Wyoming Department of Health

Aging Division - Healthcare Licensing and Surveys

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ADULT DAY CARE Focused COVID-19 Infection Control Survey

Facility Name:		
City: Survey Da	ate:	
Surveyor(s):		
The surveyor will request the following documents: -A list of all current participants, noting those with active/confirmed/suspectThe policies or guidance the facility is using for COVID-19	cted COVID-19	
Regulatory Language: (0107, 0128, 0129, 0130)		
Infection Control:	YES	NO
Section 7 (b) A facility may refuse to serve adults with communicable diseasor addicted to drugs, adults with a history of violence to self or others and/o within the group setting, adults whose need for care requires more time and able to provide.	or whose behavior is not manageable	
Section 9 (c) (i) (B) (B) Subsequent Evaluations		
1. At the request of the director of the facility or the Department of Health physician shall be obtained when there are indications that the safety of part by the physical or mental health of a specific participant.		
2. Any participant who, upon examination or as a result of medical tests, mental condition which may jeopardize the safety of other participants in c performance of duties:	± •	
a. Shall be removed immediately from contact with participants and food	served to participants; and	
 b. Shall not be allowed contact with participants or food served to participathe satisfaction of the examining physician as evidenced by a signed, dated 3. Any individual who cannot adequately perform his duties or who may participants shall be relieved of his duties and removed from the facility. 	statement from the physician.	
Based on observation, record review, and participant and staff interview, place for monitoring residents and staff for COVID-19 infection? Does the suspected or confirmed cases of COVID-19?	· · ·	
Regulatory Language: (0131)		
Staff Training:		
Section 9 (d) (i) (B) [staff training shall include] Individual responsibilities including the location and use of the first aid emergency supplies.	in the event of illness or injuries,	
Based on observation, record review, and staff interview, have staff been procedures?	trained on COVID-19	
Regulatory Language: (0219, 0221)		
Participant Care:		
Section 12 (i) (ii) If a participant suffers an illness or accident requiring me	dical attention:	

(A) The facility shall ensure that the participant receives immediate access to medical attention;	
(B) The family or other responsible party, guardian, and the participant's personal physician shall be notified immediately; and	
(C) The notification shall be documented in the participant's record along with the details of the incident and action taken.	
Section 12 (k) (ii) If a participant becomes ill during the day:	
(A) He shall be separated from all other participants in care;	
(B) The responsible person shall be notified immediately in order that the participant may be returned home, if necessary; and	
(C) The ill participant shall be checked on at least every fifteen (15) minutes, or more frequently as necessitated by the condition, until leaving the facility.	
Based on observation, record review, and participant and staff interview, does the facility have procedures in place for ensuring participants with symptoms of COVID-19 receive appropriate medical attention?	
Regulatory Language: (0159)	
Environmental:	
Section 11 (a) (v) (L) The kitchen and dining area shall be kept clean, sanitary, and provided with suitable furniture and adequate space to comfortably seat all residents.	
Based on observation, and participant and staff interview, does the facility practice effective COVID-19 prevention related to social distancing in the dining area?	