PRINTED: 12/17/2014
FORM APPROVED

Healthcare Licensing and Surveys

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 _____	12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOSHEN HEALTHCARE COMMUNITY	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
S2910	Ch 11 Sec 5 (b)(iv) Organization and Administration (b) Personnel policies and procedures. The governing body or its equivalent, through the Nursing Home Administrator, shall be responsible for implementing and maintaining written personnel policies and procedures that support sound resident care and personnel practices. (iv) Written policies shall ensure a safe and sanitary environment for residents and personnel. (A) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. (B) Employees having known positive skin test shall provide a certificate of noninfectiousness for a physician, recommendations, if any, for treatment, and evidence that they have complied with such recommendations. (C) Individuals providing documentation of negative skin tests administered within the last year need no physician follow-up at this time. (D) Individuals never having had a skin test or who do not have written proof of skin test results, shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two (2) step procedure. If the first test is negative and the employee is asymptomatic, the employee may engage in resident contact prior to the results of the second skin test. (I) A negative reaction requires no follow-up by a physician at this time.	S2910	This plan of correction does not constitute admission and/or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared as required by regulation. To remain in compliance with all Federal and State regulations, the center has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. **SP2910: Organization and Administration** **Corrective Actions:** All newly hired employees since 08/01/2014 have been administered Tuberculin Skin Tests (TST), by the DNS/designee, including CNA's #1, #2, #3, #4, #5 **Others Potentially Affected:** An audit was completed of all new hires since 08/01/2014 to identify any staff that had not received TST upon hire. All residents have the potential to be affected by this practice. **Systemic Changes:** • The DNS/Unit Managers were educated on the requirement to administer the 2-step TST per	1/19/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Connie - RN | TITLE: Director Of Nursing | (X6) DATE: 1-7-15

STATE FORM 6899 PU8T11 If continuation sheet 1 of 2

1/7/15 @ 3:35pm - The POC accepted between Connie Lucius, DON and Tony Madden, Health Surveyor with the agreed to changes and a POC of 1/19/15

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S2910	Continued From page 1 (II) A positive reaction (10mm induration using 5TU PPD) requires a referral to a physician for x-ray and certification of noninfectiousness and appropriate treatment if needed. Follow-up shall comply with recommendations of the attending physician. (E) If symptoms occur, a new certificate of noninfectiousness is required from the physician. This State Rule and Regulation is not met as evidenced by: Based on employee file review and staff interview, the facility failed to ensure a system was in place to evaluate Tuberculin (TB) risk for 5 of 5 new employee records reviewed (#1, #3, #4, #5). The findings were: Review of the employee files for CNAs #1, #2, #3, #4 and #5 showed there was no information related to TB risk or testing. Interview with the Director of Nursing on 12/3/14 at 3:50 PM revealed she was not aware of the requirement. The Certified Nurse Aides (CNA) had the following dates of hire: a. CNA #1 was hired on 8/6/14 b. CNA #2 was hired on 9/20/14 c. CNA #3 was hired on 10/6/14 d. CNA #4 was hired on 11/6/14 e. CNA #5 was hired on 11/21/14	S2910	State Regulation, on 12/03/2014. • All newly hired employees will be administered the 2-step TST according to State Regulations. • The DNS/designee will maintain a running log of newly hired employees and the TST administration dates and results. • The Business Office Manager/designee will complete a new hire checklist, including the TST component, on all new hires prior to their first official day of orientation. **Monitoring:** The Business Office Manager/designee will audit new hire files for TST documentation weekly x 4 weeks, monthly x 3 months, and then random thereafter. **QA:** The Business Office Manager will report audit data quarterly to the Quality Assurance Committee. The Quality Assurance Committee members will analyze the results of audits to determine further corrective action if necessary to ensure continued compliance with this plan of correction or and/or termination of monitoring if intervention(s) are successful.	

1/7/15