§483.65 Infection Control (F441)

Session I
Infection Control Guidance
Overview

Training Objectives
The surveyor will be able to:

- Effectively and consistently survey nursing homes for compliance with federal regulations using the long term care interpretive guidance and investigative protocol for infection control; and
- Appropriately categorize the scope and severity of noncompliance.

Infection Control Tags Collapsed
Ftag 441 now contains all of the interpretive guidance originally found at Ftags 441, 442, 443, 444, and 445; however, the regulatory language remains the same.
Federal Regulatory Language
§483.65 Infection Control
The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

The Infection Control Program Must:
- Investigate, control, and prevent infections in the facility;
- Decide what procedures, such as isolation, should be applied to an individual resident; and
- Maintain a record of incidents and corrective actions related to infections.

§483.65(b) Preventing Spread of Infection
When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
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.

The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

Personnel must handle, store, process and transport linens, so as to prevent the spread of infection.
Regulatory Intent
The intent of this regulation is to assure that the facility, develops, implements and maintains an Infection Prevention and Control Program in order to prevent, recognize, and control, to the extent possible, the onset and spread of infection within the facility.

BREAK
15 Minutes
§483.65 Infection Control (F441)

Session II
Definitions

Ftag 441 Terms
- Airborne Precautions
- Hand Washing
- VRE
- Standard Precautions
- Alcohol-Based Hand Rub
- Infection Prevention and Control Program
- Surveillance

Ftag 441 Terms
- Medical Waste
- Droplet Precautions
- Multi-Drug Resistant Organisms
- Transmission-Based Precautions
- Antifungal
- Isolation
- Cohorting

Ftag 441 Terms
- Hand Hygiene
- Contact Precautions
- Outbreak
- Communicable Disease
- Health Care Associated Infection
- Anti-infective
- Colonization

Methicillin-Resistant Staphylococcus Aureus
Antiseptic Hand Wash
Infection Preventionist
Infection
Community Associated Infections
Session II

WRAP UP
§483.65 Infection Control (F441)

Session III
Infection Control Program

Interpretive Guidelines Background

➢ Infections are a significant source of morbidity and mortality for nursing home residents and account for up to half of all nursing home resident transfers to hospitals.
➢ Infections occur an average of 2 to 4 times per year for each nursing home resident.

Burden of Infections Among U.S. Nursing Home Residents
Endemic Infections in Nursing Home Residents

- Most Frequently Occurring:
  - Urinary Track
  - Respiratory
  - Skin and Soft Tissue

- Other Commonly Occurring:
  - Conjunctivitis
  - Gastroenteritis
  - Influenza

Critical Aspects of Infection Prevention and Control Programs include:

- Recognizing and managing infections at the time of a resident’s admission to the facility and throughout their stay, and
- Following recognized infection control practices while providing care.

Considerations: Resident Rights

It can be difficult to promote the individual resident’s rights and well-being while trying to prevent and control the spread of infections.
Components of an Infection Prevention and Control Program

- Program Development and Oversight
- Policies and Procedures
- Infection Preventionist
- Surveillance
- Documentation
- Monitoring
- Data Analysis
- Communicable Disease Reporting
- Education
- Antibiotic Review

Program Development and Oversight

The core focus of the program oversight is to:

- Establish goals and priorities,
- Monitor the implementation of the program, and
- Respond to errors, problems, or other identified issues.

Additional Program Activities include:

- Identifying roles and responsibilities during routine implementation as well as unusual occurrences or threats of infection, and
- Defining and managing resident health initiatives.
Additional Program Activities (cont’d)
- Managing food safety, and
- Providing a nursing home liaison to work with local and state health agencies.

Personnel Responsible for Overall Program Oversight
The facility program oversight should collaboratively includes the:
- Administrator,
- Medical Director (or designee),
- Director of Nursing, and
- Other staff as appropriate.

Policies and Procedures
- Written policies establish the program’s expectations and parameters.
- Procedures guide the implementation of the policies and performance of specific tasks.
Policies and Procedures

Policies and procedures serve as the foundation to the program and should undergo periodic review and revision to conform to current standards of practice or to address specific facility concerns.

Infection Preventionist (IP)

IP serves as program coordinator and responsibilities may include:

- Education and training;
- Collecting, analyzing, and providing infection data and trends to nursing staff and other healthcare practitioners; and
- Consulting on infection risk assessment, prevention, and control strategies.

Surveillance

Essential Elements

Two Types:

- Process
- Outcome
Process Surveillance

Process surveillance reviews practices directly related to resident care in order to identify whether the practices are compliant with established prevention and control policies based on recognized guidelines.

Outcome Surveillance

Outcome surveillance is designed to identifies and reports evidence of an infectious disease. The outcome surveillance process consists of collecting/documenting data on individual cases and comparing the collected data to standard written definitions (criteria) of infections.

Documentation Various Approaches

Although there are various approaches to gathering, listing, and documenting surveillance data, the infection control reports must describe the types of infections and serve to identify trends and patterns.
Monitoring

Monitoring of the implementation of the program, its effectiveness, the condition of any resident with an infection, and the resolution of the infection and/or an outbreak is considered an integral part of nursing home infection control surveillance.

Data Analysis

Comparing past and present surveillance data enables the detection of unusual or unexpected:
- Outcomes,
- Trends,
- Ineffective practices, and
- Performance issues.

Data Analysis

The data analysis allows the facility to evaluate whether it needs to change practices to:
- Enhance infection prevention, and
- Minimize the potential for transmission of infections.
Communicable Disease Reporting

It is important for each facility to have processes that enable them to consistently comply with state and local health department requirements for reporting communicable diseases.

Staff Education

- Both initial and ongoing infection control education and training is necessary for staff understand and comply with infection control practices.
- In addition to the general infection control principles and practices, discipline and task specific infection control training is also required.

Antibiotic Review

Because of increases in MDROs, review of the use of antibiotics (including comparing prescribed antibiotics with available susceptibility reports) is a vital aspect of the infection prevention and control program.
Session III
WRAP UP

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Session 3
§483.65 Infection Control (F441)

Session IV
Preventing the Spread of Infection

Individual and institutional factors contribute to the increased frequency and severity of infections in nursing homes.

Modes of Transmission Include:
- Contact
- Droplet
- Airborne
Individual Factors
- Medications
- Limited Physiologic Reserve
- Compromised Host Defenses
- Impaired Responses
- Coexisting Chronic Diseases
- Complications from Invasive Procedures
- Increased Frequency of Therapeutic Toxicity

Institutional Factors Include:
- Pathogen exposure in shared communal living space (e.g. handrails and equipment),
- Common air circulation,
- Direct/indirect contact with healthcare personnel/visitors/other residents,
- Direct/indirect contact with equipment used to provide care, and
- Transfer of residents to and from hospitals or other settings.
Direct Transmission
Person-to-Person
Direct transmission occurs when microorganisms are transferred from one infected/colonized person to another with a contaminated intermediate object or person.

Indirect Transmission
Indirect transmission involves the transfer of an infectious agent through a contaminated intermediate object or person.
Examples of Indirect Transmission include:
- Resident care devices,
- Clothing, including Personal Protective Equipment (PPE), and
- Toilets and bedpans.

Indirect Transmission
To reduce or prevent infections transmitted via indirect contact, resident equipment, medical devices, and the environment must be decontaminated or reprocessed.

Indirect Transmission Risk Common in Nursing Homes
- Critical (items must be sterile)
- Semi-Critical (items require meticulous cleaning)
- Non-Critical (items require low level disinfecting)
Critical Items
Critical items (e.g., needles, intravenous catheters, indwelling urinary catheters) are items which normally enter sterile tissue, or the vascular system, or through which blood flows.

Semi Critical Items
Semi critical items (e.g., thermometers, podiatry equipment, electric razors) are objects that touch mucous membranes or skin that is not intact.

Non Critical Items
Non critical items (e.g., stethoscopes, blood pressure cuffs, over-bed tables) are items that come into contact with intact skin or do not contact the resident.
Standard Precautions

Standard precautions are based upon the principle that all blood, body fluids, secretions, and excretions (except sweat) may contain transmissible infectious agents when exposed to non-intact skin and mucous membranes.

Interpretive Guidance

Standard Precautions

Standard precautions apply to the care of all persons in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent.

Interpretive Guidance

Standard Precautions Examples Include:

- Proper Hand hygiene;
- Safe injection practices;
- Proper use of personal protective equipment;
Standard Precautions Examples Include: (cont’d)
- Proper care of the environment, textiles and laundry;
- Appropriate resident placement; and
- Appropriate waste disposal and management.

Personal Protective Equipment (PPE)
- PPE includes items such as gloves, gowns, eye protection, and masks.
- These items are used as barriers to any body fluids or other potentially infected materials.

Transmission-Based Precautions (Formerly Isolation Precautions)
Transmission based precautions are used for residents who are known to be, or suspected of being infected or colonized with infectious agents, including pathogens that require additional control measures to prevent transmission.
Transmission-Based Precautions

It is appropriate to individualize decisions regarding resident placement based on a number of factors. For example consider factors such as the mode of transmission.

Transmission-Based Precautions

Transmission-Based Precautions shall be maintained for only as long as necessary to prevent the transmission of infection. It is appropriate to use the least restrictive approach possible that adequately protects the resident and others.

Airborne Precautions

Airborne precautions are intended to prevent the transmission of organisms that remain infectious when suspended in the air (e.g., varicella zoster [shingles] and M. tuberculosis).
Airborne Precautions
Personnel caring for residents on Airborne Infectious Precautions must wear a protective mask that is donned prior to room-entry, depending on the disease-specific recommendations.

Contact Precautions
Contact transmission-risk requires the use of contact precautions to prevent infections that are spread by person-to-person contact.

Droplet Precautions
Respiratory droplets transmit infections directly from the respiratory tract of an infected individual to susceptible mucosal surfaces of the recipient.
<table>
<thead>
<tr>
<th>Type of Precaution</th>
<th>Type(s) of PPE Required</th>
<th>Resident Placement</th>
<th>Other Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airborne</td>
<td>Mask, or Respirator, Gloves</td>
<td>Private room, Cohorting, room sharing with limited risk factors</td>
<td>Private AAI room (active TB)</td>
</tr>
<tr>
<td>Contact</td>
<td>Gown, Gloves</td>
<td>Private room, Cohorting, room sharing with limited risk factors</td>
<td></td>
</tr>
<tr>
<td>Droplet</td>
<td>Mask/Facial Protection, Gloves</td>
<td>Private room, Cohorting, room sharing with limited risk factors</td>
<td>3-10ft. distance* for transmission</td>
</tr>
</tbody>
</table>

All Transmission-Based Precautions require appropriate hand hygiene practices.

**Implementation of Transmission-Based Precautions**
Since laboratory tests may require two or more days to complete; Transmission-Based Precautions may need to be implemented while test results are pending based on the clinical presentation and the likely category of pathogens.

**Safe Water Precautions**
Safe drinking water is critical to controlling the spread of infections. The facility is responsible for maintaining a safe and sanitary water supply, by meeting nationally recognized standards set by the FDA for drinking water.
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Session IV
Hand Hygiene

Hand hygiene is the primary means of preventing the spread of infections in nursing homes.

Interpretive Guidance

Hand Hygiene

Hand hygiene requires proper hand washing facilities with available soap (regular or anti-microbial), warm water and disposable towels, and/or heat/air drying methods (when ABHR is not allowed).
Hand Hygiene (ABHR)

Alcohol-Based Hand Rub (ABHR) may be utilized in situations where hand washing with soap and water is not specifically required.

ABHR Hand Hygiene Technique

- Discharge the amount of alcohol-based product recommended by the manufacturer;
- Apply product to palm of one hand and rub hands together; and
- Cover all surfaces of hands and fingers, rubbing until hands are dry.

Hand Hygiene

If ABHR is one of the forms of hand hygiene utilized by the facility, staff must know the situations when hand washing with soap and water is specifically required.
Hand washing with soap and water is specifically required when:
- Visible soiling or debris on hands,
- After personal care of a resident,
- Before eating or assisting a resident with a meal, and
- After personal use or assisting a resident with toileting.

Soap/Water

Hand Hygiene Technique
- Wet hands with clean, running warm water;
- Apply the amount of product recommended by the manufacturer to the hands;
- Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers;
- Rinse hands with water and dry thoroughly with a disposable towel or heat/air dryer; and
- Turn off the faucet on the sink with a disposable paper towel, if available.
Other Staff-Related Preventive Measures

Facility staff who have direct contact with residents or who handle food must be free of communicable diseases and open skin lesions, if direct contact will transmit the disease.

Interpretive Guidance

Other Staff-Related Preventive Measures

Personal hygiene must be maintained in a manner so as to minimize the potential for harboring and/or transmitting infectious organisms.

BREAK

15 Minutes
If the facility handles all used linen as potentially contaminated (i.e. using Standard Precautions), no additional separating or special labeling of the linen is recommended.

Professional Laundry Facility

If linen is sent off to a professional laundry facility, the nursing home should obtain an initial agreement between the laundry service and nursing home that stipulates that laundry will be hygienically clean and handled to prevent recontamination from dust and dirt during loading and transport.
An effective way to destroy microorganisms in laundry items is through hot water washing at temperatures above 160°F (71°C) for 25 minutes.

Alternatively, low temperature washing at 71 to 77 degrees F (22-25 degrees C), plus a 125-part-per-million (ppm) chlorine bleach rinse has been found to be effective and comparable to high temperature wash cycles.

Every linen item must be cleansed and disinfected with an EPA-approved germicidal detergent, between residents (e.g., all fabric and moisture-resistant mattress and pillow covers).
An outbreak is typically one of the following:

- An outbreak is one case of an infection that is atypical in a nursing home;
- Trends that are 10 percent higher than the historical rate of infection for the facility, that may reflect an outbreak or seasonal variation, and therefore warrant further investigation; and
- An occurrence of three or more cases of the same infection over a specified length of time on the same unit or in other defined areas.

Reporting Outbreaks

Once an outbreak has been identified, it is important that the facility take the appropriate steps to contain it.
LUNCH

1 Hour

§483.65 Infection Control (F441)

Session IV
Preventing the Spread of Illness
Related to Multiple Drug
Resistant Organisms

Multiple Drug Resistant Organisms (MDROs)

- Common MDROs include MRSA, VRE, and Clostridium difficile.
- Transmission-Based Precautions must be employed for all MDROs.
- Aggressive infection control measures and strict compliance can help minimize transmission of MDROs.
Methicillin-Resistant Staphylococcus Aureus (MRSA)

MRSA is transmitted person-to-person, most commonly, and on inanimate objects.

Interpretive Guidance

Methicillin-Resistant Staphylococcus Aureus

- Staphylococcus is a common cause of infections.
- Common sites of colonization include the rectum, perineum, skin and nares.
- Colonization may precede or endure beyond an acute infection.

MRSA

MRSA commonly causes skin and soft tissue infections, especially when the skin has been breached (by wounds or devices).
Vancomycin-Resistant Enterococcus (VRE)

- Enterococcus is an organism that normally occurs in the colorectal tract.
- VRE is an infection with enterococcus organisms that have developed resistance to the antibiotic Vancomycin.

Interpretive Guidance

Vancomycin-Resistant Enterococcus (VRE)

- Enterococcus is part of the normal flora in the colorectal tract.
- VRE are strains of Enterococcus with resistance to the antibiotic Vancomycin.
- Once colonization with VRE has been established, it can persist as part of the colonic flora for a long time.

Interpretive Guidance

MRSA, VRE and Antibiotic Use

Preventing infection with MRSA and the limited use of antibiotics for individuals who are only colonized can also help prevent the development of VRE.
Clostridium Difficile (C. difficile)

C. difficile is an anaerobic, spore-forming bacterispecies of the genus Clostridium, which are gram-positive, anaerobic, spore-forming rods (bacillus).

C. difficile and Antibiotic Use

When antibiotic use eradicates normal intestinal flora, the organism may become active and produce a toxin that causes symptoms such as diarrhea, abdominal pain, and fever.

C. difficile Severe Cases

More severe cases of C. difficile can lead to additional complications such as intestinal damage and severe fluid loss.
C. difficile and Diarrhea

If a resident has diarrhea due to C. difficile, large numbers of C. difficile spores will be released from the intestine into the environment and may be transferred to other individuals, causing additional infections.

Clostridium Difficile Contact Precautions

Contact Precautions are instituted for residents with symptomatic C. difficile infection.

Clostridium Difficile Survival

C. difficile spores can survive in the environment (e.g., on floors, bed rails or around toilet seats) in spore form for up to six months.
§483.65 Infection Control (F441)

Session IV
Preventing Infections Related to the Use of Specific Devices

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Peripheral Intravascular Catheters

- Used widely to provide vascular access
- Increasingly seen in nursing homes
- May increase the risk for local and systemic infections and additional complications such as septic thrombophlebitis

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Central Venous Catheters

Central venous catheters (CVCs) have also been associated with infectious complications. (e.g. central-line associated blood stream infections and deep vein thrombosis).
Specific Devices
Limit Access

Limit access to central venous catheters for only the primary purpose.

Interpretive Guidance

Consistent Surveillance of all Residents with Special Devices

- Observation of insertion sites,
- Routine dressing changes,
- Use of appropriate PPE and hand hygiene, and
- Review of resident for clinical evidence of infection.
§483.65 Infection Control (F441)

Session V
Investigative Protocol

Surveyor(s) shall determine if:

- The facility has an Infection Prevention and Control Program that prevents, investigates and controls infections; and
- The facility has an Infection Prevention and Control program that collects and analyzes data regarding infections acquired in the facility.

Surveyor(s) shall determine if (cont'd):

- Staff practices are consistent with current infection control principles, and
- Staff with communicable diseases are prohibited from direct contact with residents.
Investigative Protocol

Procedures

- Observations
- Interviews
- Record Reviews
- Review of Facility Practices

Surveyors shall observe various disciplines (nursing, dietary and housekeeping) to determine if they follow appropriate infection control practices and Transmission Based Precaution procedures.

Observe Staff

Surveyors shall observe residents for signs and symptoms of potential infections such as:

- Coughing and/or congestion,
- Vomiting or loss of appetite, and
- Skin rash, reddened or draining eyes.
Surveyor(s) shall observe equipment to determine if:
- The equipment in isolation rooms are appropriately cleaned;
- The high touch surfaces in the environment are clean; and
- Small non-disposable equipment are cleaned and disinfected.

Surveyor(s) shall observe equipment to determine how:
- Single-use items are properly disposed of;
- Single resident use items are maintained;
- Resident dressings and supplies are properly stored; and
- Multiple use items are properly cleaned/disinfected between each resident.

Surveyors shall observe staff hand hygiene practices during:
- Resident care;
- Medication administration;
- Dressing changes; and
- Resident dining.
Observe Hand Hygiene Practices and the Use of Gloves

Surveyor(s) shall observe staff hand hygiene practices and the use of gloves during:
- Resident care that requires the use of gloves;
- Dressing changes; and
- Medication administration that requires the use of gloves.

Interview

During the resident review, interview the resident, family or responsible party, to the extent possible, to identify, as appropriate, whether they have received education and information about infection control practices, such as appropriate hand hygiene and any special precautions applicable to the resident.

Record Review

Surveyors shall review facility documents and interview staff to establish if the facility has processes and practices to promote infection control and the prevention of the spread of infectious diseases.
Surveyor(s) shall determine if the facility:

- Demonstrate practices to prevent the spread of infections, and
- Demonstrate practices to control outbreaks.

Criteria for Compliance at F441

The Facility is in Compliance if Staff:

- Demonstrates ongoing surveillance, recognition, investigation and control of infections to prevent the onset and the spread of infection;
- Demonstrates practices and processes consistent with infection prevention and prevention of cross-contamination;
- Demonstrates that it uses records of incidents to improve its infection control processes and outcomes by taking corrective action;
Criteria for Compliance at F441 (cont’d)
The facility is in compliance if staff:
- Use procedures to identify and prohibit employees with a communicable disease or infected skin lesions from direct contact with residents;

Determination of Compliance

Criteria for Compliance at F441 (cont’d)
The facility is in compliance if staff:
- Demonstrates appropriate hand hygiene practices, after each direct resident contact; and
- Demonstrates handling, storage, processing and transporting of linens so as to prevent the spread of infection.

Determination of Compliance

Noncompliance at F441
Noncompliance at F441 may include failure to:
- Develop an Infection Control and Prevention Program in accordance with the standards summarized in this guidance;
- Utilize infection precautions to minimize the transmission of infection;
Noncompliance with F441 (cont’d)

Noncompliance at F441 may include failure to:

- Identify and prohibit employees with a communicable disease from direct contact with a resident;
- Demonstrate proper hand hygiene;
- Properly dispose of soiled linens;
- Demonstrate the use of surveillance; or
- Adjust facility processes, as needed, to address a known infection risk.

Determination of Compliance

Additional Investigation

Potential Tags for Additional Investigation
BREAK

15 Minutes
§483.65 Infection Control  
(F441)

Severity Determination

DEFICIENCY CATEGORIZATION

(Part IV, Appendix P)

Severity Determination Key Components are:

- Harm/negative outcome(s) or potential for negative outcomes due to a failure of care and services,
- Degree of harm (actual or potential) related to noncompliance, and
- The immediacy of correction required.
Severity Determination

Determining Actual or Potential Harm

Actual or potential harm/negative outcomes for F441 may include:

- Onset of infections in the facility,
- Spread of infection within the facility, or
- An infection outbreak in the facility.

Severity Determination

Determining Degree of Harm

Surveyor(s) shall determine how the facility practices caused, resulted in, allowed, or contributed to harm (actual/potential).

Severity Determination

Determining the Degree of Harm

- If harm has occurred, surveyors shall determine if the harm is at the level of serious injury, impairment, death, compromise, or discomfort; or
- If harm has not yet occurred, surveyors shall determine how likely the potential is for serious injury, impairment, death, compromise or discomfort to occur to the resident.
Immediate Jeopardy (IJ)

IJ occurs when the facility's noncompliance -
- With one or more requirements of participation has caused/resulted in, or is likely to cause, serious injury, harm, impairment, or death to a resident; and
- Requires immediate correction as the facility either created the situation or allowed the situation to continue by failing to implement preventative or corrective measures.

Level 4 (IJ) Example

The facility failed to clean the spring-loaded lancet devices before or after use, and reused lancet devices on residents who required blood sugar monitoring. This practice of re-using lancet devices created an Immediate Jeopardy to resident health, by potentially exposing residents to the spread of blood-borne infections for multiple residents in the facility who required blood sugar testing.

Severity Level 3 Actual Harm

That is Not Immediate Jeopardy

Level 3 negative outcome may include, but may not be limited, to clinical compromise, decline, or the resident's inability to maintain and/or reach his/her highest practicable level of well-being.
Level 3 Example

The facility routinely sent urine cultures of asymptomatic residents with indwelling catheters, putting residents with positive cultures on antibiotics, and resulting in two residents who get antibiotic-related colitis and significant weight loss.

Severity Determination

Severity Level 2

Severity level 2 noncompliance is:
- Noncompliance that results in a resident outcome of no more than minimal discomfort, and/or
- Has the potential to compromise the resident’s ability to maintain or reach his or her highest practicable level of well-being.

Level 2 Example

The facility failed to ensure that their staff demonstrated proper hand hygiene between residents to prevent the spread of infections. The staff administered medications to a resident via a gastric tube, and while wearing the same gloves, proceeded to administer oral medications to another resident. The staff did not remove the used gloves and wash or sanitize their hands between residents.
Level 1 No Actual Harm with Potential for Minimal Harm

The failure of the facility to develop, implement and maintain an infection prevention and control program; to prevent, recognize, and control the onset and spread of infections places this highly susceptible population at risk for more than minimal harm. Therefore, Severity Level 1 does not apply to this regulatory requirement.

Severity Determination Activity
Test your understanding

Choose a Severity Level for Each Scenario

- A) Level 4
- B) Level 3
- C) Level 2
- D) Level 1
Scenario # 1

The facility failed to restrict a staff member with a documented, open, draining and infected skin lesion that was colonized with MRSA from working without adequately covering the area, resulting in MSRA transmission and infection of several residents under that staff person’s care.

Scenario # 2

The facility failed to ensure courses of antibiotic therapy for residents with urinary tract infections were effective, resulting in two residents developing Urosepsis and requiring hospitalization for intravenous antibiotic therapy.

Severity Determination

• A) Level 4
• B) Level 3
• C) Level 2
• D) Level 1
Severity Determination

Scenario # 2

- A) Level 4
- B) Level 3
- C) Level 2
- D) Level 1

Scenario # 3

The facility failed to investigate and document surveillance of, and try to contain an outbreak of, gastrointestinal illness among residents; as a result, additional residents became ill with diarrheal illnesses and had to be hospitalized for dehydration.
Scenario # 4

The facility failed to implement a surveillance program, including the investigation of infections, or attempt to distinguish facility-acquired from community-acquired infections.

Discussion and WRAP UP

A) Level 4  B) Level 3  C) Level 2  D) Level 1