STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535057	A. BUILDING _____ B. WING _____	C 03/12/2019

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
F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys on 3/11/19 to 3/12/19. The survey was prompted by complaint intake WY00002790.	F 000		
F 676 SS=D	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting, §483.24(b)(4) Dining-eating, including meals and	F 676		4/7/19

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

Electronically Signed | 04/04/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535057	A. BUILDING _____ B. WING _____	C 03/12/2019

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
F 676	Continued From page 1 snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview the facility failed to provide services to maintain activities of daily living in 1 of 4 residents (#1) reviewed for restorative nursing services. The findings were: 1. Review of the admission MDS assessment dated 6/26/18 showed resident #1 was admitted with diagnoses which included Lewy body dementia with hallucinations. Further review showed the resident required the extensive assistance of one staff for walking, dressing, and personal hygiene. The following concerns were identified: a. Review of the quarterly MDS assessment dated 12/18/18 showed the resident required the extensive assistance of 2 staff for walking, dressing, and personal hygiene. b. Observation of the resident on 3/11/19 from 12:30 PM to 1:47 PM showed the resident was asleep in a recliner. At 1:47 PM, CNA #1 and CNA #2 placed a gait belt around the resident's waist and transferred him/her to a wheelchair and then took him/her to the bathroom. The CNAs then transferred the resident to the toilet. c. Interview with CNA #1 & CNA #2 on 3/11/19 at that time revealed the resident was walking when s/he was admitted, and even ran	F 676	1. Corrective action: Resident #1 received orders for Physical Therapy and Occupational Therapy eval and treat on 3/14/19. 2. Others Potentially Effected: All residents who ambulate are potentially at risk. 3. Systemic Changes: Nursing staff will be educated by the Director of Nursing or designee on intervention/approaches with resident behaviors and refusals related to Dementia. Nursing staff will be educated by the Director of Nursing for referring residents to Therapy or Restorative ambulation program. Weekly Restorative Nursing rounds reviewed and revised to monitor for changes, and review of residents appropriate for restorative ambulation program. 4. Monitoring: The Director of Nursing or designee will audit ambulatory residents weekly for decline in ambulation ability to determine need for therapy and/or restorative ambulation program. The MDS Nurse or designee will audit ambulatory resident MDSs weekly to determine for decline in ambulation ability to determine need for therapy and/or restorative	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535057	A. BUILDING _____ B. WING _____	C 03/12/2019

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
F 676	Continued From page 2 down the hall at times. Both CNAs confirmed the resident no longer walked, and they were not aware if s/he received any type of rehabilitation therapy. d. Interview on 3/12/19 at 11:03 AM with unit manager #2 revealed the resident had a history of combativeness, and staff failed to try to walk him/her. e. Interview with the DON on 3/12/19 at 11:35 AM revealed the resident was high functioning with walking when s/he was admitted, but now only took a few steps. In addition she stated the facility had not thought about creating a restorative program for the resident.	F 676	ambulation program. Both audits will continue weekly for six months. Results of the audits will be discussed by the Director of Nursing or designee at monthly QAPI Meeting to identify trends or additional education needs and will include discussion on the continuation or discontinuation of the audit based on findings	