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	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Goshen Healthcare Community	2009 Laramie Street 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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37603 Based on medical record review, staff interview, and review of the resident rights the facility failed to ensure resident advance directives were accurate for 1 of 18 sample residents (#46). The findings were: 1. Review of the WyoPOLST (Providers Orders for Life Sustaining Treatment) dated [DATE] showed resident #46 elected Cardiopulmonary Resuscitation (CPR). 2. Review of the physician orders dated [DATE] showed the resident was Do Not Resuscitate (DNR). 3. Interview with LPN #1 on [DATE] at 10:05 AM revealed I would look at the orders and look for the code status. We do have a binder with the POLST in it. They must not have changed it since she came back. 4. Interview with health information coordinator on [DATE] at 10:10 AM confirmed the WyoPOLST and the physician orders were conflicting between the POLST and the orders. 5. Review of the Resident Rights showed .Get proper medical care To participate in the decisions that affect your care To formulate advance directives, such as a living will or durable power of attorney for health care .

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

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35081 Based on observation, staff interview, and medical record review, the facility failed to ensure residents received oral care per the plan of care for 1 of 2 sample residents (#4), who were unable to independently carry out activities of daily living. The findings were: 1. Review of the annual MDS assessment dated [DATE] showed resident #4 had short-term and long-term memory impairment and diagnoses which included rheumatoid arthritis, non-Alzheimer's dementia, and weakness. Further review showed the resident required partial/moderate assistance to perform oral hygiene. Review of the ADL care plan last revised on 4/15/24 showed the resident had an ADL deficit related to Lewy-Body dementia and severely impaired cognition. Interventions included .ORAL CARE: Provide oral care after each meal. 1-person assist. Encourage [resident name] to participate .ORAL CARE: Requires total assistance for completion. I do not wear dentures or partials . The following concerns were identified: a. Review of a progress note dated 4/13/24 and timed 4:27 PM showed the facility contacted the resident's power of attorney related to oral care and a build of plaque on the resident's teeth. The facility communicated a new plan for oral care and the power of attorney voiced understanding and was okay with the new plan. b. Observation on 4/17/24 at 2:42 PM showed CNA #1 and CNA #2 assisted the resident to the bathroom following the lunch meal. Continued observation showed the staff did not offer or perform oral hygiene. c. Observation on 4/18/24 from 8:05 AM through 10:26 AM showed the resident was assisted to the dining room table for the breakfast meal. Further observation showed the resident finished the meal at 8:35 AM and was assisted to a recliner in the TV area. The resident remained in the recliner until 10:26 AM and staff did not offer or perform oral hygiene during that time. d. Review of the oral care task documentation from 4/13/24 through 4/17/24 showed oral care was documented at 11:34 AM and 9:06 PM on 4/14/24, 2:34 PM on 4/14/24, 2:13 AM and 9:35 AM on 4/15/24, 9:11 AM and 9:15 PM on 4/16/24, and 1:42 PM on 4/17/24; however, there was no evidence the oral care was offered or provided after each meal. e. Interview with the infection preventionist and DON on 4/18/24 at 11:24 AM revealed the resident should receive oral care, within 30 minutes following the completion of each meal.

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F 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. 37603 Based on personnel record review, and staff interview, the facility failed to ensure the CNA abuse registry was verified for 1 of 3 sample CNAs (#1) prior to resident contact. The findings were: Review of the personnel record for CNA #1 showed she had quit on 5/3/23, and was rehired on 11/3/23, indicating 6 months between employment. The review showed the CNA abuse registry was checked on 1/19/23 prior to the CNAs initial employment; however, there was no evidence it was verified upon rehire. Interview with the business office manager and CEO on 4/16/24 at 3:52 PM confirmed the facility did not recheck the abuse registry when the CNA was rehired.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35081 Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure target symptoms were identified and monitoring of target symptoms was completed for 3 of 5 sample residents (#14, #20, #32) with psychotropic medication use. The findings were: 1. Review of the quarterly MDS assessment dated [DATE] showed the resident #14 had a brief interview for mental status score of 10 out of 15, which indicated moderate cognitive impairment, and diagnoses which included non-Alzheimer's dementia and depression. Review of the physician orders showed the resident received Abilify (antipsychotic) 5 milligrams (mg) by mouth daily for depression, buspirone (anti-anxiety) 10 mg by mouth three times daily for depression, and sertraline (antidepressant) 50 mg by mouth daily for depression. The following concerns were identified: a. Review of the care plan, last revised on 4/5/24 showed .TARGETED BEHAVIORS: 1) anxiety 2) depressed or withdrawn 3) insomnia . Further review showed no evidence of resident specific or medication specific target symptoms for the identified behaviors. b. Review of the medication administration record for January 2023 through April 2023 showed no evidence resident specific or medication specific target symptoms were identified or monitored for the effectiveness of psychotropic medications. 2. Review of the quarterly MDS assessment dated [DATE] showed resident #20 short-term and long-term memory impairment and diagnoses which included Alzheimer's disease, non-Alzheimer's dementia, and adjustment disorder with mixed anxiety and depressed mood. Review of the physician orders showed the resident received citalopram (antidepressant) 20 mg by mouth daily for depression/agitation, divalproex sodium (anticonvulsant) 250 mg by mouth twice daily for psychotic disturbance, Seroquel 50 mg by mouth twice daily for dementia with aggression towards others, and Seroquel (antipsychotic) 75 mg by mouth daily at bedtime for dementia. The following concerns were identified: a. Review of the care plan, last revised on 1/16/24, showed .TARGETED BEHAVIORS: 1) agitated 2) depressed withdrawn 3) restless . Further review showed no evidence of resident specific or medication specific target symptoms for the identified behaviors. b. Review of the medication administration record for January 2023 through April 2023 showed no evidence resident specific or medication specific target symptoms were identified or monitored for the effectiveness of psychotropic medications. 3. Review of the annual MDS assessment dated [DATE] showed resident #32 had diagnoses which included non-Alzheimer's dementia, anxiety disorder, depression, and post-traumatic stress disorder. Review of the physician orders showed the resident received buspirone (anti-anxiety) 5 mg by mouth twice per day for anxiety disorder and depression, Celexa (antidepressant) 20 mg by mouth once daily for depression, and clonazepam (anticonvulsant) 0.5 mg by mouth twice per day for anxiety. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. Review of the care plan, last revised on 4/4/24, showed no evidence target symptoms were identified for the use of each psychotropic medication. b. Review of the medication administration record for January 2023 through April 2023 showed no evidence resident specific or medication specific target symptoms were identified or monitored for the effectiveness of psychotropic medications. 4. Interview with the DON on 4/18/24 at 11:24 AM confirmed target symptoms were not identified or monitored with the use of psychotropic medication. 5. Review of the policy titled Psychotropic Medication Use last revised on 11/28/16 showed .1.1 The facility should not use psychotropic medications to address behaviors without first determining if there is a medical, physical, functional, psychological, social or environmental cause of the resident's behaviors .4. Psychotropic medications to treat behaviors will be used appropriately to address specific underlying medical or psychiatric causes of behavioral symptoms .7. All medications used to treat behaviors must have a clinical indication and be used in the lowest possible dose to achieve the desired therapeutic effect. All resident's receiving medications used to treat behaviors should be monitored for: 7.1 efficacy, 7.2 Risks, 7.3 Benefits, and 7.4 Harm or adverse consequences .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35081 Based on observation, staff interview, and 2022 U.S. Public Health Food Code review, the facility failed to ensure a sanitary equipment and failed to ensure food was stored under safe conditions in 1 of 2 food storage, preparation, and service areas (main kitchen). The census was 62. The findings were: 1. Observation on [DATE] at 2:14 PM showed the ice machine had a plastic piece which was not secured to the machine and a white powdery substance was built-up around the exterior above the door. Further observation showed the white powdery substance moved when the ice machine door was opened and closed and could fall into the ice. 2. Observation of the walk-in refrigerator on [DATE] at 2:17 PM showed a container of tomatoes with no date, a container labeled bell peppers with a use by date of ,d+[DATE], three containers labeled beef base dated with an expiration date of [DATE] and a use by date of [DATE], two containers labeled chicken base with and expiration date of [DATE] and a use by date of [DATE], a bag labeled chili with use by date of , d+[DATE], a container labeled hardboiled eggs with a use by date of [DATE]. 3. Observation on [DATE] at 10:56 AM showed the ice machine remained with a white powdery substance on the exterior above the door. 4. Observation of the walk-in refrigerator on [DATE] at 10:58 AM showed the bell peppers, beef base, and chicken base remained. 5. Interview with the dietary manager on [DATE] at 11:35 AM revealed expired items or items past use by date should be discarded and the ice machine was cleaned by maintenance; however, she was unsure of the cleaning schedule. She revealed the facility was aware of the damaged part of the ice machine and confirmed the powdered build-up could fall in the machine. Further she confirmed all items in the walk-in refrigerator were available for resident consumption. 6. According to Food Code 22, U.S. Public Health Service: ,d+[DATE].11 .(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris . 7. According to Food Code 22, U.S. Public Health Service: XXX,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S ,d+[DATE].12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1 .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35081 Based on observation, staff interview, and policy and procedure review, the facility failed to ensure appropriate infection control techniques were implemented to prevent cross contamination during 2 of 4 observations of perineal care. The census was 62. The findings were: 1. Review of the annual MDS assessment dated [DATE] showed resident #15 had short-term and long-term memory impairment and diagnoses which included Alzheimer's dementia, seizure disorder, traumatic brain injury, anxiety disorder, and depression. Further review showed the resident was totally dependent on staff for toileting and personal hygiene. Review of the ADL care plan last revised on 2/7/24 showed the resident required assistance with ADLs related to early onset Alzheimer's dementia and interventions included . INCONTINENT: Check and change q [every] 2-3 hours and prn [as needed]. Toilet upon awakening, before and after meals, and at bedtime and PRN with goal to be as dry as possible during waking hours . The following concerns were identified: a. Observation on 4/17/24 at 2:26 PM showed the resident was assisted by 2 staff members his/her room and transferred into bed. CNA #2 and CNA #1 applied gloves, obtained supplies, and removed the resident's pants and brief. CNA #2 provided perineal care, then without removing her gloves, CNA #2 used her contaminated gloved hand to apply a clean brief, pull up the resident's pants, and touched the resident's shirt. 2. Review of the annual MDS assessment dated [DATE] showed resident #4 had short-term and long-term memory impairment and diagnoses which included rheumatoid arthritis, non-Alzheimer's dementia, and weakness. Further review showed the resident required substantial/maximal assistance with toileting and personal hygiene. Review of the ADL care plan last revised on 4/15/24 showed the resident had an ADL deficit related Lewy-Body dementia and severely impaired cognition. Interventions included .TOILETING: Total dependence with toileting, wears briefs. Frequently incontinent. The following concerns were identified: a. Observation on 4/17/24 02:42 PM showed CNA #1 and CNA #2 assisted the resident out of a chair and ambulated the resident to his/her room. CNA #1 explained to resident she was going to assist her to the bathroom. The staff member applied gloves, removed the resident's pants, and assisted the resident to sit on the toilet. When the resident was finished going to the bathroom, the CNA assisted the resident to stand a performed perineal care; however, without removing her gloves, the CNA used the contaminated gloved hand to reach into the wipe container and obtain additional wipes. CNA #2 stood near the sink while care was provided. CNA #1 began performing care to the resident's buttocks to remove feces from a bowel movement and wiped the resident front to back, clean to dirty; however, during the care, CNA #1 continued to use her contaminated gloved hand to removes wipes from the container and touched the outside of the perineal spray to spray the resident's skin with the solution. During the care, CNA #1 passed the contaminated bottle of perineal spray from one hand to the other, contaminating her clean gloved hand. In addition, CNA #1 placed each of her contaminated gloved hands on the resident's shirt while performing perineal care with the opposite hand. Further observation showed, upon completion of the perineal care and without removing the contaminated gloves, CNA #1 touched the outside of resident's clean brief, the resident's shirt, and the resident's pants. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Interview with the infection preventionist and DON on 4/18/24 at 11:24 AM revealed staff should wash their hands before resident care, apply gloves prior to performing perineal care, and change gloves before touching clean areas when they were contaminated. They confirmed gloves should be removed before touching resident clothing. 4. Review of the policy titled Perineal Care last revised February 2023 showed .14. Remove gloves and discard into designated container. Perform hand hygiene. 15. If changing brief or dressing/undressing resident, apply clean gloves before proceeding with these items .