| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 535057 | A. BUILDING **01, 02**<br>B. WING _____ | C<br>**04/17/2024** |

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

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| E 000 | Initial Comments<br><br>An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 04/17/2024. Based on the findings of the survey, it was determined that the facility was in compliance with all requirements in accordance with 42 CFR 483.73. | E 000 | | |
| K 000 | INITIAL COMMENTS<br><br>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 04/17/2024. Additionally, a Life Safety Code complaint survey was conducted on 04/17/2024 as prompted by complaint intake WY00003663.<br><br>Requirements for Long Term Care Facilities Section 42 CFR 483.90 except as otherwise provided in the section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association.<br><br>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 main building (NH). The facility had a capacity of 103 certified Medicare and Medicaid beds with a census of 61 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90. | K 000 | | |
| K 000 | INITIAL COMMENTS<br><br>A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 04/17/2024. Additionally, a Life Safety Code complaint survey | K 000 | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 05/09/2024 |

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.

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| K 000 | Continued From page 1<br>was conducted on 04/17/2024 as prompted by complaint intake WY00003663.<br><br>Requirements for Long Term Care Facilities Section 42 CFR 483.90 except as otherwise provided in the section, the facility must meet the applicable provisions of the 2012 Edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association.<br><br>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 61 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90. | K 000 | | |
| K 271 SS=D | Discharge from Exits<br>CFR(s): NFPA 101<br><br>Discharge from Exits<br>Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface.<br>18.2.7, 19.2.7<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to provide a level means of egress in accordance with NFPA 101, Life Safety Code. Failure to provide a level means of egress as required could delay egress resulting in injury or | K 271 | The concrete walkway that was uplifted from tree roots will be removed and replaced with a new concrete walkway.<br><br>All concrete walkways surrounding the | 5/17/24 |

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| K 271 | Continued From page 2<br>death during an emergency. The deficiency affected one (1) of numerous means of egress in the facility. The findings were:<br><br>Observation on 04/17/2024 at 12:30 PM at the exit pathway to the public way on the Southwest corner of the facility adjacent to the 200 hall found that the concrete walkway had uplifted from soil expansion and tree roots causing two portions of the walkway to be at different heights. It was found that the height difference between the walkway portions was a maximum measurement of approximately 1.5" at the joint.<br><br>Interview with maintenance personnel at the time of observation acknowledged the deficiency and indicated that he was aware of the requirement.<br><br>Interview with the COO at the time of exit acknowledged the deficiency.<br><br>Ref: 2012 NFPA 101, Sec. 19.2.1 and 7.1.6.2 | K 271 | facility were observed for similar issues from tree roots or other cracks. No other walkway required replacement.<br><br>Observations of the concrete walkways surrounding the facility have been added to the TELS preventative maintenance system so that inspections are completed every 6 months.<br><br>The Maintenance Director is responsible for ensuring that egresses are maintained, and the concrete walkways are level. The current cited walkway will be discussed in the QA meeting and future problems with concrete walkways will be brought to the QA committee for review and resolution.<br><br>Completion date: 5/17/24 | |
| K 321<br>SS=D | Hazardous Areas - Enclosure<br>CFR(s): NFPA 101<br><br>Hazardous Areas - Enclosure<br>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. | K 321 | | 5/17/24 |

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| K 321 | Continued From page 3<br>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9<br><br>Area Automatic Sprinkler Separation N/A<br>a. Boiler and Fuel-Fired Heater Rooms<br>b. Laundries (larger than 100 square feet)<br>c. Repair, Maintenance, and Paint Shops<br>d. Soiled Linen Rooms (exceeding 64 gallons)<br>e. Trash Collection Rooms (exceeding 64 gallons)<br>f. Combustible Storage Rooms/Spaces (over 50 square feet)<br>g. Laboratories (if classified as Severe Hazard - see K322)<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to maintain hazardous area enclosures as required by NFPA 101, Life Safety Code. Failure to maintain hazardous area enclosures as required may lead to the propagation of smoke and fire leading to injury or death. The deficiency had the potential to impact staff, residents, and visitors in the vicinity of the observation. The findings were:<br><br>1. Observation on 4/17/2024 at 11:30 AM in the utility area between the soiled linen room and the boiler room revealed missing ceiling tiles. Hazardous areas shall be separated by a smoke partition if protected by an automatic sprinkler system.<br><br>Interview with maintenance personnel at the time of observation acknowledged the deficiency and indicated that he was aware of the requirement. | K 321 | The ceiling tiles in the cited areas (boiler room and soiled linen room) were replaced. The path of closure for the kitchen window fire doors was cleared.<br><br>Ceiling tiles are located throughout the facility. Ceiling tiles are observed monthly for the need to replace them. This will be documented in the TELS PM system. The kitchen contains two self-closing fire doors. The path of closure for both doors was cleared.<br><br>Maintenance staff were educated on the requirement to have ceiling tiles in place. Dietary staff were educated on the necessity of keeping the path of closure clear for the fire doors.<br><br>The Dietary Manager is responsible for making sure that the path of closure for | |

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| K 321 | Continued From page 4<br>Interview with the COO at the time of exit acknowledged the deficiency.<br><br>Ref: 2012 NFPA 101, Sec. 19.3.2.1.2, and Sec. 8.4<br><br>2. Observation on 4/17/2024 at 11:54 AM in the kitchen revealed two rolling fire doors separating the cooking facility from the dining room. Further observation revealed water buckets and dining trays in the path of closure. Fire doors shall be self-closing or automatic-closing and latch or close to the minimum clearance necessary to allow for proper operation.<br><br>Interview with maintenance personnel at the time of observation acknowledged the deficiency and indicated that he was aware of the requirement.<br><br>Interview with the COO at the time of exit acknowledged the deficiency.<br><br>Ref: 2012 NFPA 101, Sec. 19.3.2.1.2, and Sec. 8.5.4.1 | K 321 | the doors is clear at all times. The Dietary Manager, and/or a designee will complete regular and random audits of these doors during the day when the windows are in use to ensure the path of closure is clear. These audits will be brought to the QA committee for review monthly x 3 months and thereafter if problems with this system arise.<br><br>Completion date: 5/17/24 | |
| K 345 SS=F | Fire Alarm System - Testing and Maintenance<br>CFR(s): NFPA 101<br><br>Fire Alarm System - Testing and Maintenance<br>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.<br>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72<br>This REQUIREMENT is not met as evidenced | K 345 | | 5/17/24 |

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| K 345 | Continued From page 5<br>by:<br>Based on document review and staff interview, the facility failed to test and maintain the fire alarm system in accordance with NFPA 101, Life Safety Code, and NFPA 72, National Fire Alarm and Signaling Code. Failure to properly test and maintain the fire alarm system could result in a failure of the system, resulting in injury or death in the event of a fire. The deficiency affected the fire alarm system and had the potential to affect all residents, staff, and visitors. The findings were:<br><br>Document review on 4/17/2024 starting at 1:30 PM revealed that there was no documentation available to demonstrate that the facility's fire alarm system had been tested.<br><br>Interview with maintenance personnel at the time of observation acknowledged the deficiency and indicated that he was aware of the requirement.<br><br>Interview with the COO at the time of exit acknowledged the deficiency.<br><br>Ref: NFPA 101, Sec. 19. 3.4.1, 9.6.1.3; NFPA 72, Table 14.4.5 | K 345 | The fire alarm system was tested on 5/6/24 and documentation is on file at the facility. Documentation from previous fire alarm testing was requested from Summit on the day of the survey and received. The fire alarm system has the potential to affect every resident and staff member in the facility if it malfunctions.<br><br>Maintenance staff were educated on the need for record keeping and frequency of fire system inspections.<br><br>The Maintenance Director, with oversight of the Administrator, is responsible for maintaining records of fire alarm system testing and inspections. The Administrator or designee will review/audit the Maintenance record keeping for fire alarm system inspections monthly x 3 months and bring the results of these audits to the QA committee. Future problems with this system will be brought to the QA committee for review and resolution.<br><br>Completion date: 5/17/24 | |
| K 353 SS=F | Sprinkler System - Maintenance and Testing CFR(s): NFPA 101<br><br>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily | K 353 | | 5/17/24 |

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| K 353 | Continued From page 6<br>available.<br>a) Date sprinkler system last checked<br>_____<br>b) Who provided system test<br>_____<br>c) Water system supply source<br>_____<br>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br>This REQUIREMENT is not met as evidenced by:<br>Based on document review and staff interview, the facility failed to test and maintain the fire sprinkler system in accordance NFPA 101, Life Safety Code and NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Failure to properly test and maintain the fire sprinkler system may result in a malfunction or failure of the system, resulting in injury or death in the event of a fire. The deficiency affected the fire sprinkler system and could potentially affect all residents, staff, and visitors.<br><br>Observation and Document review on 4/17/2024 at 12:25 PM revealed that the sprinkler system gauges in the Alzheimer unit had not been re-calibrated or replaced since 2018. Gauges shall be recalibrated or replaced every 5 years.<br><br>Interview with maintenance personnel at the time of observation acknowledged the deficiency, and indicated that he was aware of the requirement.<br><br>Interview with the COO at the time of exit acknowledged the deficiency. | K 353 | The sprinkler system gauges in the Alzheimer unit will be replaced.<br><br>Sprinkler system gauges throughout the facility were observed for a similar problem.<br><br>The Maintenance staff were educated on the need to recalibrate or replace the sprinkler system gauges every 5 years. A reminder was placed in the TELS preventive maintenance system.<br><br>The Maintenance Director is responsible to ensure that these gauges are recalibrated or replaced every 5 years. The gauges will be inspected annually and replaced timely.<br><br>Date of Completion: 5/17/24 | |

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| K 353 | Continued From page 7<br>Ref: NFPA 101, Sec. 9.7.5; NFPA 25 Sec. 5.3.2 | K 353 | | |