



Top Ten Survey Deficiencies (TIP TOPIC: Social Distancing) **EPIC Tip Sheet**

*This tip sheet provides information on the impact of **social distancing** 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 at 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.

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.

Examples of Deficiencies Cited for Social Distancing Issues:

Multiple facilities were cited for residents not social distancing in common dining rooms, primarily in small dining areas on dementia units.

- Tables were too small to allow for the residents seated at the table to be at least six feet apart.
- Too many residents seated at the table to allow for them to remain 6 feet apart.
- Tables were not spaced six feet apart in the room.
- Too many residents in the room at one time to allow for them to be social distanced. This included meals and activities.

Corrective Action/Best Practices to Consider:

- Measure six feet distancing and mark floor to place tables.
- Stagger meal times so residents eat in shifts, decreasing the number of residents in the common dining room at any one time.
- If tables are too small and it is not possible to procure larger tables, stagger meal times to allow for fewer residents in the dining room at any one time. Place no more than two residents at each table.
- Identify other common areas (*alcoves, sitting areas*) where residents might have their meals.
- Assess residents who might want to and are safe to eat in their rooms.
- Identify non-nursing staff who can assist with passing trays or monitoring meal times.
- Consider implementing a feeding assistant program to facilitate additional help during mealtimes.
- Consider having activities that residents can do while socially distant (*self-directed activities that are individualized*).
- Assure that common areas like dining rooms and activity rooms are cleaned and sanitized frequently and especially before and after meals or activities.

Resources:

Managing coronavirus in assisted living communities from the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>

Managing coronavirus in memory care units in nursing homes from the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>

Tips from the Alzheimer's Association for dementia care:

[https://www.alz.org/help-support/caregiving/coronavirus-\(covid-19\)-tips-for-dementia-care](https://www.alz.org/help-support/caregiving/coronavirus-(covid-19)-tips-for-dementia-care)

Tips for caregivers in facilities from the Alzheimer's Association

<https://www.alz.org/professionals/professional-providers/coronavirus-covid-19-tips-for-dementia-caregivers>

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