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

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 06/17/2025

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 6/16/25 to 6/17/25 which was prompted by complaint intakes WY00004256, WY00004390, and WY00004427. The following common abbreviations are used throughout this document: DON Director of Nursing Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility 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	F 609		7/15/25

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

Electronically Signed | 07/08/2025

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.

7/16/25-9:54 AM - I spoke with the administrator, Kim, and let her know the plan was approved with a DOC of 7/15/25. Tim Ca

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F 609	Continued From page 1 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 the facility's abuse investigations forms, State Survey Agency incident database review, policy and procedure review, and staff interview, the facility failed to implement their policy and procedure for ensuring the reporting of a reasonable suspicion of a crime was made in a timely manner for 4 of 10 abuse allegations reviewed. The findings were: 1. Review of the facility's policy "ABUSE PREVENTION PLAN (WY)", last revised October 2024, showed "...The facility requires that all suspected maltreatment will be reported to the Administrator and the State promptly...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...to the administrator of the facility and to other officials, including the State Survey Agency...The facility will take all necessary corrective actions depending on the results of the investigation and complete and send a final investigative report to the State Agency within 5 business days." The following concerns were identified: a. Review of the facility's investigation report showed an allegation of staff-to-resident abuse occurred on 4/6/25 at 8:30 PM and the administrator was aware of the allegation on	F 609	POC Timely Reporting 1. NHA and DON conducted an audit of the reports made to the Wyoming Department of Health reporting system for reasonable suspicion of crimes for the previous 90 days to ensure reports were completed and submitted timely. Reports found that were incomplete or not submitted will be completed to the best of the NHA's and DON's ability and submitted through Wyoming Department of Health Reporting Portal by 7/7/25. 2. Company COO will re-educate NHA and DON on Abuse policy, reporting requirements and regulation requirements on reporting time limits by 7/7/25. Staff will be re-educated by the DON/designee on Abuse policy focusing on required time frames for timely reporting and completion of Abuse Reports to the Wyoming Department of Health by 7/14/25. 3. Nurse Educator/designee will conduct 10 random staff audits weekly x 4 weeks, then biweekly x 8 weeks utilizing a questionnaire to ensure comprehension and retention of the Facility Abuse Policy's reporting time requirements. NHA will review new and open alleged violations/allegations that meet the state reporting requirements of reasonable suspicion of crimes in the daily	

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F 609	Continued From page 2 4/8/25 at 8 AM; however, review of the state survey agency incident database showed this allegation was not reported to the agency until 4/10/25 at 3:27 PM. b. Review of the facility's investigation report showed an allegation of staff-to-resident abuse occurred on 4/22/25 at 1:30 PM; staff were aware of the allegation on 4/23/25 at 12 AM; however, the administrator was not made aware of the allegation until 4/24/25 at 8:45 AM. Review of the state survey agency incident database showed this allegation was not reported to the agency until 4/24/25 at 2:10 PM. c. Review of the facility's investigation report showed an allegation of visitor-to-resident abuse occurred on 2/13/25 at 12 PM. Review of the state survey agency incident database showed the final investigative report was not submitted to the agency until 4/14/25. d. Review of the facility's investigation report showed an allegation of resident-to-resident abuse occurred on 1/1/25 at 5 PM. Review of the state survey agency incident database showed the final investigative report was not submitted to the agency until 2/9/25. 2. Interview with the administrator and the DON on 6/17/25 at 2:26 PM confirmed the allegations of abuse were not reported within the required timeframe.	F 609	Administrative morning meeting for monitoring and to ensure compliance of reporting time frames. 4. NHA/designee will present results of random weekly audits and Administrative meeting reviews in monthly QAPI meetings for evaluation of compliance, staff retention of reporting times and/or the need for changes to the Plan of Correction if indicated by review and audit results for 3 months.	