

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>535057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOSHEN HEALTHCARE COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2009 LARAMIE STREET TORRINGTON, WY 82240</b>	
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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, staff interview, medical record review and review of the Center for Disease Control (CDC) guidelines, the facility failed to ensure residents and staff utilized appropriate personal protective equipment on 1 of 4 units (300 unit), additionally failed to ensure social distancing on 1 of 4 units (500 unit) to prevent the spread of COVID-19. The findings were: 1. Observation on 10/6/20 at 12 PM to 12:25 PM showed the secure unit dining room was arranged with 2 rows of tables and 4 tables in each row. Further observation showed residents were only seated at tables in the row closest to the fire place. The following concerns were identified: a. Observation on 10/6/20 at 12 PM showed table #1, which was closest to the food preparation area, had 2 residents at the table. 1 resident was positioned at the 3 o'clock position and the other was positioned across the table at the 9 o'clock position. Further observation showed table #2 had one resident seated at the 6 o'clock position. The resident at table #1 seated at the 3 o'clock position was not positioned more than 6 feet from the other resident at table #1 or the resident at table #2 and the residents were not wearing face masks. b. Observation on 10/6/20 at 12 PM showed table #3 had a resident seated at 12 o'clock position and a resident seated across the table at the 6 o'clock position and the residents were not wearing face masks. c. Observation on 10/6/20 at 12:20 PM showed resident #1 was assisted to the 4th table and positioned at the 12 o'clock position, across from another resident. Resident #1 was wearing a mask; however, the other resident was not. Staff placed a tray in front of resident #1. Review of a progress note dated 9/25/20 and timed 4:32 PM showed resident #1 was transferred to the COVID unit following a positive COVID test result. d. Interview with the infection preventionist on 10/6/20 at 1:55 PM revealed residents should not be placed at the same table if the table is not 6 feet across and they should be positioned to allow 6 foot of social distancing. Further interview revealed resident #1 had recently returned to the 500 unit from the COVID unit. e. Interview with the administrator on 10/6/20 at 2:16 PM revealed she believed the dining tables in the 500 unit measured 48 inches (4 feet) across. 2. Observation on 10/6/20 at 11:15 AM showed CNA #1 entered room [ROOM NUMBER] and closed the door. The CNA was wearing a cloth face mask. 3. Observation on 10/6/20 at 11:17 AM showed CNA #2 exited room [ROOM NUMBER] with a bag of soiled items which she discarded, and then washed her hands. The CNA was wearing a cloth face mask. 4. Interview with the infection preventionist on 10/6/20 at 1:55 PM revealed all direct care staff should wear approved personal protective equipment (PPE). Further interview revealed cloth face masks were not approved PPE for direct care staff. 5. Review of the CDC Guidance titled Preparing for COVID-19 in Nursing Homes updated 6/25/20 showed .Implement Source Control Measures. HCP (Healthcare Personnel) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required .</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.