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 06/29/2021

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 6/29/21. The survey was prompted by complaint intake WY000003246. In addition, a Covid-19 focused infection control survey, which included a review of emergency preparedness requirements, was conducted by Healthcare Licensing and Surveys on 6/29/21. Based on the findings of the survey team, it was determined that no deficiencies were identified related to the infection control survey. The following common abbreviations are used throughout this document: CNA: Certified Nurse Aide DON: Director of Nursing LPN: Licensed Practical Nurse MDS: Minimum Data Set NHA: Nursing Home Administrator	F 000		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or	F 600		8/5/21

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

Electronically Signed | 07/23/2021

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F 600	Continued From page 1 physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on review of the facility incident reports, observation, medical record review, and staff interview, the facility failed to ensure residents were free from unwanted sexual touching for 2 of 4 residents (#4, #5) reviewed for abuse. Further, the facility failed to develop interventions to protect residents from further incidents for 1 of 3 residents (#1) reviewed for behaviors. The findings were: 1. Review of the 4/28/21 quarterly MDS assessment showed resident #1 had diagnoses which included unspecified intracranial injury, unspecified dementia with behavioral disturbance, pseudobulbar affect, atrial fibrillation, violent behavior and anxiety. The resident had a BIMS score of 6 (indicating severe cognitive impairment) and displayed physical and verbal behavior symptoms. Review of the resident's care plan with a revision date of 5/4/21 showed a focus area for displaying repeated sexual behaviors. Interventions included "15 minute checks as necessary for safety of others." The following concerns were identified: a. Review of the facility incident report and investigation dated 6/16/21 showed housekeeper #1 reported to her supervisor that she had witnessed resident #1 touch the breasts of two residents (#4, #5) approximately 2 weeks previously. The facility investigated and concluded unwanted sexual touching had occurred. The facility also determined through interviews the resident had made sexual comments to and attempted to inappropriately touch staff members, and concluded the	F 600	F600 1. One-to-one direct supervision at all times was initiated for resident #1 on 6/29/21. The 15-minute checks were discontinued, and the care plan was updated accordingly. 2. The facility conducted interviews to determine if any residents in the facility had been affected by resident #1 prior to the initiation of one-to-one supervision. No new concerns were identified. 3. Clinical staff responsible for the care of resident #1 were educated on resident #1□s care plan revision and one to one observation schedule. All staff were re-educated on timely abuse reporting, the definition of abuse, and proper procedure for abuse investigation. 4. The Administrator is responsible for abuse prevention and investigation. The Administrator or designee will review documentation and one to one schedule regularly for compliance with the care plan. Any concerns with this plan will be brought to the QA committee for review and resolution monthly until the resident is transferred.	

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F 600	Continued From page 2 resident's behaviors were escalating. b. Interview on 6/29/21 at 2:46 PM with housekeeper #1 confirmed she witnessed resident #1 inappropriately touch two residents. She further stated a CNA had to intervene and re-direct the resident. c. Observation on 6/29/21 from 11:45 AM to 11:54 AM showed resident #1 walked alone out of the common area down to end of the hallway and opened the door to a resident's room where a resident was sleeping in bed. Resident #1 entered the room, came back out, and walked past another resident who was standing in the hallway. The resident then came back to the common area and sat at a table. At no time did facility staff intervene to redirect resident #1 away from wandering into other resident's rooms. d. Interview on 6/29/21 at 11:56 with LPN #1 revealed they had resident #1 on 15 minute checks, because s/he wandered and was easily agitated. She also stated she kept the maintenance phone number on speed dial in case the resident got too agitated, and could not be re-directed. e. Interview on 6/29/21 at 2:14 PM with the NHA revealed they had initiated a discharge for the resident and were trying to get him/her transferred to a geriatric/psychiatric hospital. She further confirmed the resident was on 15 minute checks, and s/he wandered the facility looking for an exit. She further stated the facility would initiate one to one observation of resident #1 until the resident was transferred.	F 600		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility	F 609		8/5/21

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F 609	Continued From page 3 must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on review of facility incident reports and investigations, staff interview, medical record review, and review of policy and procedures, the facility failed to ensure staff reported allegations of abuse in a timely manner for 1 of 3 allegations of abuse reviewed. The findings were: 1. Review of the 4/28/21 quarterly MDS assessment showed resident #1 had diagnoses which included unspecified intracranial injury, unspecified dementia with behavioral	F 609	F609 1. Housekeeper #1 received re-education and a written disciplinary action for failure to report abuse timely. 2. Interviews were conducted with facility residents to determine if any other unreported abuse had occurred. 3. Staff were re-educated on timely abuse reporting, the definition of abuse, and proper procedure for abuse investigation. The Administrator or	

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F 609	Continued From page 4 disturbance, pseudobulbar affect, atrial fibrillation, violent behavior and anxiety. The resident had a BIMS score of 6 (severe cognitive impairment) and displayed physical and verbal behavior symptoms. Review of the care plan with a revision date of 5/4/21 showed a focus area for displaying repeated sexual behaviors and interventions included 15 minute checks as necessary for safety of others. The following concerns were identified: a. Review of the facility incident report and investigation dated 6/16/21 showed housekeeper #1 reported to her supervisor that she had witnessed resident #1 touch the breasts of two residents (#4, #5) approximately 2 weeks previously. The facility investigated and concluded unwanted sexual touching had occurred. b. Interview on 6/29/21 at 2:46 PM with housekeeper #1 confirmed she witnessed resident #1 inappropriately touch two residents. She further stated a CNA had to intervene and re-direct the resident. She stated she did not immediately report the incident because she thought the CNA reported it. c. Review of the facility's Abuse Prohibition policy, revised 1/21, showed "...G. Reporting/Response...All staff are required to report suspected maltreatment of a vulnerable adult to Administrator...."	F 609	designee has and will continue to discuss elements of the abuse prohibition policy with staff at time of hire and regularly thereafter. 4. The Administrator is responsible for abuse prevention and investigation. The Administrator or designee has and will continue to monitor abuse reporting and investigations. The Administrator will bring concerns with abuse reporting to the QA committee for review and resolution monthly x 3 months and until the QA committee determines the reports are no longer required.	