

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY00010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/31/2018
NAME OF PROVIDER OR SUPPLIER GOSHEN HEALTHCARE COMMUNITY		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) COMPLETE DATE
S 000	General Comments A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on January 31, 2018. 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 communicated with the Alzheimer building (SCU). The facility had a capacity of 75 certified Medicaid beds with a census of 60 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Section 8 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules and Regulations for Health Care Facilities apply.	S 000		
S7999	State Miscellaneous Life Safety State Miscellaneous This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the existing plumbing systems in accordance with the 2008 International Plumbing Code. The findings were: Observation on 1/31/2018 at 11:34 AM in the 300 hallway revealed a hand wash sink missing an ASSE 1070 mixing valve. Failure to provide mixing valves as required could cause burns from extremely hot water resulting in injury. Interview with the Facility Maintenance Manager	S7999		

Wyoming Dept of Health, Aging Division, Healthcare Licensing and Surveys
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] NHA

original

(X6) DATE

4-16-18

STATE FORM

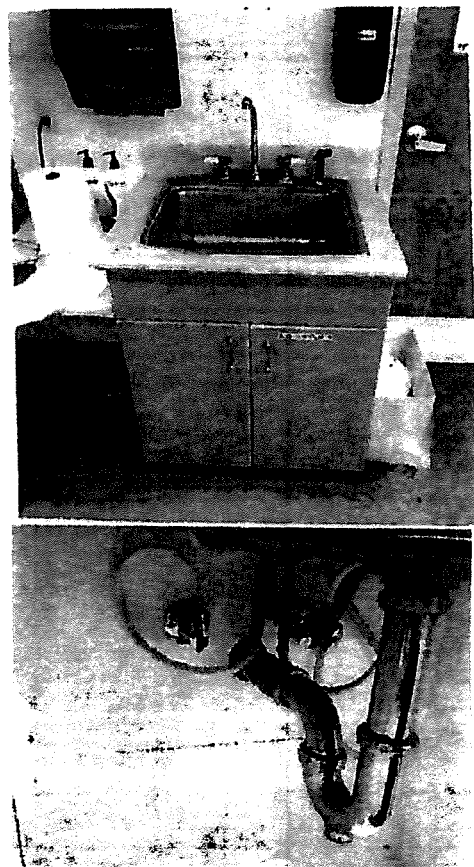
REGK11

If continuation sheet 1 of 2

POC ACCEPTED VIA PHONE CALL WITH ADMINISTRATOR
TRENT KAUFMAN ON 4-17-2018.

[Signature]
2/6/2018

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: WY0010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/31/2018
NAME OF PROVIDER OR SUPPLIER GOSHEN HEALTHCARE COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2009 LARAMIE STREET TORRINGTON, WY 82240			
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S7999	Continued From page 1 at the time of observation indicated he was aware of the requirement. REF: 2008 IPC, Section: 416.5	S7999	The hand wash sink on the 300 hallway did not have a mixing valve. On April 12, 2018 a mixing valve was placed under the sink and properly connected to the sink service lines.		
		 Mixing valve added			

Get Sheehan NHA original 4-18-18 now 7-20-18