Wyoming State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING **01 - MAIN BUILDING 01** B. WING	**07/22/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Goshen Healthcare Community	**2009 Laramie St , Torrington, Wyoming, 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
S0000	General Comments A Life Safety Code survey was conducted by Healthcare Licensing and Surveys on 07/22/2025, of the Main Building (building 1). Wyoming Department of Health, Rules and Regulations for Licensure of Nursing Care Facilities Chapter 19, Section 6 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules and Regulations for Health Care Facilities apply. Building 1 was a fully sprinklered, single story building of Type V (111) construction built in 1998. Both 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 total capacity of 103 certified Medicare and Medicaid beds with a census of 74 residents.	S0000		08/16/2025
S7036 Bldg. 01	Life Safety - Int'l Plumbing Code CFR(s): IPC This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation and staff interview, the facility failed to provide an eyewash station with adequate flow in accordance with the International Plumbing Code and ANSI Z358.1, in building 1. The failure to provide adequate flow could lead to eye damage when the device is used. The deficiency was present in one (1) of several eyewash stations in the facility. The deficiency could affect all residents, staff, and volunteers within the kitchen area. The findings were: Observation on 07/22/25 at 12:02 PM in building 1 at the eyewash station in the kitchen revealed the water flowing out of the eyewash did not have enough flow to flip the protective cover, preventing hands-free use of the device in an emergency. Interview with the facility maintenance manager at the time of the observation acknowledged the deficiency.	S7036	Facility Maintenance Manager adjusted/modified the protective cover on 7/24/25 to ensure cap flipped when activated to ensure hands free use of the device in an emergency. All other eyewash stations on 7/24/25 were inspected by the Facility Maintenance Manager to ensure that protective cover/cap flipped to ensure hands free use of the device in an emergency as applicable to each eyewash station. Eyewash stations will be audited by the Facility Maintenance Manager/designee for function 2 times weekly to ensure that protective cover/cap flips to ensure hands free use of the device in an emergency for 3 months then weekly thereafter. The results of these audits will be reported by the Nursing Home Administrator/designee during the monthly QAPI meeting for 3 months for compliance, the need for further audits beyond 3 months or for changes to the plan of corrections if needed.	08/15/2025

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

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S7036 Bldg. 01	Continued from page 1 Interview with the facility maintenance manager and the administrator at the time of exit confirmed the deficiency. REF: 2006 International Plumbing Code Section 411.1, ANSI-Z358.1 5.1.6	S7036		