



## Top Ten Survey Deficiencies

(TIP TOPIC: Hand Hygiene)

### EPIC Tip Sheet

*This tip sheet provides information on the impact of **hand hygiene** 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.

*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 Hand Hygiene Issues:**

Multiple sites were cited for not asking the staff, visitors, or other individuals such as surveyors to conduct hand hygiene when entering the facility.

In addition:

- Hand sanitizer dispensers were found to be empty.
- Certified Nursing Assistants (CNAs) were not washing their hands between resident contact.
- Licensed Nurses were found not to be washing their hands when leaving a resident room on droplet transmission-based precautions.

### **Corrective Action/Best Practices to Consider:**

- Ensure that alcohol-based hand sanitizer for hand hygiene is available in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).
- Ensure that sinks are well-stocked with soap and paper towels for hand washing.
- Healthcare Personnel (HCP) should perform hand hygiene before and after donning and doffing personal protective equipment (PPE) to prevent contaminating themselves and/or others.
- Remind residents to perform hand hygiene before meals and after using the restroom.
- Visitors should be reminded to perform hand hygiene as they are being screened and throughout their visit within the facility.
- Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered.
- Implement training programs for all staff with competency checklists to assure all staff can demonstrate accurate hand hygiene. Monitor on a regular basis.

### **Resources:**

- CDC Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings  
[https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist\\_3\\_13.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf)
- CDC Clean Hands Count for Healthcare Providers in Long-Term Care Facilities  
<https://www.cdc.gov/handhygiene/pdfs/Provider-LTC-Brochure-P.pdf>
- CDC Hand Hygiene Guidance for Healthcare Settings  
<https://www.cdc.gov/handhygiene/providers/guideline.html>
- CDC Preparing for COVID-19 in Nursing Homes  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

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