STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535057	A. BUILDING **02 - ALZHEIMERS BUILDING** B. WING _____	**02/11/2020**

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 A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on February 11, 2020. 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 2012 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 2008. 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 main building (NH).The facility had a capacity of 103 certified Medicare and Medicaid beds with a census of 88 residents. .	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at	K 222		3/17/20

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

Electronically Signed | 03/11/2020

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K 222	Continued From page 1 all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on	K 222		

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	535057	A. BUILDING **02 - ALZHEIMERS BUILDING** B. WING _____	**02/11/2020**

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K 222	Continued From page 2 door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain egress doors in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain egress doors as required could result in injury or death during an emergency. The deficiency affected one (1) of approximately four (4) exits from the secured unit. The findings were: Observation on 2/11/2020 at 12:30 PM at the secured unit dining room exit door revealed the delayed egress locking system failed to operate as designed. When tested the release process failed to activate an audible signal in the vicinity of the door as required, and failed to release the door after 15 seconds. The door could only be released by punching in a code. Interview with the facility maintenance staff at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.2.2.2.4; 7.2.1.6.1.1 (3) .	K 222	K222 1. The door to the secured unit dining room exit operates with a code. The sticker indicating otherwise was removed from the door. There is only one locking device on the door. 2. Similar doors were observed for the same concern. No other coded doors had the sticker indicating another type of lock. 3. Maintenance staff were educated on the clinical needs or security threat locking of egress doors with respect to having only one locking device on the doors. Observation and testing of these doors was added to the regular preventive maintenance schedule. 4. The Maintenance Director is responsible to monitor this process. The Maintenance Director or designee will complete egress door observations for locking devices x 4 weeks, bi-monthly observations x 4 weeks, and then monthly observations as part of the preventive maintenance program. Results of the observations will be brought to the QA committee monthly x 3 months. Problems with this process will be brought to the QA committee for review and resolution. 5. Completion date 3/17/2020	
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101	K 291		3/17/20

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K 291	Continued From page 3 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 staff interview, the facility failed to provide emergency lighting in accordance with the 2010 NFPA 110, Standard for Emergency and Standby Power Systems. Failure to provide emergency lighting as required could result in injury or death during an emergency. The deficiency affected less than 10 percent of the facility. The findings were: Observation on 2/11/2020 at 12:15 PM in the emergency generator transfer switch room revealed that no battery- powered emergency lighting was provided. In an emergency where the transfer switch failed to operate the battery powered emergency lighting would provide illumination at the transfer switch. Interview with the facility maintenance staff at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2010 NFPA 110, Section: 7.3.1	K 291	K291 1. Battery- powered emergency lighting was installed in the emergency generator transfer switch room. A 90-minute test of the emergency lighting was conducted and documented on 3/9/2020. 2. Facility areas requiring battery-powered emergency lighting were observed and lighting was tested. No other concerns were found. 3. Maintenance staff were educated on the need for emergency lighting as specified in K291. Observations and testing of this lighting is on the monthly preventive maintenance schedule. 4. The Maintenance Director is responsible to monitor this process. The Maintenance Director or designee will complete emergency lighting observations and monthly 90- minute tests of the emergency lights and record in the TELs system. A report of the observations will be brought to the QA committee monthly x 3 months. Problems with this process will be brought to the QA committee for review and resolution. 5. Completion date 3/17/2020.	

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E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on February 11, 2020. Based upon the findings of the survey team, it was determined the facility was in compliance with all requirements.	E 000		

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