



Top Ten Survey Deficiencies

(TIP TOPIC: Infection Prevention and Control Precautions)

EPIC Tip Sheet

*This tip sheet provides information on the impact of **infection prevention and control precautions** 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 Disaster Ready Emergency Preparedness Infection Control (DR EPIC) program provides education and technical assistance for skilled nursing providers throughout the state. Individual providers will need to exercise their independent discretion in how to apply this information and technical assistance to the unique operation of each facility. For that reason, a facility's exercise of its professional judgment and due diligence in utilizing the program for infection control and risk management practices is solely within the facility's control for which it is entirely responsible.

- 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.

Examples of Deficiencies Cited for Infection Prevention and Control Precautions:

- Multiple facilities were found with catheter tubing touching the floor.
- Several deficiencies related to infection breeches during med pass or during treatments (examples include: *nurses touching pills with bare hands, contaminated IV tubing during medical procedures*).
- Unlabeled urinals were located in a shared bathroom shared by two residents.
- Items needing to be changed on a regular basis had no dates to identify when they had been last changed (i.e. *syringes to be changed daily*).
- A fly infestation was identified in a facility kitchen.
- Improper handling of linen by staff.

Corrective Action/Best Practices to Consider:

- Since most of these deficiencies are related to common infection control practices, begin by reviewing the facility's infection prevention and control program as required by CMS (see *resources below*).
- Develop and implement a strong training and education program for all types of staff to include:
 - Required policies and procedures for infection control
 - Classroom training for all disciplines as well as ongoing training at the points of contact
 - Infection control training at frequent intervals (*i.e. monthly*) and include in new hire orientation
 - Monitoring for all levels of staff including random oversight and completion of check lists to ensure staff is competent
- Develop a competency checklist for nurses regarding conducting medication passes and performing treatments. Ensure that all nurses successfully complete the check list upon hire and at least annually.
- Create a protected program/policy for nurses conducting medication passes or performing procedures. This is to ensure that they are not interrupted at these times and have the capability to concentrate to avoid errors.
- Consider using cloth bags to hold catheter bags and tubing in order to avoid the tubing touching the floor.
- Conduct random infection control rounds to check for required labeling and dating of items.

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Resources:

- [Great training videos for all EVS and Laundry staff in English and Spanish](#)
- [CDC Coronavirus Disease 2019 \(COVID-19\) Preparedness Checklist for Nursing Homes and other Long Term Care Settings](#)
- [CMS Guidance](#)
- [CMS Mini webinar series for COVID-19](#)
- [CMS IC self-assessment tool](#)

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