

Internal Resource ONLY for Facility
Infection Control Mini Survey Preparation Checklist

Facility Support - Background Information

Facility Name	
Associate Name	
Associate Contact Info and Title	
Date of Form Completion	

Hand Hygiene (Related to F-tag F880)

	Yes	No	Comments
Does your facility follow appropriate hand hygiene practices?			
Is Alcohol-based hand rub at least 70% & is readily accessible and placed in appropriate locations?			
Does your staff wash hands with soap and water when their hands are visibly soiled?			
Does your staff wash their hands after contact with residents?			
Are hand hygiene supplies readily available?			
Are soap, water, and sink readily accessible in appropriate locations including, but not limited to resident care and prep areas?			

Implementation of appropriate use of PPE (Related to F-tag F880)

	Yes	No	Comments
Are appropriate transmission-based precautions implemented?			
Is your facility utilizing dedicated or disposable noncritical resident care equipment?			
Is your facility implementing the least restrictive transmission based precautions?			
Is environmental surfaces that are touched frequently and in close proximity to the resident being cleaned and disinfected at least daily or when visibly soiled?			
Are your facility staff members aware of processes/protocols for transmission-based precautions?			

Laundry Services (Related to F-tag F880)

	Yes	No	Comments
Are your facility staff members handling, storing, and transporting linens appropriately?			
Are your facility staff members using Standard Precautions and minimal agitation for contaminated linen?			
Are your facility staff members holding contaminated linen and laundry bags away from his/her body during transport?			
Are your facility staff members holding clean linens away from his/her body during transport?			

Did your facility develop and implement an overall IPCP (policies and procedures) that are reviewed annually (Related to F-tag F880 F881)

	Yes	No	Comments
Does your facility have an established/implemented surveillance plan for identifying, tracking, and reporting of infections?			
Does your facility have a current list of reportable communicable diseases?			
Can your staff identify to whom and when communicable diseases, healthcare-associated infections are to be reported?			
Does your facility conduct ongoing review for antibiotic stewardship?			

Influenza and Pneumococcal Immunizations (Related to F-tag F883)

	Resident Name / Room #	Influenza Immunization		Pneumococcal Immunization		If declined, reason for decline documented?	
		YES	NO	YES	NO	YES	NO
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: