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 09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOSHEN HEALTHCARE COMMUNITY	**2009 LARAMIE STREET TORRINGTON, WY 82240**

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys on 9/18/23 through 9/19/23. The survey was prompted by complaint intake WY000003661. In addition, a COVID-19 focused infection control survey, which included a review of emergency preparedness requirements, was conducted by Healthcare Licensing and surveys from 9/18/23 through 9/19/23. Based on the findings of the survey team, it was determined that no deficiencies were identified pertaining to the infection control survey. The following common abbreviations are used throughout this document: DON: Director of Nursing CNA: Certified Nursing Assistant MDS: Minimum Data Set Less commonly used abbreviations will be annotated in each deficiency	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests,	F 561		10/18/23

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

Electronically Signed | 10/09/2023

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F 561	Continued From page 1 assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on medical record review and resident representative and staff interviews, the facility failed to ensure resident choices were honored for 1 of 5 sample residents (#2) reviewed for resident rights. The findings were: 1. Review of the admission MDS assessment dated 7/12/23 showed resident #2 had moderate cognitive impairment and diagnoses which included dementia with psychotic disturbance. Further review showed the resident required one person physical assistance for bathing. Review of the baseline care plan showed the resident paces when s/he needs to use the restroom and a bath is an option if a shower isn't working. Review of the 7/7/23 care plan showed the resident wanted staff to approach him/her in a calm manner, use clear and simple instructions, liked showers during the evening hours but enjoyed the whirlpool, approach the resident with a polite	F 561	This plan of correction is submitted as required under State and Federal law. This Plan does not constitute admission of liability on the Part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyor□s findings or conclusions are accurate, that the findings constitute at deficiency or that the scope or severity regarding the deficiencies cited are correctly applied. 1. Corrective action: Resident #2 no longer resides at the facility. 2. Identification: All residents who currently reside at Goshen Healthcare have the potential to be affected.	

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F 561	Continued From page 2 attitude, and required one person to assist with bathing. Review of the July 2023 bathing record showed the resident received a shower on 7/15/23. The following concerns were identified: a. Review of a grievance form dated 7/30/23 showed the resident's representative reported concerns related to 4 staff members "forcing" the resident into the shower on 7/15/23. Interview with the resident's representative on 9/20/23 at 9:47 AM confirmed a grievance was reported to the facility on 7/30/23. b. Review of a nurse's progress note dated 7/15/23 at 10:25 AM showed "...resident refused to come down for breakfast and was swinging [his/her] arms at staff members; reapproached later on when [s/he] was up moving around to get [him/her] a shower since [s/he] had wet underwear and a bowel movement, resident refused shower....staff ended up getting [him/her] into the shower, resident likes to hit, push, and shove." c. Interview with CNA #1 on 9/19/23 at 3:05 PM revealed the CNA was asked to help shower the resident because s/he was dirty with feces and confirmed 4 staff members "forced [him/her] into the shower" by grabbing his/her arms and not letting him/her out of the shower. Further interview revealed staff could have tried a better approach. d. Interview with the DON on 9/19/23 at 3:30 PM revealed staff should have used a better approach with the resident and confirmed the resident's wishes were not followed.	F 561	3. Systemic Changes: Nursing Staff will be educated on bathing techniques for dementia residents utilizing the video, Bathing a Difficult Patient through Relias. 4. Monitoring: Director of Nursing and/or designee will monitor compliance weekly for 1 month and then monthly for 4 months. Results of audits will be reported and reviewed by the facility QAPI Committee. The QAPI Committee may make further recommendations and modify this plan as needed to ensure compliance. Auditing tool □ actual bathing will be observed using the dementia care bathing audit tool.	
F 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect	F 604		10/18/23

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F 604	Continued From page 3 and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 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)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, staff interview, and policy review, the facility failed to ensure residents were free from physical restraints used for staff convenience or not required to treat a medical condition for 1 of 2 sample residents (#1) reviewed for physical restraint use. The findings were: 1. Review of the 7/11/23 quarterly MDS	F 604	This plan of correction is submitted as required under State and Federal law. This Plan does not constitute admission of liability on the Part of the facility and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyor□s findings or conclusions are accurate, that the findings constitute	

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F 604	Continued From page 4 assessment showed resident #1 had diagnoses which included Alzheimer's disease and seizure disorder, had severe cognitive impairment, and used a walker and wheelchair for mobility. Observation on 9/18/23 at 2:50 PM showed CNA #1 assisted resident #1 to the restroom, helped the resident sit in a geri chair, and applied the lap tray. Observation on 9/18/23 at 3:35 PM showed resident #1 pushed the geri chair backwards, hitting several dining room chairs on the way, and stopped when s/he hit the courtyard door. At that time, the resident used his/her arms in an attempt to elevate his/her body in the chair. Observation on 9/19/23 from 8:40 AM to 10:40 AM showed resident #1 sat in the geri chair and attempted to push her/himself up several times with his/her arms and was restless. Observation on 9/19/23 at 11:35 AM showed a staff member assisted the resident to eat while the resident was in the geri chair with the lap tray in place. Review of the care plan last revised on 12/5/22 showed staff should leave the tray on the geri chair and remove it when they were ready to transfer the resident. Further review showed staff should be ready for resident transfer before taking the lap tray off "to prevent [him/her] from trying to stand up." The following concerns were identified: a. Interview with CNA #1 on 9/19/23 at 10:40 AM revealed the resident had been using the geri chair for at least 6 months to keep him/her from getting up and confirmed the resident was unable to remove the lap tray. b. Review of the medical record showed no evidence an initial assessment or ongoing assessment of the geri chair had been performed and there was no evidence the resident could remove the lap tray independently. Further review showed no evidence of a medical symptom being treated by the geri chair or consents for use	F 604	at deficiency or that the scope or severity regarding the deficiencies cited are correctly applied. 1. Corrective Action: Resident #1 was evaluated by the interdisciplinary team for least restrictive alternatives to prevent falling and is no longer using the geriatric chair with lap tray. Her care plan was updated to reflect her current needs. 2. Identification: Residents who currently reside in the facility were evaluated for use of physical restraint devices including the use of geriatric chairs with lap trays. No others were found at this time. 3. Systemic Changes: The facility policy for use of restraints was reviewed and revised and the facility has a physical restraint assessment form. Residents requiring physical restraint devices will be assessed prior to use with consent obtained and assessed quarterly or with change in condition for continued use of physical restraint. Use of a physical restraint device will occur only when alternatives to the device have been exhausted. Care plans will reflect the use of a physical restraint device if used and limits on the use. This facility will remain steadfast in our goal of not using physical restraint devices, however one may be used as the last resort to prevent serious injury or to manage a difficult medical condition that poses a threat to self or others. Nursing staff will be educated on the policy and revisions. 4. Monitoring: Audits will occur through	

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F 604	Continued From page 5 signed by the resident or resident's representative. 2. Interview with the facility administrator and DON on 9/20/23 at 10:30 AM revealed they were unable to locate a restraint evaluation or documentation to support the use of restraints for resident #1. 3. Review of the facility policy titled "Physical Restraints" last revised July 2022 showed, ..."a restraint is used only when assessed as necessary to treat a medical condition,...the facility has the responsibility to evaluate the appropriateness...for any type of medical treatment..Prior to implementing any restraint, a resident assessment must be completed to properly identify the resident's needs, and the medical symptom the restraint is addressing. Consent to use the restraint must be obtained from the resident, family or legal representative prior to using the restraint....Items that could be considered a restraint...items that prevent the resident from rising or moving such as reclining chairs,... seat belts that resident is unable to open upon command..."	F 604	rounds and chart reviews weekly x 4 weeks and monthly x 4 months. Results of audits will be reported and reviewed by the facility QAPI Committee. The QAPI Committee may make further recommendations and modify this plan as needed to ensure compliance.	