

COVID-19 Focused Infection Control (FIC) Survey Protocol with Staff Vaccination

Prior to Survey

- Surveyors should have access to this protocol, COVID-19 FIC survey entrance conference worksheet, infection control pathway, Staff Formula excel spreadsheet, and the COVID-19 Staff Vaccination Matrix with instructions for facilities and surveyors in the event infection control concerns are identified while in the facility. This survey protocol should be used in the following ways:
 - COVID-19 FIC Survey (not associated with a stand-alone survey): Surveyors must evaluate the facility's compliance at all critical elements (CE) with the exception of CE#8, CE#9, *CE #10, CE#13, CE#14, CE#15 and CE#16* per CMS 20054, Infection Prevention, Control & Immunizations pathway. The surveyor must also examine the facility's compliance at §483.475(b)(6) or E0024 (at Appendix Z) if the full Emergency Preparedness survey is not being conducted.
 - *Complaints specific to Staff Vaccination Requirements (F888): If the facility was determined to be in substantial compliance with F888 within the previous six weeks and no substantive changes have been made to the policies and procedures for staff COVID-19 vaccinations, DO NOT conduct a full compliance review of F888.*
 - This survey protocol provides surveyors with guidance to conduct a focused review of the critical elements associated with the transmission of COVID-19. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.
- As surveyors enter a facility with confirmed or suspected COVID-19 cases, or a facility requiring certain personal protective equipment (PPE) to enter, SSAs should ensure surveyors have needed PPE that could be required onsite. Surveyors should not expect a facility to provide PPE and supplies.
- Ensure surveyors are medically cleared and fit tested if using respirators with tight-fitting face-pieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use. Refer to latest CDC guidance on use of PPE at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Create a survey shell. Under Survey Properties:
 - When conducting a complaint investigation, the SA will code the Type of Survey in ACO as A=complaint and U=COVID-19 (M=Other will automatically be marked). The extent (if needed) should be marked as E=abbreviated survey.
 - When conducting a COVID-19 Focused Survey, the SA will code the Type of Survey as U=COVID-19 (M=Other will automatically be marked). The extent (if needed) should be marked as E=abbreviated survey
 - **There should be no offsite surveys coded in ACO.**
- Conduct offsite planning based on the following:
 - State or local health department information, if available
 - Facility reported information provided to the CDC National Healthcare Safety Network (NHSN). *NOTE: Surveyors are not required to verify the accuracy of NSNA data unless there are complaints/concerns specific to NHSN data. Regardless of the timeframe of the NHSN complaint/concern, review the most recent NHSN data to perform this task. There is no ability to retrieve archived NHSN data.*

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- NHSN data can be accessed directly from [this link](#)
 - Find the nursing home in the Excel spreadsheet by using CTRL+F;
 - On the infection control screen in the notes field (or on the pathway), document the “reported for week ending on” date listed in the report header;
 - Document the ‘Recent Percentage of Staff who are Fully Vaccinated’ (do not round);
- Prioritize observations to key areas and activities related to infection control;
 - Identify the records that need to be reviewed;
 - Medical record reviews, including resident test results and vaccinations;
 - Staff vaccination status and test results (Reports of COVID-19 community transmission levels are available on the following website (select Data Tracker Home and county view): <https://covid.cdc.gov/covid-data-tracker/#county-view>);
 - Comprehensive Review of Facility Policies/Procedures (e.g., Infection Prevention & Control Program, Emergency Preparedness Plan, residents and staff who refuse testing or are unable to be tested, resident immunizations, and COVID-19 Health Care Staff Vaccinations (*applicable only if there are complaints/concerns specific to the staff vaccination requirement, F888*); and
 - Review communication(s) to residents, representatives and families (e.g., listserv, newsletter, etc.).
- Surveyors should add the COVID-19 FIC Survey subfolder to their desktop.
 - From the Survey Resource folder, print the COVID-19 Staff Vaccination Matrix with instructions (1 copy of instructions, multiple copies of the blank matrix) *only if there are complaints/concerns specific to the staff vaccination requirement, F888*. Note: Facilities may complete the COVID-19 Staff Vaccination Matrix or provide a list containing the same information as required in the staff matrix.
 - Surveyors may add the following links *as a favorite* to their *browser*:
 - COVID-19 Vaccination Effectiveness Research: <https://www.cdc.gov/vaccines/covid-19/effectiveness-research/protocols.html>
 - FAQs on Reporting COVID-19 Vaccination Data: <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/faqs.html>
 - Healthcare Workers: Information on COVID-19: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
 - Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
 - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
 - SARS-CoV-2 Antigen Testing in Long Term Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>
 - Optimizing Personal Protective Equipment (PPE) Supplies: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

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- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

NOTE: Offsite activities are no longer necessary for FIC surveys. Once the team enters the facility, all survey-related activities will be conducted onsite.

Entrance Conference

- If the survey team identifies an active COVID-19 case after entering a facility, the survey team should contact their State Survey Agency (SSA) and verify that the facility has notified the state or local health department.
- Notify the Facility administrator of the limited nature of the COVID-19 focused survey:
 - Prioritize observations on day one; and
 - Complete remaining facility record reviews, medical record reviews, observations and interviews on day two.
- Follow the COVID-19 FIC Survey Entrance Conference Worksheet to request information.

Survey Activities

- In situations where there is only one surveyor conducting the survey (e.g., complaint or EP), to the extent possible, the surveyor should begin the survey activity in an area with COVID-19 negative residents and not return to that area once positive residents have been encountered.
- Adhere to Standard and Transmission-Based Precautions and refer to CDC’s “Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes” and “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.”
- Refer to CMS-20054, Infection Prevention, Control and Immunizations pathway to guide your investigation and make compliance determinations. Document your investigation on the electronic version of the pathway and/or electronic or paper-based surveyor notes worksheets. Scan and attach *survey related* documents, to the survey kit for upload to ACO/ARO.
- While the primary focus is COVID-19, you should investigate any other areas of potential noncompliance where there is a likelihood of immediate jeopardy (IJ). Follow the interpretive guidance and CE pathways relevant to the area of concern.
- Be alert to situations that may create a likelihood for serious injury, harm, impairment, or death, use guidance in Appendix Q and complete an IJ Template.

NOTE: Surveyors should limit photocopies to only those records necessary for confirming noncompliance or to support findings of deficient practice.

Concluding the Survey

- Conduct a survey exit discussion with the facility.
- Draft the statement of deficiencies (CMS-2567). If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19.”
- When determining the **severity and scope for F888**, surveyors must refer to *Attachment A-Revised* in the *QSO-22-07-ALL-Revised*, *QSO-22-09-ALL-Revised*, and *QSO-22-11-ALL-Revised*, *which are located in the following webpage*.