

Wyoming Department of Health  
Office of Healthcare Licensing and Surveys

JUL 14 2009

| NAME OF FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FACILITY ADDRESS<br>Office of Healthcare<br>Licensing and Surveys                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF SURVEY                                     |
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| POINTE FRONTIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1408 PRAIRIE AVENUE<br>CHEYENNE, WYOMING 82001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6/22/09                                            |
| SUMMARY OF DEFICIENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FACILITY PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FACILITY COMPLETION DATE                           |
| <p>WYOMING DEPARTMENT OF HEALTH<br/>AGING DIVISION<br/>RULES FOR PROGRAM<br/>ADMINISTRATION OF ASSISTED<br/>LIVING FACILITIES</p> <p>Chapter 12.</p> <p>Section 6. Personnel and Staffing<br/>Requirements.</p> <p>(d) Infection Control. Written policies shall be in effect to ensure that newly hired and current employees do not spread a communicable disease that could be transmitted through usual job duties.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on review of facility policies, employee time sheets, the staff schedule, and physician's notes, as well as staff and physician interview, the facility failed to ensure one (#1) of one employee who the facility was aware had a diagnosis of chickenpox, did not expose this communicable disease to residents and staff. The findings were:</p> <p>Review of page 47 of the facility's employee handbook documented, "...Any associate with symptoms or signs of a communicable disease (i.e., tuberculosis, infected skin lesions, open draining sores) will not be allowed to remain on duty..."</p> <p>Review of an untimed physician's note dated 6/14/09 revealed employee #1, a dietary employee, was seen in the</p> | <p><b><u>PLAN of CORRECTION:</u></b></p> <p>In-Service Handout was given to each associate on 23 Jun 09. Instructions was given to each associate to clarify our existing policy (see attached signatures). Additionally, each associate was advised of their possible exposure to shingles or chickenpox and their reporting responsibilities to track all contagious diseases' (see attachments 2 &amp; 4).</p> <p>On 24 Jun 09, each Director was instructed to enforce all Federal, State, and company policy to ensure effective Infection Control.</p> <p>Specifically, any associate displaying symptoms of illness will be taken seriously and removed immediately from their section work schedule and ask to leave the community until they pose no threat to our residents' and co-worker's (see attachment 1). Furthermore, any illness or absence from work of 2 days or more requires a medical doctor notation before returning to work. The General Manager or Business Office Manager will personal review the Medical Doctor recommendation. This will ensure all preventative actions are implemented in the event of any reportable diseases.</p> <p>On 3 Jul 09, during our associate staff meeting our entire staff reviewed our handbook policy and In-Service memorandums dated 23 &amp; 24 Jun 09, Reportable Diseases List (see attachment 3 &amp; 4). Each Associate was given a copy of this list.</p> <p>As of 18 Jun 09, there have been no further reports or cases of the disease in our community. We will continue daily observations.</p> | <p>24 Jun 09</p> <p>24 Jun 09</p> <p>03 Jul 09</p> |

Administrator's Signature

Date

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7/17/09 10:30 AM POC accepted per telephone conversation with James Oliver

## POINTE FRONTIER

1406 PRAIRIE AVENUE  
CHEYENNE, WYOMING 82001

emergency room that day for a medical evaluation and was given discharge instructions for chickenpox. Telephone interview on 6/22/09 at 10:15 AM with an emergency room physician revealed patients with chickenpox are instructed that they are contagious until 24 hours after the blisters are scabbed. The physician further stated that an employee with chickenpox should not be working in a healthcare facility.

Interview with the business office manager on 6/22/09 at 9:45 AM revealed that when the employee informed the facility she had been diagnosed with chickenpox on 6/15/09, she was sent home. The following concerns were noted:

a. Review of the dining services staff schedule showed employee #1 was scheduled to work on 6/18/09 from 6:30 AM – 3 PM (three days after informing the facility she had chickenpox). Review of the employee's time sheet showed she actually worked that day from 6:02 AM to 7:39 AM.

b. Review of a physician's note dated 6/21/09 (three days after the employee had returned to work) showed it was not until that day that the employee was no longer contagious and could return to work.

c. Interview with the general manager and dietary manager on 6/22/09 at 10:20 AM revealed the employee served food to residents on 6/18/09. Both managers confirmed this was prior to being cleared by a physician. The general manager further stated the employee should have been taken off of the schedule until she was cleared by a physician to return to work.

d. Interview with the dietary manager on 6/25/09 at 8 AM

| NAME OF FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FACILITY ADDRESS                               | DATE OF SURVEY |
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| POINTE FRONTIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1406 PRAIRIE AVENUE<br>CHEYENNE, WYOMING 82001 | 6/22/09        |
| <p>revealed he was made aware that the employee was diagnosed with chickenpox on 6/16/09. The dietary manager stated he "forgot" to take the employee off the schedule.</p> <p>According to the National Foundation for Infectious Diseases dated July 2005, chickenpox, "...is spread easily through the air by infected people when they sneeze or cough. The disease also spreads through contact with an infected person's chickenpox blisters. People who have never had chickenpox can get infected just by being in a room with someone who has the disease..."</p> |                                                |                |