NAME OF FACILITY	FACILITY ADDRESS	DATE OF SURVEY
POINTE FRONTIER RETIREMENT COMMUNITY	**1406 PRAIRIE AVENUE** **CHEYENNE, WY 82009**	**1/8/09**

SUMMARY OF DEFICIENCY	FACILITY PLAN OF CORRECTION	FACILITY COMPLETION DATE
Wyoming Department of Health Aging Division Rules for Program Administration of Assisted Living Facilities Chapter 12 Section 6 Personnel and Staffing Requirements (a) Management (i) The manager shall: (H) Pass an open book test on the same. The open book test shall be administered by the Program Division. The passing score will be 85% or greater. The REQUIREMENT was not met as evidenced by: Based on review of personnel records and staff interview, the administrator had not taken the required test. The findings were: 1. Review of the personnel record of the administrator on 1/7/09 revealed there was no record of the test results. 2. Interview on 1/7/09 at 11 AM with the administrator confirmed he had not taken the test.	General Manager completed and passed Required test on 15 Jan 09.	2 Feb 09
(d) Infection Control (ii) Tuberculin Testing Tuberculin testing must be accomplished for each employee prior to employment and annually thereafter. Individuals who have not had a skin test or who do not have written proof of skin test results shall have an intradermal Mantoux using 5TU PPD. This shall be accomplished via the two step procedure. This REQUIREMENT was not met as evidenced by: Based on review of personnel records and staff interview, the facility failed to have tuberculin (TB) testing completed for 1 (#2) of 5 sample employees selected. The findings were:	(d) Infection Control: Employee #2, has been given his proper TB screening. Actual date of hire was <u>18 Nov 08</u>, TB screening was completed on 2 Jan 09. **<u>Corrective Action:</u>** Facility will ensure that no associate has resident contact until an accurate TB screen has been completed prior to work start date. Supervisors will not schedule associates to work until requirement is met.	2 Feb 09

RECEIVED
Wyoming Dept of Health
FEB 03 2009
Office of Healthcare Licensing and Surveys

[signature]
Administrator's Signature

2 Feb 09
Date

POC accepted c̄ agreed to [illegible] Training [illegible] Surveys on 3/16/09.

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1. Personnel record review for employee #2 showed the date of first resident contact was 6/19/08. No documentation of TB testing was found in the personnel record review. 2. Interview with the resident care director (RCD) on 1/8/09 at 4 PM confirmed there was no TB test documentation for employee #2, and she could not be certain he had been tested. Interview with the RCD on 1/13/09 at 2:45 PM confirmed she planned to administer the TB test to employee #2 because they could not determine if he had a TB test.		
Section 7 Assisted Living Facilities (ALF) Core Services (b) Resident Assessment and Services (ii) Admission Orders (A) Admission orders shall include an order for TB screening, influenza and pneumococcal immunization status and orders for immunization if required, unless contraindicated. This REQUIREMENT was not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure admission orders for TB screening, influenza and pneumococcal immunization status and orders for immunization if required, unless contraindicated, were accomplished for 5 (#2, #3, #4, #5, #6) of 6 sample residents. The findings were: 1. Review of the medical records for residents #2, #3, #4, #5, and #6 revealed no documented admission orders. Further review revealed no documentation of pneumococcal or influenza immunization status for residents #2, #3, and #5. Resident #4 had no documentation of influenza immunization status or TB screening status. Resident #6 had no documentation of influenza immunization status. 2. Interview with the resident care director (RCD) on 1/8/09 at 4 PM confirmed no admission orders were in the medical record for residents #2, #3, #4, #5, and #6, and pneumococcal status was not documented for residents #2, #3, and #5. She further stated there was no	Admission orders for the following residents Are now filed. This includes their History and Physicals, medications, and required immunizations: Resident #2, Refused both vaccinations, received TB screening. Resident #3, record current as of 15 Oct 08. Resident #4, record current as of 15Oct 08 Resident #5, Received TB, pneumococcal refused Influenza—received in Texas prior to admission. Resident #6, record current as of 15 Oct 08 Proof of documentation for pneumococcal and influenza for residents #3, #4, and #6 has been received for Cheyenne Medical Specialist (CMS). Resident #4, records have been updated to reflect His documentation for both influenza and TB screening. Current as of 15 Oct 08. Resident #6, records have been updated to reflect her documentation for influenza vaccination. **Corrective actions:** The General Manager will review each admission order prior to residency for all new residents--no resident will be allowed admission without satisfactory meeting all admission requirements.	 2 Feb 09 2 Feb 09 2 Feb 09 2 Feb 09 2 Feb 09 2 Feb 09 2 Feb 09

POC accepted on 7/6/09 c̄ agreed to changes between [illegible] (Manager) and [illegible] (Surveyor).

[illegible]

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documentation concerning the TB screening status for resident #4. The RCD stated admission orders were likely thinned from the records, and she could not retrieve them during the survey. Interview with the administrator and RCD on1/13/09 at 2:45 PM confirmed they did not have the admission orders for the residents and requested one more day to look for them. On 1/15/09 at 11:15 AM no additional information was received from the facility.

(b) Resident Assessment and Services
(ii) Admission Orders
(A) Admission orders shall include an order for TB screening, influenza and pneumococcal immunization status and orders for immunization if required, unless contraindicated.
(III) If the resident is not vaccinated, the medical record must reflect the reason, such as medical contraindication or refusal.

This REQUIREMENT was not met as evidenced by:

Based on medical record review and staff interview, the facility failed to document the reason 5 (#2, #3, #4, #5, #6) of 6 sample residents were not immunized for influenza and/or pneumonia. The findings were:

1. Review of the medical record revealed no documentation of pneumococcal or influenza immunization status for residents #2, #3, and #5. Residents #4 and #6 had no documentation of influenza immunization.
3. Interview with the resident care director (RCD) on 1/8/09 at 4 PM confirmed the influenza immunizations were accomplished by an outside source for residents, and she could provide no documentation for influenza status for residents #2, #3, #4, #5, and #6. Interview with the administrator and RCD on1/13/09 at 2:45 PM confirmed they did not have additional documentation for the residents' immunizations and requested one more day to look. On 1/15/09 at 11:15 AM no additional information was received from the facility.

The following reasons for failure to document are listed below:	
Resident # 2, Refused both vaccinations, received TB screening.	2 Feb 09
Resident #3, records are current as of 17 Oct 08. Refused Pneumococcal.	2 Feb 09
Resident #5, refused to take influenza and Pneumococcal received TB screen.	2 Feb 09
Residents #4 and #6, records were collected from CMS and placed in their records (17 Oct 08).	2 Feb 09
Corrective actions: The General Manager will review each admission order prior to residency for all new residents--no resident will be allowed admission without satisfactory meeting all admission requirements.	2 Feb 09

POC accepted on 3/6/09 ē agreed to changes between James Olivey, Manager and Tory Guffey, Surveyor

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(e) Resident Records and Reports
(i) Each folder shall include the following:
(D) All accidents, injuries, incidents, illnesses, and allegations of abuse, neglect or exploitation shall be reported to the resident's family or responsible party and be documented in the individual resident records. All such occurrences shall also be reported to the appropriate entity for follow up and resolution. Reports of all incidents affecting the health, welfare or safety of a resident shall be provided to the Licensing Division immediately (within one business day). Reporting shall be done by telephone or fax. The facility's investigation of the incident shall be reported to the Licensing Division and the Long Term Care Ombudsman within five (5) working days, Documentation to support the facility reporting the situation and follow up must also be present in the resident records.

This REQUIREMENT was not met as evidenced by:

Based on medical record review, review of the Office of Healthcare Licensing and Surveys incident log, and staff interview, one (#11) of three sample residents with incidents that met reporting requirements were not reported to the Licensing Division or the ombudsman. The findings were:

1. Review of the medical record for resident #11 revealed s/he fell in the facility beauty shop on 3/18/08 at 11:20 AM; requiring emergency transport to the ER- was assessed to have a fractured left hip requiring hospitalization.
2. Review of the Office of Healthcare Licensing and Surveys incident log showed no reporting of the 3/18/08 incident for resident #11.
3. Interview with the administrator on 1/8/09 at 4:15 PM confirmed the facility had not reported the incident to the licensing division or the ombudsman.

Corrective Action:
RCD and General Manager will ensure all reportable Requirements within mandatory time lines.
RCD will make initial assessment and call the Licensing Division within (one business day).
The General Manager will complete written report to all required agencies.

~~OPEN~~
2/2/09

POC accepted on 3/6/09 c request to change [illegible] [illegible] Manager and [illegible] [illegible]

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(j) Food Service and Nutrition (iii) Food service supervision: (A) Day to day responsibilities for food production and management of the dietary services shall be assigned to a person with nutrition and food service management experience equivalent to that of a Certified Dietary Manager. This REQUIREMENT was not met as evidenced by: Based on staff interview, the facility failed to employ a certified dietary manager (DM). The findings were: Interview with the DM on 1/7/09 at 10:30 AM confirmed he had served several years as the DM, was not certified, and was not enrolled in a certified dietary manager program.	**Corrective Action:** Dining Services Manager will enrolled with Univ. of Northern Dakota's Dietary Managers course. We will notify you with his enrollment date. Course Length is 12 months. Estimated completion date: ~~8 Jan 2010.~~ Enrolled 3/2/09 and estimated completion date 9/2/10.	OPEN ~~1/8/10~~ 9/2/10
(o) Evacuation Capability, Emergency Procedures, and Fire Safety (iii) Fire Safety (D) Resident training for the fire emergency plan shall be in accordance with the Life Safety Code Operating Features sections (I) On the first day of admission, each resident shall be instructed in the proper action of the fire emergency plan, including the location of all the exits. A record of this instruction shall be in each resident file. This REQUIREMENT was not met as evidenced by: Based on medical record review and staff interview, the facility failed to instruct 3 (#2, #3, #5) of 6 sample residents concerning the proper action of the fire emergency plan on the first day of admission. The findings were: 1. Medical record review showed 3 (#2, #3, #5) of 6 sample residents received fire safety instruction after the day of admission. Resident #2 was admitted on 3/29/05 and received the fire safety instructions on 4/1/05, resident #3 was admitted on 7/15/06 and received the fire safety instructions on 9/28/06, and resident #5 was admitted on 6/20/06 and	**Corrective Action:** Our Sales Director and RCD will ensure that each resident is thoroughly oriented to all fire exits the day of admission. Additionally, the General Manager will audit all Admission orders and safety/administration requirements are met prior to resident admission.	2 Feb 09

POC accepted on 3/6/09 I agreed to changes [illegible] [illegible], Manager and [illegible] [illegible]

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received the fire safety instructions on 11/1/06. 2. Interview with the administrator and resident care director on 1/8/09 at 4:30 PM revealed they were unaware that fire instructions for residents were to be given on the first day of admission.		

POC accepted on 3/6/09 [illegible] agreed to changes between James [illegible], manager and [illegible]

[illegible]