STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535057	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/21/2018

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) COMPLETION DATE
K 000	INITIAL COMMENTS Stories: 1 Construction: Type V (111) Constructed: 1998; 2008 500 wing K0180: Fully Sprinkled Certified Beds: 103 Capacity: 103 Census: 91	K 000		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide emergency lighting as required. Findings include: On 3/22/18, the required monthly testing and recording of electrolyte specific gravity or conductance results (Reserve Capacity, "RC") of the lead acid batteries in connection with the emergency power supply system (generator) were not completed as required. The emergency power supply system provides power for emergency lighting. The Maintenance Supervisor was present when the deficiency was identified. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected one of numerous	K 291	The Adminnistrator or designee will purchase a device that will be able to provide the conductive results of the lead acid batteries in conjunction with the emergency power supply system. The device is on order specifically 'Autool BT660 Battery Conductance Tester 12v/24v', order # 113-9123585-4159417 with an estimated delivery date on or before April 8, 2018. Upon receipt the device will be used to test the generator batteries on the two generators immediately and monthly thereafter. The TELS maintenance system will be modified so that the battery tests are listed on the monthly protocol list. The monthly test results will be reported to the QAPI committee for a period of not less than five months.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kat Shaughn	NHA	4-18-18

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.

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K 291	Continued From page 1 requirements of the emergency lighting system. Ref: 2012 NFPA 101 Section 19.2.9.1, 7.9.2.4, 4.6.12.1; 2010 NFPA 110 Section 8.3.7.1	K 291		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to test the fire alarm system as required. Findings include: On 3/22/18, there was missing or incomplete documentation of fire alarm testing as follows. Maintenance, inspection and testing records are required to be retained until the next test and for 1 year thereafter: - Smoke detector testing - Notification device testing Ref: 2012 NFPA 101 Section 19.3.4.1, 9.6.1.5; 2010 NFPA 72 Section 14.6.2.1 On 3/22/18, device test results (alarm initiating, supervisory alarm initiating, and notification) did not provide an itemized list with the following information, device type, address, location, and test result as required.	K 345	The Administrator or designee will identify each pull station, strobe light, and smoke detector in each of the 6 smoke barrier compartments. Each of the devices will be cataloged by their location and if so marked their identification number. Each device will then be tested and the results of the test will be recorded. The testing for each device shall consist of ;strobe lights after alarm activation to see if the strobe lights indicates as designed, pull station upon being pulled did it activate the alarm system, smoke detector will be tested using the comercially available smoke substitute to make certain they activate after being in the presence of pseudo smoke. Results of each smoke barrier section will be brought to QAPI committee by the Administrator or designee. The cataloging of each device will commence immediately with a completion date no later than April 6, 2018. Each of the 6 zones will then be tested systematically with the testing to be completed within one week per fire barrier compartment.	

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K 345	Continued From page 2 - Pull stations Ref: 2012 NFPA 101 Section 19.3.4.1, 9.6.1.5; 2010 NFPA 72 Section 14.6.2.4, Figure 14.6.2.4 Section 7.12-7.14 and page 11 of 11) On 3/22/18, there was no record that smoke detector sensitivity testing had been performed as required. Testing is required on alternate years unless previous testing shows that the detectors have remained within its listed and marked sensitivity range after the second required calibration test. The interval between testing may then be extended to 5 years. If the frequency is extended, records of nuisance alarms and subsequent trends on these alarms are required to be maintained. There were no records that indicated that the detectors met this requirement or the alternate year testing. Ref: 2012 NFPA 101 Section 19.3.4.1, 9.6.1.3; 2010 NFPA 72 Section 14.4.5.3.(1-3) On 3/22/18, the Maintenance Supervisor confirmed that the annual smoke detector testing was done with a magnet that did not assure smoke entry as required for the annual detector functional test. Ref: 2012 NFPA 101 Section 19.3.4.1, 9.6.1.3; 2010 NFPA 72 Section 14.4.2.2, Table 14.4.2.2, 14.(g)(1) The Maintenance Supervisor was present when the deficiency was identified. Failure to test the fire alarm system as required increases the risk of death or injury due to fire.	K 345		

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K 345	Continued From page 3 The deficiency affected five of five smoke compartments.	K 345		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to protect the facility with an automatic sprinkler system as required. Findings include: On 3/22/18, the control valve at the following location did not provide an off normal signal during the first 2 revolutions or one-fifth of the travel distance of the valve control apparatus from its normal position as required.	K 351	The Administrator or designee will remove the device that is attached to the fire sprinkler post such that the underlying valve cannot be turned to the off position after inspecting the post to make certain the post shows the valve position as OPEN. Our fire sprinkler contractor will install a Supervisory switch to constantly monitor the valve to maintain the open position. The supervisory switch will be constantly monitored utilizing the fire panel, and if the switch is moved an alarm will sound through the fire panel. The switch will be tested for a period of one year with quarterly tests. Results of audits will be discussed by the Administrator or designeee at monthly QAPI meetings to assure compliance. On April 13, 2018 at 2:25 PM The administrator received an email from the surveyor requesting a date certain for the K351 tag. The tamper switch/ supervisory switch has been received as of 5PM this 18th day of April. 2018. The contractor will finalize the task on the 23rd of April, 2018 by attaching the switch to the top of the outside sprinkler valve indicator and wiring the switch into the fire panel on a permanent basis.	

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K 351	Continued From page 4 - Post indicating Valve (PIV) for wing 500 The Maintenance Supervisor was present when the deficiency was identified. Failure to protect the facility with an automatic sprinkler system as required increases the risk of death or injury due to fire. The deficiency affected one of five smoke compartments. Ref: 2012 NFPA 101 Sections 19.3.5.1, 9.7.2.1; 2010 NFPA 72 Section 17.16.1.2	K 351		