STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 535057	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2025

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
F0000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 10/01/25 through 10/02/25. The survey was prompted by complaint intakes 2616107 and 2616195. The following common abbreviations are used throughout this document: BIMS: Brief Interview for Mental Status CNA: Certified Nursing Assistant LPN: Licensed Practical Nurse MDS: Minimum Data Set NHA: Nursing Home Administrator Less commonly used abbreviations will be annotated in each deficiency.	F0000		12/03/2025
F0600 SS = D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by:	F0600	1. Immediately upon becoming aware of the incident on 8/14/25, staff separated Residents #1 and #2 to ensure safety. Resident #2 was removed from the immediate area and supervised by staff. 2. A facility-wide review of all residents with behavioral symptoms, impulsive behaviors, or histories of aggression was completed on 8/18/2025 by the interdisciplinary team. For any resident identified as having potential to harm others, care plans were reviewed and updated to ensure: Behavioral interventions are current, staff are aware of triggers and redirection strategies, and preventative interventions are in place. No additional residents were identified as unsafe or requiring immediate changes in supervision. 3. All staff involved were re-educated on ensuring Resident #2 remains at greater than arm length from other residents at all times, and adjusting supervision as needed as outlined in the care plan. All staff were	10/22/2025

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 reverse for further 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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F0600 SS = D	Continued from page 1 Based on medical record review, resident and staff interview, facility investigation review, and policy review, the facility failed to protect the residents right to be free from physical abuse by another resident for 1 of 3 sample residents (#1) reviewed for abuse. The findings were: 1. Review of the quarterly MDS assessment dated 6/18/25 showed resident #1 had a BIMS score of 10 out of 15, which indicated moderate cognitive impairment, and had diagnoses which included dementia, coronary artery disease, heart failure, and hypertension. The following concerns were identified: a. Review of the facility incident report dated 8/14/25 and timed 4:45 PM showed resident #1 tapped resident #2 on the shoulder. Resident #2 then grabbed resident #1's arm resulting in a skin tear to his/her right elbow. b. Interview with the MDS coordinator on 10/1/25 at 6:13 PM confirmed resident #1 had a skin tear following the incident; was not fearful, and did not recall if the incident had occurred. c. Interview with Resident #1 on 10/2/25 at 8:50 AM confirmed s/he had some memory of the incident and was not fearful. d. Interview with CNA #1 on 10/2/25 at 10:05 AM revealed she observed resident #2 squeezing resident #1's arm during the incident. e. Interview with LPN #1 on 10/2/25 at 11:22 AM confirmed the incident occurred. She further revealed that resident #1 often approached other residents in this same manner. f. Interview with the NHA on 10/2/25 at 10:10 AM revealed staff were expected to keep resident #2 greater than arm's length away from other resident's, which did not occur that day. 2. Review of resident #2's care plan dated 5/13/25 showed s/he had frequent, unpredictable, and impulsive behaviors and may slap or punch other residents. A goal and intervention in the care plan included adjusting supervision as needed to avoid aggression toward other residents. a. Observation on 10/1/25 at 12:50 PM showed resident #2 was unsupervised in the hall outside of his/her room from 12:50 PM to 1:20PM.	F0600	Continued from page 1 re-educated on the Abuse Prevention Plan, on 10/22/2025. The DON or designee will review care plans weekly to ensure needed supervision interventions are up to date for residents with behavioral concerns. 4. The DON or designee will complete random hallway and unit audits of residents requiring increased supervision 5 times per week for 4 weeks, then 3 times weekly for 2 months, then monthly for 3 additional months. Any deviations or concerns will be corrected immediately, and staff re-education will occur on the spot. Audit results will be reviewed during the monthly QAPI Committee Meeting for six months or until substantial compliance is achieved.	

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F0600 SS = D	Continued from page 2 3. Review of the policy titled "Abuse Prevention Plan" last revised 10/2024 showed "...1. All residents will be protected from abuse and interventions would be implemented..." Abuse was defined as "....A.2.Hitting, slapping, scratching, and pinching..."	F0600		