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	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Goshen Healthcare Community	2009 Laramie St Torrington, WY 82240

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 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 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.

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.

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