

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 53A049	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2006
NAME OF PROVIDER OR SUPPLIER GOSHEN CARE CENTER			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) COMPLETION DATE
K 000	INITIAL COMMENTS Surveyor #: 18185 The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced. K3: Building: Type V (111) single story building with a 2-hour separation from Community Hospital and equipped with a complete supervised automatic wet sprinkler system with a dry branch in the attic. K6: Date of Plan Approval: 1996 K7: Life Safety Code surveyed under 2000 Existing Health Care K8: Total Beds=75;NF=75 K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections "NFPA" National Fire Protection Association	K 000	POC WAS ACCEPTED WITH GORDON LEWIS, CEO, OD 02/20/06 @ 11:15AM VIA TELECONFERENCE. <i>[Signature]</i> REMOVED FROM COPY WAS ACCEPTED. <i>[Signature]</i>	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	(1) Plan of correction: install smoke seal on the rooms listed below: (a) 201-install smoke seal (b) 209-install smoke seal (c) 211-install smoke seal (d) 306-install smoke seal (e) 402-install smoke seal. Plan to be completed by 3/11/06. To avoid deficiency in the future this issue will be monitored by the maintenance department on a preventative maintenance basis. (2) Plan of correction: install smoke seal to the edges of doors. Plan to be completed by 3/11/06. To avoid deficiency in the future this issue will be monitored by the maintenance department on a preventative maintenance basis.	3-11-06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

RECEIVED
A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation. 2006

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FORM CMS-2567(02-99) Previous Versions Obsolete

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K 029	Continued From page 2 field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation the facility failed to separate 2 of 12 hazardous areas from other spaces by smoke-resistant doors in accordance with NFPA 101 Section 19.3.2.1. The findings were: 1. Observation on 1/23/06 at 11:17 AM revealed the laundry clean room corridor door had a self-closing device and was blocked open by a bucket of cleaning supplies. 2. Observation on 1/23/06 at 11:26 AM revealed the laundry room corridor door had a self-closing device was impeded by a service cart.	K 029	on doors to avoid being propped open. Plan to be completed by 3/11/06. To avoid this deficiency in the future the automatic magnets will keep the doors open until the fire alarm is triggered. <i>FACILITY WILL SUBMIT TIME LIMITED WAIVER REQUEST TO INSTALL MAGNETIC HOLD OPEN DEVICES.</i> <i>JA</i>		3-11-06
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation the facility failed to test and maintain the installed sprinkler system in accordance with NFPA 13 Section 1-4.6. The finding was: 1. Observation on 1/23/06 at 11:07 AM revealed the sprinkler head in the janitors' closet in the	K 062	(1) Plan of correction: install smooth continuous ceiling. Plan to be completed by 3/11/06. Better inspections will done in the future to avoid this deficiency.		3-11-06

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K 062	Continued From page 3 "link" was not installed under a smooth continuous ceiling as required by the Code. The ceiling tile above the electrical breaker box had a large unsealed penetration.	K 062			
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation the facility failed to maintain and test 1 of 15 portable fire extinguishers in accordance with NFPA 10 Table 5-2. The finding was. 1. Observation on 1/23/05 at 3:19 PM revealed the K-type portable fire extinguisher in the kitchen was manufactured in 1999 and had not received a five year hydrostatic test as required by the Code.	K 064	(1) Plan of correction: the K-type portable fire extinguisher in the kitchen received a five year hydrostatic test on 1-28-06. To avoid this deficiency in the future the fire extinguisher inspection company was informed that this equipment will require inspection every five years. This issue will also be monitored by the maintenance department on a preventative maintenance basis.	3-11-06	