

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

PRINTED: 04/13/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535057	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 03/06/2023
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) COMPLETION DATE
{E 000}	Initial Comments	{E 000}			
	An Emergency Preparedness revisit survey was conducted by Healthcare Licensing and Surveys on 03/01/2023 for all previous findings identified on 01/25/2023. Based on the findings, it was determined the facility was in compliance with 42 CFR 487.73.				
{K 000}	INITIAL COMMENTS	{K 000}			
	A Life Safety Code revisit survey was conducted on 03/06/2023 for all previous deficiencies identified on 01/25/2023. All deficiencies have been corrected. The facility is now back in compliance with 42 CFR 483.90.				
{K 000}	INITIAL COMMENTS	{K 000}			
	A Life Safety Code revisit survey was conducted on 03/06/2023 for all previous deficiencies identified on 01/25/2023. All deficiencies have been corrected. The facility is now back in compliance with 42 CFR 483.90.				

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

TITLE

(X6) DATE

Electronically Signed

03/31/2023

Any 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.