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 _____	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) COMPLETE DATE
S 000	General Comments A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on February 11, 2020. 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. 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 103 certified Medicare and Medicaid beds with a census of 88 residents.	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 protect potable water in accordance with the Wyoming Department of Health Chapter 3, Construction Rules and Regulations for Healthcare Facilities. Failure to provide potable water as required could result in the spread of infection. The deficiency affected approximately 25% of the facility. The findings were: Observation on 2/11/2020 at 10:47 AM in the activities director storage room revealed an	S7999	State Miscellaneous Life Safety POC 2020 S7999 1. The aerator on the sink in the Activities storage room was removed. The exhaust ventilation in the 400 hallway bathing room now operates continuously. 2. The aerators located in sinks throughout the facility were removed. Exhaust ventilation systems and vents were observed for continuous functioning	3/9/20

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S7999	Continued From page 1 aerator on the sink. Further observation revealed aerators in the janitor's closet, and throughout the facility. Interview with the facility maintenance manager at the time of observation acknowledged the aerators, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: WDH Chapter 3 Section 5 (b)(iv)(E) Based on observation and staff interview, the facility failed to provide continuous mechanical exhaust ventilation in accordance with the Wyoming Department of Health Chapter 3 rules. Failure to provide continuous mechanical exhaust could lead to injury or death. The deficiency was pervasive throughtout the facility. The findings were: Observation on 2/11/2020 at 11:06 AM in the bathing room in the 400 hallway revealed no continuous mechanical exhaust ventilation. Further observation in other bathing rooms and toilet rooms throughout the facility revealed no continuous mechanical exhaust ventilation. Interview with the facility maintenance manager at the time of observation acknowledged the lack of ventilation, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: WDH Chapter 3 Section 5(b)(iv)(B)	S7999	throughout the facility. No other concerns were noted. 3. Maintenance staff were educated on the need to remove aerators as an infection control measure to protect potable water and the need for continuous mechanical exhaust ventilation. Observations of sink faucets to look for aerators was added to the regular preventive maintenance schedule. Observations of mechanical ventilation systems is in the preventive maintenance schedule (TELS). 4. The Maintenance Director is responsible to monitor this process. The Maintenance Director or designee will perform a monthly audit of sink faucets to observe for any aerators and report to the QA committee monthly x 3 months. Problems with this process will be brought to the QA committee for review and resolution. The Maintenance Director or designee will perform monthly audits of the continuous mechanical ventilation system per the TELS preventive maintenance system. Concerns will be corrected immediately and reported 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	