

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Issue Alert: Infection Prevention and Control

I. Why are Infection Control Requirements Important to Residents?

Infection prevention and control programs protect residents from preventable harm, injury, and death. Sadly, despite strong regulatory requirements to protect residents, infections continue to be a leading cause of death, needless suffering, and expense among nursing home residents.¹ According to the Office of Disease Prevention and Health Promotion, 380,000 nursing home residents die each year due to health care-associated infections.² Preventable reasons for the spread of infection include deficient nursing home practices, such as staff not washing their hands or sterilizing equipment before providing resident care.

II. What are the Infection Control Requirements?

The federal Nursing Home Reform Law requires each nursing home to **“establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment in which residents reside and to help prevent the development and transmission of disease and infection.”** The infection control program must **“be designed, constructed, equipped, and maintained in a manner to protect the health and safety of residents, personnel, and the general public.”**³ In order to be certified under Medicare and Medicaid, nursing homes must adhere to the following minimum standards of care in regards to infection prevention and control:

- **Implement an infection prevention and control program.** Nursing homes must have a “system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment . . . following accepted national standards;”⁴
- **Develop written policies and procedures.** Nursing homes must have “[w]ritten standards, policies, and procedures for the program, which must include, but are not limited to:
 - A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;

Note to Readers:

LTCCC Issue Alerts provide basic information about an issue of concern to nursing home residents.

For further information, please see the Resources and references at the end of the Alert, as well as our website, www.nursinghome411.org.

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- When and to whom possible incidents of communicable disease or infections should be reported;
- Standard and transmission-based precautions to be followed to prevent spread of infections;
- When and how isolation should be used for a resident; including but not limited to:
 - The type and duration of the isolation, depending upon the infectious agent or organism involved, and
 - A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
- The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
- The hand hygiene procedures to be followed by staff involved in direct resident contact.”⁵
- **Implement a system for documenting incidents and corrective actions.** Nursing homes must have a “system for recording incidents identified under the facility’s IPCP and the corrective actions taken by the facility.”⁶
- **Practice the safe management of linens.** Nursing home staff “must handle, store, process, and transport linens so as to prevent the spread of infection.”⁷
- **Conduct annual reviews of the program.** Nursing homes must “conduct an annual review of its IPCP and update their program, as necessary.”⁸

III. How Prevalent are Infection Control Deficiencies?

A 2014 report by the U.S. Department of Health and Human Services’ Office of the Inspector General (OIG) found that an astounding 20 percent of Medicare nursing home residents experienced an “Adverse Event” within the first month of admission to a nursing home, with the harm occurring, on average, within 15 days after admission.⁹ Infections accounted for 26 percent of these adverse events; the OIG classified the majority of these harmful events—52 percent—as “preventable.”¹⁰

Data from Nursing Home Compare show that state surveyors have cited 20,190 infection control deficiencies over the last three inspection cycles (years). In total, infection control deficiencies account for nearly seven percent of all nursing home deficiencies on Nursing Home Compare over the last three inspection cycles (as of February 2018).

“Basic steps to prevent infections — such as washing hands, isolating contagious patients and keeping ill nurses and aides from coming to work — are routinely ignored in the nation’s nursing homes, endangering residents and spreading hazardous germs.”

-Jordan Rau, *Los Angeles Times* (Dec. 2017)

IV. How Can I Find Out About Infection Control Deficiencies in My Nursing Home or Those in My State?

Infection control practices and, hence, citation rates, vary from nursing home to nursing home. [Nursing Home Compare](http://www.medicare.gov/nursinghomecompare) (<http://www.medicare.gov/nursinghomecompare>) provides information on individual licensed nursing homes across the country. Citations for infection control deficiencies are reflected in a nursing home's Statement of Deficiencies (SoDs) under the "Health Inspections" tab.

In order to provide the public with relevant information on nursing home infection control citation rates, LTCCC's [Nursing Home Information & Data Page](http://www.nursinghome411.org) (on our www.nursinghome411.org website) has searchable and downloadable files on every licensed nursing home in the country, including the following data:

US Nursing Home Citations for Infection Control Deficiencies

This page provides individual files for every state and Washington, DC. Each file provides the names of each facility in the state that have been cited for infection control deficiencies over the last three years (as of the processing date indicated). It is searchable by facility name, address, city, and zip code.

All of the data are from the federal Medicare website. They have been formatted to make it easy for the public to access relevant information on nursing homes in their communities and states.

V. Case Study of Residents Who were Exposed to Harm because of Inadequate Infection Control

When a state surveyor identifies substandard care, those findings are described in what is called a Statement of Deficiencies (SoD). All nursing home SoDs are published on [Nursing Home Compare](http://www.medicare.gov/nursinghomecompare). A September 2017 inspection of Rome Memorial Hospital Residential Health Care Facility in Rome, New York, illustrates one such instance where surveyors cited a nursing home for substandard care due to deficient infection control practices.

When state surveyors inspected the nursing home, they found that the facility was deficient in "hav[ing] a program that investigates, controls and keeps infection from spreading."¹¹

During a medication administration observation, surveyors saw a licensed practical nurse (LPN) enter a resident's room with a glucometer and related supplies. The LPN performed a fingerstick test on the resident and then placed the glucometer on the resident's overbed table without using a protective barrier. When the LPN left the resident's room, she placed the glucometer on top of the medication administration record without using a barrier or gloves and did not disinfect the instrument. The LPN then entered another resident's room and performed the fingerstick test again without disinfecting the glucometer.

"Noncompliance with standard precautions and shared use of glucose monitoring devices in [nursing homes] have placed residents at risk for acquiring blood-borne pathogens such as hepatitis B virus, hepatitis C virus and HIV."

-Ana Montoya and Lona Mody, *Aging Health* (Dec. 2011).

When surveyors interviewed the LPN, she acknowledged that the glucometer should have been cleaned with a germicidal wipe or alcohol pad between residents. According to the LPN, she usually used alcohol pads. The registered nurse (RN) manager told surveyors that glucometers must be disinfected using germicidal wipes, but that bleach wipes could be used if germicidal wipes were not available. Another RN stated that nursing staff were taught to “disinfect [glucometers] between all residents and were not taught to use alcohol as a disinfectant.”¹² The director of nursing (DON) also expressed that “alcohol was not an acceptable solution for disinfectant.”¹³

Surveyors found that the nursing home failed to “ensure it maintained an Infection Control Program designed to provide a sanitary environment to help prevent the development and transmission of disease and infection for 2 . . . residents reviewed for blood testing.”¹⁴ Specifically, surveyors provided that the nursing home was deficient in “disinfect[ing] a shared glucometer with an approved disinfectant before, between, or after testing blood sugars.”¹⁵ Despite the preventable risks that the nursing home’s deficient practices imposed on to two residents, surveyors cited the deficiency at a “D” scope and severity level—meaning “no harm” and no “immediate jeopardy.”¹⁶

VI. A Note on Nursing Home Oversight & Accountability

The accurate identification of substandard nursing home care is a longstanding issue of public concern. Too often, even when substandard care, abuse, or neglect are cited, the problems are not identified by surveyors as having caused harm to the nursing home’s residents. A report by the Government Accountability Office (GAO) found that a “substantial proportion of federal comparative surveys identify missed deficiencies at the potential for more than minimal harm level or above.”¹⁷ Recent studies by LTCCC also indicated that states only identify resident harm about 5% of the time that they cite a facility for substandard care, abuse, or neglect.¹⁸

Despite existing gaps in oversight and accountability, CMS placed an 18-month moratorium on the enforcement of eight minimum standards of care.¹⁹ The Antibiotic Stewardship Program, which is a fundamental component of the Infection Prevention and Control Program, is one the eight requirements.²⁰

VII. References for More Information & Help

- **Good practices.** [According to the Agency for Healthcare Research and Quality](#) (AHRQ), a division of the U.S. Department of Health and Human Services, the most common signs of an infection in older adults include “coughing, congestion, vomiting, diarrhea, pus, rash, redness, swelling, and change in mental status.” AHRQ provides that common symptoms of an infection include “nausea, pain, feeling feverish, and burning when urinating.” In order to prevent infections from occurring in long-term care facilities, **AHRQ advises staff to clean their hands with “an alcohol-based hand rub or soap and water . . . wearing gloves . . . properly disinfecting surfaces and medical equipment . . . not coming to work when sick . . . [and] practicing standard precautions for all residents.”**
- **Federal guidelines.** CMS issued a revised State Operations Manual with revised regulations and interpretative guidance. See https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.

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- **Enforcement.** [LTCCC Report: The Identification of Resident Harm in Nursing Home Deficiencies](#) found that infection control deficiencies were cited more than other deficiencies over a three year period, based on Nursing Home Compare data.
- **News report.** The *Los Angeles Times*' December 2017 article—"Infection lapses are rampant in nursing homes but punishment is rare"—highlighted that the most basic practices for preventing health care associated-infections are routinely ignored by nursing home staff across the country. The article noted that 74 percent of nursing homes have been cited for infection control deficiencies but that disciplinary actions, such as federal fines, are rare. Georgina Morris, a resident of Astoria Nursing & Rehabilitation Center, developed *Clostridium difficile* (C-diff), which resulted in her hospitalization. James Morris, Georgina's son, told the *LA Times* that "[nursing home] workers were coming in and out without washing their hands." See <http://www.latimes.com/business/la-fi-nursing-home-infections-20171221-story.html>.

¹ *National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination*, Office of Disease Prevention and Health Promotion (Apr. 2013), <https://health.gov/hcq/pdfs/hai-action-plan-ltcf.pdf>.

² *Id.*

³ 42 U.S.C. § 1395i-3(d)(3).

⁴ 42 C.F.R. § 483.80(a)(1).

⁵ 42 C.F.R. § 483.80(a)(2).

⁶ 42 C.F.R. § 483.80(a)(4).

⁷ 42 C.F.R. § 483.80(e).

⁸ 42 C.F.R. § 483.80(f).

⁹ Daniel R. Levinson, *Adverse Events in Skilled Nursing Facilities: National Incidence among Medicare Beneficiaries*, HHS OIG (Feb. 2014), <https://oig.hhs.gov/oei/reports/oei-06-11-00370.pdf>.

¹⁰ *Id.*

¹¹ *Statement of Deficiencies for Rome Memorial Hospital RHCF*, CMS (Sept. 15, 2017), <https://www.medicare.gov/nursinghomecompare/InspectionReportDetail.aspx?ID=335563&SURVEYDATE=09/15/2017&INSPTYPE=STD&profTab=1&state=NY&lat=0&lng=0&name=ROME%2520MEMORIAL%2520HOSPITAL%2520R%2520H%2520C%2520F&Distn=0.0>. CMS implemented new f-tags on November 28, 2017. Infection Prevention and Control Program deficiencies are now cited as F-880 deficiencies.

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ For more information on "no harm" deficiencies, please see LTCCC and the Center for Medicare Advocacy's monthly newsletter entitled "Elder Justice: What "No Harm" Deficiencies Means for Residents," available at <http://www.medicareadvocacy.org/newsletter-elder-justice-what-no-harm-really-means-for-residents/>.

¹⁷ *Federal Monitoring Surveys Demonstrate Continued Understatement of Serious Care Problems and CMS Oversight Weaknesses*, GAO (May 2008), <https://www.gao.gov/assets/280/275154.pdf>.

¹⁸ Richard J. Mollot & Rediet Demissie, *The Identification of Resident Harm in Nursing Home Deficiencies: Observation & Insights*, LTCCC (2017), <http://nursinghome411.org/identification-of-resident-harm-in-nursing-home-citations/>.

¹⁹ *Temporary Enforcement Delays for Certain Phase 2 F-Tags and Changes to Nursing Home Compare*, CMS (Nov. 24, 2017), <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-04.pdf>.

²⁰ *Id.*