance schedule. C) The Facility Maintenance Director or designee will monitor the Preventative Maintenance Schedule in order to ensure compliance to the semi-annual cleaning expectations. D) The Facility Maintenance Director or designee will report to the status of the	

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

PRINTED: 11/06/2013
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	10/22/2013

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

11/22/13

(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 069	Continued From page 2 Reference NFPA 101, 2000 Edition, 19.3.2.6, 9.2.3, NFPA 96, 1998 Edition; 8-3 Cleaning 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease and oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder of other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person (s) acceptable to the authority having jurisdiction in accordance with Table 8-3.1 Table 8-3.1 Exhaust system Inspection Schedule Type or Volume of Cooking Frequency Systems serving high-volume cooking operations such as 24-hour cooking .....Quarterly Systems serving moderate-volume cooking ..... Semi-annually 8-3.1.1 Upon inspection, if found to be contaminated with deposits from grease-laden vapors, the entire exhaust system shall be cleaned by a properly trained, qualified, and certified company or person (s) acceptable to the authority having jurisdiction in accordance with Section 8-3.	K 069	cleaning schedule to the Facility's Monthly Environment of Care Committee for further follow up and actions.	~~12/17/13~~ 12/8/13
K 075 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen	K 075	A) New soiled linen carts and trash receptacles with dimensions that are compliant with Federal regulations will be ordered and placed in the appropriate locations in both the dining room and the	

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

PRINTED: 11/06/2013
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	10/22/2013

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

11/22/13

(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 075	Continued From page 3 or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure soiled linen carts were separated by 64 square feet in 2 of 6 smoke compartments. The findings were: 1. Observation of the dining room on 10/21/13 at 2:42 PM showed two soiled linen carts and a trash collection receptacle were stored side-by-side. Further observation showed combustible products were deposited in each container. At the time of the observation, the interim director of nurses' (IDON) reported he was unaware collection receptacles used to collect combustible materials were required to be separated by 64 square feet from each other. The IDON further reported that the collection receptacles were emptied after meals and at the end of the day. The receptacles had products deposited in them after they were emptied, after the meal was concluded. 2. Observation of the 300 hall tub room on 10/21/13 at 3:41 PM showed two linen carts were stored side-by side with combustible products deposited in each container. At the time of the observation, CNA #1 reported the receptacles were emptied at the end of each 12 hour shift.	K 075	300 unit tub room. B) The Facility Maintenance Director or designee will conduct a facility wide audit to ensure that the dimensions of all soiled linen carts and trash receptacles are compliant with Federal and State regulations. The Facility Maintenance Director or designee will also audit the separation distance between the soiled linen and trash receptacles to ensure distances are compliant with Federal and State regulations. All issues will be corrected immediately upon discovery. C) The Facility Maintenance Director or designee will provide education to facility staff on the required dimensions of the soiled linen carts and trash receptacles and the correct spacing of both. Environmental Services Supervisor or designee will monitor staff compliance to these expectations 3 time per week. D) The results of the weekly audits will be reported to the Facility's Monthly Environment of Care Committee for further follow up and action.	~~12/17/13~~ 12/13/13

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

PRINTED: 11/06/2013
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	10/22/2013

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

11/21/13

(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 147 K 147 SS=D	Continued From page 4. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code: 9.1.2 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 1 of 6 smoke compartments. The findings were: 1. Observation of resident room #407 on 10/21/13 at 3:02 PM showed a clock was plugged into a 2-way electrical adapter. At the time of the observation, the plant operations senior manager could not explain why this adapter had not been noticed and removed during the quarterly safety inspections. 2. Observation of resident room #412 on 10/21/13 at 3:09 PM showed a lamp was plugged into a multi-plug power tap. Further observation showed the power tap did not provide surge protection. At the time of the observation, the plant operations senior manager could not explain why this adapter had not been noticed and removed during the quarterly safety inspections. Reference NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 400-8, Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or	K 147 K 147	A) Removed power taps in room #407 and #412. B) Facility Maintenance Director or designee to conduct a facility wide audit of all resident rooms to ensure that all power taps provide surge protection and UL listing. Any issues discovered during the audit will be addressed immediately. C) Facility Maintenance Director or designee to provide education to staff on the requirement that all power taps must have surge protection and UL listing. Facility NHA or designee to provide education to residents and families on the required specifications for UL listed, surge protected power taps. An addition to the facility admissions packet will be drafted to educate all future residents/families on the required specifications for UL listed, surge protected power taps. Facility EVS Supervisor or designee to audit resident rooms weekly to ensure compliance to expectations. D) The results of the weekly audits will be reported to the Facility's Monthly Environment of Care Committee for further follow up and action.	12/17/13 12/3/13

PRINTED: 11/06/2013
FORM APPROVED
OMB NO. 0938-0391

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

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	10/22/2013

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 147	Continued From page 5 similar openings (4) Where attached to building surfaces	K 147	This page let blank intentionally	

PRINTED: 11/06/2013
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A049	A. BUILDING 02 - ALZHEIMERS BUILDING B. WING	10/22/2013

RECEIVED
NOV 20 2013
Wyoming Department of Health
Nursing Facility Survey

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, New Health Care, of the National Fire Protection Association. The facility was a fully sprinklered, 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 26.	K 000		
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on record review and facility staff interview, the facility failed to ensure 1 of 2 kitchen hood tests was conducted as needed. The findings were: Review of the kitchen hood exhaust vent duct cleaning records showed the system was not cleaned on a routine basis. On 10/22/13 at 10 AM, the plant operations senior manager reported he was unaware of the aforementioned requirement. Reference NFPA 101, 2000 Edition, 19.3.2.6, 9.2.3, NFPA 96, 1998 Edition;	K 069	A) On 11/13/2013, the Kitchen hood exhaust vent listed in the CMS 2567 were cleaned by a certified vendor. B) The Facility Maintenance Director or designee will add semi-annual kitchen hood exhaust duct cleaning to the Preventative Maintenance schedule. C) The Facility Maintenance Director or designee will monitor the Preventative Maintenance Schedule in order to ensure compliance to the semi-annual cleaning expectations. D) The Facility Maintenance Director or designee will report to the status of the cleaning schedule to the Facility's Monthly Environment of Care Committee for further follow up and actions.	12/17/13 12/6/13

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

MHA 11/19/13

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.

FOR MAILED & ACCEPTED W/ MICHAEL SPENCER, NHA, ON 11/21/13

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

PRINTED: 11/06/2013
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 02 - ALZHEIMERS BUILDING B. WING	10/22/2013

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 069	Continued From page 1 8-3 Cleaning 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease and oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder of other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person (s) acceptable to the authority having jurisdiction in accordance with Table 8-3.1 Table 8-3.1 Exhaust system Inspection Schedule Type or Volume of Cooking Frequency Systems serving high-volume cooking operations such as 24-hour cooking ....Quarterly Systems serving moderate-volume cooking ... ... Semi-annually 8-3.1.1 Upon inspection, if found to be contaminated with deposits from grease-laden vapors, the entire exhaust system shall be cleaned by a properly trained, qualified, and certified company or person (s) acceptable to the authority having jurisdiction in accordance with Section 8-3.	K 069		
K 075 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq. ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9 sq. m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not	K 075	A) New soiled linen carts and trash receptacles with dimensions that are compliant with Federal regulations will be ordered and placed in the appropriate locations in the Bathtique #571 room. B) The Facility Maintenance Director or designee will conduct a facility wide audit to ensure that the dimensions of all soiled linen carts and trash receptacles	

PRINTED: 11/06/2013
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A049	A. BUILDING 02 - ALZHEIMERS BUILDING B. WING	10/22/2013

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

W/2v/13

(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 075	Continued From page 2 attended. 18.7.5.5 This STANDARD is not met as evidenced by: Based on observation and facility staff interview, the facility failed to ensure soiled linen carts were separated by 64 square feet in 1 of 3 smoke compartments. The findings were: Observation of Bathtique #571 on 10/21/13 at 4:14 PM showed two soiled linen receptacle were stored side-by-side. Further observation showed combustible products were deposited in each container. At the time of the observation, the interim director of nurses' (IDON) reported he was unaware collection receptacles used to collect combustible materials were required to be separated by 64 square feet from each other. The IDON further reported that the collection receptacles were emptied at the end of each 12 hour shift.	K 075	are compliant with Federal and State regulations. The Facility Maintenance Director or designee will also audit the separation distance between the soiled linen and trash receptacles to ensure distances are compliant with Federal and State regulations. All issues will be corrected immediately upon discovery. C) The Facility Maintenance Director or designee will provide education to facility staff on the required dimensions of the soiled linen carts and trash receptacles and the correct spacing of both. Environmental Services Supervisor or designee will monitor staff compliance to these expectations 3 times per week. D) The results of the weekly audits will be reported to the Facility's Monthly Environment of Care Committee for further follow up and action.	12/17/13 12/8/13