Top Ten Survey Deficiencies

(TIP TOPIC: Tuberculosis)

EPIC Tip Sheet

This tip sheet provides information on the impact of Tuberculosis in infection control deficiencies cited by the Arizona Department of Health in annual, complaint and special infection control surveys conducted from January 2018-summer 2020. This guide offers basic information on deficiency examples, potential corrective actions and preventive measures a facility can take to avoid future deficiencies. Additional resources are also provided.

CMS Deficiency – F880 Infection Control:

• §483.80 Infection Control

The regulation F880 requires that nursing facilities establish and maintain "*an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.*"

The requirements for the Infection Prevention and Control Program (IPCP) include:

- A system for prevention, identification, reporting, investigation and control of infections and communicable diseases. The system must be able to do this for all residents, staff (including those providing services via contract), visitors and volunteers in the facility as well and should be based on the Facility Assessment and follow nationally accepted standards.
- The IPCP must include written standards, policies and procedures for elements of the program including surveillance, reporting potential incidents, standard and transmission-based precautions, isolation, prohibition of employees from direct contact with residents or their food under certain circumstances and hand hygiene. Many of these areas are what are frequently cited on survey since facility staff often fail to follow procedures appropriately, indicating a need for additional focus in these areas through competencies and training.
- A system for recording incidents identified under the IPCP and corrective actions taken by the facility. Deficient practices have been identified in this area when facilities have not completed line listings or tracked GI breakouts in facilities.
- The IPCP must also address how staff handle/store/process and transport linens. The Infection Prevention and Control Program must be reviewed and updated annually and as needed.

- NOTE: A community-based risk assessment should include review for risk of infections (*e.g., multidrug-resistant organisms- MDROs*) and communicable diseases such as tuberculosis and influenza. Appropriate resident tuberculosis screening should be performed based on state requirements.

State Requirement Article 1.:

- R9-10-113.B.1. B. For each individual required to be screened for infectious tuberculosis, a health care institution's chief administrative officer shall obtain from the individual:
    - 1. On or before the date specified in the applicable Section of this Chapter, one of the This document contains an unofficial version of the new rules in 9 A.A.C. 10, Article 1, effective November 5, 2019. following as evidence of freedom from infectious tuberculosis:
    - a. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention (CDC) administered within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution that includes the date and the type of tuberculosis screening test; or
    - b. If the individual had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and

- R9-10-113.B.2. Every 12 months after the date of the individual's most recent tuberculosis screening test or written statement, one of the following as evidence of freedom from infectious tuberculosis:
    - a. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the CDC administered to the individual within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement that includes the date and the type of tuberculosis screening test; or
    - b. If the individual has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement

State Requirement Article 4.:

- R9-10-407. Every 12 months after the date of the individual's most recent tuberculosis screening test or written statement, one of the following as evidence of freedom from infectious tuberculosis:
- 7. Except as specified in subsection (8), a resident provides evidence of freedom from infectious tuberculosis:
    - a. Before or within seven calendar days after the resident's admission, and
    - b. As specified in R9-10-113;
- 8. A resident who transfers from a nursing care institution to another nursing care institution is not required to be rescreened for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in R9-10- 113(1) if:
    - a. Fewer than 12 months have passed since the resident was screened for tuberculosis or since the date of the written statement, and
    - b. The documentation of freedom from infectious tuberculosis required in subsection (7) accompanies the resident at the time of transfer;

Examples of Deficiencies Cited for Tuberculosis (TB) Issues:

- Facility failed to ensure staff were screened for TB annually.
- Facility failed to document the results from conducting new hire TB screening tests.
- Staff used expired tuberculin purified protein derivative (PPD) for TB screening tests.
- Facility failed to have a record for employee TB screening.
- Facility failed to follow the facility's policy for Tuberculosis Screening.
- Facility failed to ensure new hires were screened for infectious Tuberculosis.
- An annual TB screening questionnaire was not signed by a medical practitioner.
- Facility failed to ensure therapy staff were screened annually for TB.

Corrective Action/Best Practices to Consider:

- When onboarding new staff, ensure that the Infection Preventionst (IP) or designated RN review TB screening prior to the employee's first shift.
- Consider having more than one person responsible to oversee annual TB screening of staff such as IP or an RN and HR.
- Ensure the facility's policy meets the state requirement for TB screening.
- Educate staff on the facility's policy for annual TB screening.
- Keep an electronic or "reminder file" of employee TB screening dates, organized by month and review it the first of each month.

Resources:

- Testing Health Care Workers | Testing & Diagnosis | TB | CDC
- TB Infection Control in Health Care Settings | Health Care Settings | TB |CDC
- Arizona State TB Control Office
  Tel: 602-364-4750
- Tuberculosis Control-Resources