

**Confidential – A QAPI/QAA Committee Internal Work Document**

**Root Cause Analysis Process**

<b>F880 – Infection Prevention &amp; Control</b>	<b>483.80(a)(1)(2) &amp; (4); (e); (f)</b>
--	--

**Purpose:** The primary purpose of this analysis is to determine if our facility is meeting the requirements of **F880** to ensure that an infection prevention and control program, including written policies and procedures, have been developed and implemented to prevent, recognize, investigate, report, and control the onset and spread of possible communicable diseases or infections within the facility.

**Team Members Assigned to Conduct the Root Cause Analysis / Corrective Action/Improvement Plan**

Name:		Position:		Name:		Position:	
Name:		Position:		Name:		Position:	

**Citation History**

1. Has the facility been cited at **F880** (or previous tag F441) one or more times in the past 3 years? (e.g., annual, extended, revisit, or complaint surveys)  
**Yes**      **No.** If **YES**, what was the highest Scope/Severity Level(s) cited? \_\_\_\_\_.
2. Has this issue/concern been addressed by the Resident/Family Council in the past 3 years?      **Yes**      **No.** If **Yes**, date addressed: \_\_\_\_\_.
3. If the tag was cited, did the facility conduct a Root Cause Analysis?      **Yes**      **No** If **Yes**, date conducted: \_\_\_\_\_.
4. If the facility has been cited at F880, or received a citation that resulted in a CMP or other enforcement actions, did the facility participate in an **IDR** or **Independent IDR**?      **Yes**      **No.** If **Yes**, was the facility successful in the process?      **Yes**      **No.**

(**Note:** If the facility **was** successful and did **NOT** request a **NEW 2567**, the **original** deficiency will be **posted** to ASPEN and Nursing Home Compare. This will be **critical** in assessing the new enhanced enforcement penalties relative to future infection control citations.)

**Notes:** Review any IDR or IIDR outcomes, the *Plan of Correction*, and any *Resident/Family Council's* recommendations, and, as applicable, in conjunction with the previous *Root Cause Analysis* to determine what systems or processes may have failed that could have contributed or caused the issue or concern.

In preparing for the preliminary root cause analysis process, be sure you have access to a copy of the regulation(s), interpretive guidelines, key elements, care area pathways, resident interview and observation reviews (initial pool care area probes), etc., relative to infection control to ensure you are reviewing compliance with all components of the regulation(s). Review state specific regulatory requirements as may be applicable.

*Proceed to Next Page – Survey Tags and Related Compliance Resources Analysis Worksheet*

**Confidential – A QAPI/QAA Committee Internal Work Document**

*Survey Tags and Related Compliance Resources Analysis Worksheet*

OLD Tag #	NEW Tag #	Tag Description	Review of Related Survey Tags The tags listed below have a direct relationship to F880 and should be evaluated to determine if one or more contributed to, or caused, the current issue/concern with F880. Be sure to review any state regulations that <b>may</b> apply as well. Check those you wish to further review.	Survey Compliance Resources that Reference F880 Review these survey compliance resources to determine if noncompliance with one or more may have contributed to, or caused, the issue/concern with infection control requirements. Check those you wish to further review.
F441	F880	Infection Prevention & Control  <b>Important Note:</b> Citations at this tag, at a Scope and Severity of <b>D and above</b> , may trigger an Infection Control Focused Survey and result in <b>enhanced</b> enforcement penalties.	<input type="checkbox"/> F550 – Resident Rights <input type="checkbox"/> F584 – Safe/Clean/Homelike Environment <input type="checkbox"/> F603 – Involuntary Seclusion <input type="checkbox"/> F622 – Transfer/Discharge Requirements <input type="checkbox"/> F655 – Comprehensive/Baseline Care Plan <input type="checkbox"/> F661 – Discharge Summary <input type="checkbox"/> F675 – Quality of Life <input type="checkbox"/> F690 – Colostomy, Urostomy, Ileostomy Care <input type="checkbox"/> F725 – Sufficient Nursing Staff <input type="checkbox"/> F726 – Competent Nursing Staff <input type="checkbox"/> F741 – Competent Staff-Behavioral Needs <input type="checkbox"/> F755 – Pharmacy Services <input type="checkbox"/> F801 – Qualified Dietary Staff <input type="checkbox"/> F838 – Facility Assessment <input type="checkbox"/> F839 – Staff Qualifications <input type="checkbox"/> F841 – Responsibilities of Medical Director <input type="checkbox"/> F867 – QAPI/QAA Activities <input type="checkbox"/> F881 – Antibiotic Stewardship Program	<input type="checkbox"/> CMS-20053 – Dining Observations (See CE #2) <input type="checkbox"/> CMS-20054 – Infection Prevention Control and Immunization (See CE #s 1 through 6) <input type="checkbox"/> COVID-19 Focused Survey for Nursing Homes (05/08/2020) (See CE #s 1 through 6) <input type="checkbox"/> CMS-20056 – Medication Administration (See CE #5) <input type="checkbox"/> CMS-20068 – Catheter or UTI (See CE #2) <input type="checkbox"/> CMS-20071 – Dialysis (See CE #2) <input type="checkbox"/> CMS-20078 – Pressure Ulcer (See CE #3) <input type="checkbox"/> CMS-20081 – Respiratory (See CE #2) <input type="checkbox"/> CMS-20089 – Med Storage (See Last Page-Other Considerations) <input type="checkbox"/> CMS-20093 – Tube Feeding (See CE #2) <input type="checkbox"/> CMS-20125 – B & B Incontinence (See CE #2) <input type="checkbox"/> Initial Pool Care Area Probes (See Respiratory Infection, UTI, and Infections (Not UTI or Respiratory) <input type="checkbox"/> Review F880 Interpretive Guidelines, Investigative Summary, and Key Elements of Noncompliance <input type="checkbox"/> SOM Appendix Q (Guidelines for citing Immediate Jeopardy)

If you checked any **Survey Tags** list those you wish to further investigate:

If you checked any **Survey Compliance Resources** list those you wish to investigate further:

<b>Worksheet Completed By:</b>		<b>Job Position:</b>		<b>Date Completed:</b>	
--------------------------------	--	----------------------	--	------------------------	--

*Proceed to Section I – Identification of Issue/Concern*

**Confidential – A QAPI/QAA Committee Internal Work Document**

*Regulatory Compliance Worksheet*

**Purpose of this analysis:** This worksheet has been designed to assist in identifying infection control issues or concerns that may have resulted from noncompliance with F880 regulatory requirements. Information listed below contains a summary of the current infection control regulatory requirements as outlined in the interpretive guidelines. Review these guides to determine if noncompliance with one or more may have caused, or contributed to, the infection control issue or concern you are currently investigating.

#	Regulatory Requirement Review	Identified Issue/Concern		
		Yes	No	Investigate Further
1	The facility has established and implemented an infection prevention and control program (IPCP).			
2	The results of the facility assessment, as applicable, is used to establish and update the infection prevention and control program, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors.			
3	The facility has developed and implemented written policies and procedures governing its infection prevention and control program.			
4	The facility has a surveillance system that establishes routine, ongoing, and systematic collection, analysis, interpretation, and dissemination of surveillance data to identify infections, infection risks, communicable disease outbreaks, and to maintain or improve resident health status.			
5	The facility has written policies and procedures for its system of surveillance data that identifies communicable diseases or infections before they spread.			
6	The facility's established hand hygiene practices and use of PPE are followed by staff, residents, visitors, consultants, vendors, and others who may have direct contact with residents.			
7	The facility has written protocols and processes in place relative to the prevention and control of transmission of infections.			
8	The facility has written Standard Isolation Precautions and they are followed by all personnel who have contact with residents.			
9	The facility has written Transmission-Based Precautions and they are followed by all personnel when a resident develops signs and symptoms of a transmissible infection.			
10	The facility has written protocols and processes in place for medical device safety (e.g., point of care testing, finger stick devices, blood glucose meters, safe medication administration, accessing vascular devices, etc.)			
11	The facility has written policies and procedures for recording infection prevention and control program incidents and the corrective actions taken.			
12	The facility has written policies and procedures governing the handling, storing, processing, and transporting of laundry and linen.			
13	The facility has written policies and documentation that supports the annual review of its infection prevention and control program's standards, policies and procedures.			
14	Other:			

*Proceed to Section I – Identification of Issue/Concern*

**Confidential – A QAPI/QAA Committee Internal Work Document**

**Section I – Identification of Issues/Concerns**

Preliminary Findings							
Item #	Applicable Survey Tag	Using the information contained in the Survey Tags and Related Compliance Resources Analysis Worksheet, and the Regulatory Compliance Worksheet, <u>briefly</u> describe any identified issues or concerns	Resolved Without QAPI/QAA Intervention		Proceed With QAPI/QAA Review If YES, Complete Sections II – IV of the Root Cause Analysis Worksheets		Comments
			Yes	Date	Yes	Date Assigned	
1							
		Would you consider this <input type="checkbox"/> An Isolated Event <input type="checkbox"/> A Pattern <input type="checkbox"/> Widespread					
2							
		Would you consider this <input type="checkbox"/> An Isolated Event <input type="checkbox"/> A Pattern <input type="checkbox"/> Widespread					
3							
		Would you consider this <input type="checkbox"/> An Isolated Event <input type="checkbox"/> A Pattern <input type="checkbox"/> Widespread					
4							
		Would you consider this <input type="checkbox"/> An Isolated Event <input type="checkbox"/> A Pattern <input type="checkbox"/> Widespread					
5							
		Would you consider this <input type="checkbox"/> An Isolated Event <input type="checkbox"/> A Pattern <input type="checkbox"/> Widespread					
Worksheet Completed By			Job Position		Date Completed		

Use additional pages as needed.

*Proceed to Section II – Identified Issues/Concerns Prioritizing Worksheet*

**Confidential – A QAPI/QAA Committee Internal Work Document**

**Section II – Identified Issues/Concerns Prioritizing Worksheet**

**Directions:** This tool has been designed to assist you in **prioritizing** identified issues/concerns. Using the scoring system listed below, list each issue/concern you identified in Section I. Score each column based on a rating from **1 to 5**. (*Note:* This rating is subjective and is meant to be a guide. You may use other scoring systems as you choose to determine issue/concern identification prioritizing.)

<b>Scoring:</b>	<b>1 = Very Low</b>	<b>2 = Low</b>	<b>3 = Medium</b>	<b>4 = High</b>	<b>5 = Very High</b>
-----------------	---------------------	----------------	-------------------	-----------------	----------------------

**ADD** the scores *across* the row and tally in the TOTAL SCORE column (**Note:** Automatically calculates when using the digital file.) Issues/Concerns with a higher score indicate a higher priority. (*Note:* When conducting the Root Cause Analysis in Section III, you may discover that resolving issues/concerns with higher priority scores first **may** resolve and prevent the issue/concern from recurring without having to address all identified issues/concerns.)

ID #	Issue/Concern Identified	Scoring					Total Score
		Prevalence	Risk	Relevance	Responsiveness	Feasibility	
1							
2							
3							
4							
5							

**Scoring Column Legend:**

- PREVALENCE:** The frequency at which this issue/concern arises.
- RISK:** The level to which this issue/concern poses a risk to the well-being of our residents.
- RELEVANCE:** The extent to which this issue/concern would affect resident quality of life/care.
- RESPONSIVENESS:** The likelihood of this issue/concern resulting in a concern expressed by the resident/family/representative or staff.
- FEASIBILITY:** The likelihood of this issue/concern resulting in a deficiency citation if unresolved.
- TOTAL SCORE:** The sum of all columns. Higher scores indicate a high priority.

<b>Issue/Concern Worksheet Completed By:</b>		<b>Job Position:</b>		<b>Date Completed:</b>	
--	--	----------------------	--	------------------------	--

*Next, Complete Section III – Root Cause Analysis Worksheet*

**Confidential – A QAPI/QAA Committee Internal Work Document**

**Section III – Root Cause Analysis Worksheet – Page 1 of 3**

From the information recorded in the *Issues/Concerns Prioritizing Worksheet* in Section II, conduct your root cause analysis. **NOTE:** Address only one (1) issue/concern at a time on this worksheet. If multiple issues/concerns were identified, use a separate worksheet for each issue/concern.

#	Identified Issue/Concern	Recommended Corrective Action/Improvement Plan	Assigned To	Projected Date of Completion
<p><b>Note:</b> If the facility has been cited at <b>F880</b> in the past 24 months, <b>compare</b> the citation data and plan of correction to the issue/concern listed above to <b>determine</b> if like or similar issues/concerns exists, and/or are still recurring, that <b>may</b> have <b>contributed</b> to, or <b>caused</b>, the current infection control issue/concern.</p>		<p><b>2567 Review Findings:</b></p>		
<b>Probes to Consider in Identifying the Root Cause of the Issue/Concern</b>				
1.	Which systems or processes do you think contributed to the current issue/concern? Check all that apply.	<input type="checkbox"/> Human Factors (e.g., communication, training, distraction, bias, culture, attitude, competency, staffing, etc.) <input type="checkbox"/> Rules, Policies, Procedures (e.g., an issue/concern with current policies or procedures; staff not following/knowledgeable of policies; no policies or procedures in place to address the issue/concern, etc.) <input type="checkbox"/> Barriers (e.g., budget, financial, equipment, etc.) <input type="checkbox"/> No system or process issues/concerns identified.		
2.	Has the facility been cited for <u>any</u> of these tags within the past 24-months? <input type="checkbox"/> F550 <input type="checkbox"/> F584 <input type="checkbox"/> F603 <input type="checkbox"/> F622 <input type="checkbox"/> F655 <input type="checkbox"/> F661 <input type="checkbox"/> F675 <input type="checkbox"/> F690 <input type="checkbox"/> F725 <input type="checkbox"/> F726 <input type="checkbox"/> F741 <input type="checkbox"/> F755 <input type="checkbox"/> F801 <input type="checkbox"/> F838 <input type="checkbox"/> F839 <input type="checkbox"/> F841 <input type="checkbox"/> F867 <input type="checkbox"/> F881 <input type="checkbox"/> F945  Highest Scope & Severity Level Cited: ____ . <input type="checkbox"/> <b>None Cited.</b>	If <b>YES</b> , was an investigation conducted to determine if cited tag(s) may have been the cause of, or contributed to, current issues/concerns relative to infection prevention and control? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If issues/concerns were identified, what corrective action(s) will be taken?		
3.	Has this identified issue/concern been addressed through the <i>Facility Assessment</i> process to determine if resources or staffing levels / competencies could have been a contributing factor? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> . If <b>No</b> , Why?	If <b>YES</b> , were there any issues/concerns identified? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> . If <b>YES</b> , what corrective action(s) will be taken?		
4.	Was a <b>review</b> of <i>Survey Compliance Resources</i> (as listed on page 2) conducted to determine if noncompliance with one or more may have contributed to, or caused, the current infection control issue/concern.  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> . If <b>No</b> , why?	If <b>YES</b> , list the resources reviewed and indicate if any infection prevention and control issues/concerns were identified and addressed?  If a review of these items were <b>not</b> conducted, could that have been a contributing factor, or cause, of this infection control issue/concern? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> . If <b>Yes</b> , how will that be resolved?		

**Confidential – A QAPI/QAA Committee Internal Work Document**

**Section III – Root Cause Analysis Worksheet – Page 2 of 3**

<p>5. Are staff <i>knowledgeable</i> of and <i>implementing</i> the regulations and guidelines governing infection prevention and control? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>.</p> <p><b>Note:</b> What criteria was used to make this determination (e.g., Competency Exams, Inservice Training, etc.)?</p>	<p>If staff are <b>not</b> knowledgeable of or implementing the regulations and guidelines governing infection prevention and control, could that be a contributing factor, or cause, for this issue/concern? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>YES</b>, how will that be resolved?</p>		
<p>6. Are staff <i>knowledgeable</i> of and <i>following</i> the facility's policies and procedures governing infection prevention and control? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>.</p> <p><b>Note:</b> What criteria was used to make this determination (e.g., Competency Exams, Inservice Training, etc.)?</p> <p>Comments:</p>	<p>If staff are <b>not</b> knowledgeable of, or they are <b>not</b> following the facility's infection prevention and control policies and procedures, could that be a contributing factor, or cause, for this issue/concern? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>. If <b>YES</b>, how will that be resolved?</p> <p>Was a review of the policies and procedures made to determine if they addressed any issues/concerns identified in this root cause analysis? If <b>YES</b>, what corrective action will be made?</p>		
<p>7. Have staff <i>participated</i> in the facility's <i>F880 Infection Prevention and Control Inservice Training Program</i> <u>relative</u> to this issue/concern?</p> <p>Comments:</p>	<p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>. If <b>No</b>, Why?</p> <p>Has a training date been scheduled? If so, indicate date: _____</p> <p>What system or processes will be used to <b>measure the success</b> of the training program?</p>		
<p>8. Did facility management and/or the QAPI/QAA committee provide input on what corrective measures or initiatives should be considered in resolving this current issue/concern?</p> <p>If management and/or the QAPI/QAA <i>Committee</i> participated, describe their involvement and recommendations:</p>	<p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>. If <b>NO</b>, was management and/or the QAPI/QAA Committee aware of the current infection prevention and control issues/concerns? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>. If <b>No</b>, why?</p>		
<p>9. Were staff, residents, their representative, or family members, who were involved in this current issue/concern, informed of, and/or invited to participate in, the corrective action / improvement plan(s) that were developed and implemented?</p>	<p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>. If <b>No</b>, Why?</p>		
<p>10. Was this corrective action plan reviewed with all staff, facility management, residents, representatives, etc.? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>.</p> <p>If <b>NO</b>, why?</p>	<p>If <b>YES</b>, how was this accomplished? (<i>check all that apply</i>)</p> <p><input type="checkbox"/> Staff Meetings <input type="checkbox"/> Orientation/In-Service Training <input type="checkbox"/> Newsletters <input type="checkbox"/> Posters <input type="checkbox"/> Bulletin Boards</p> <p><input type="checkbox"/> Policy Review <input type="checkbox"/> Board Meetings <input type="checkbox"/> IDT Meetings <input type="checkbox"/> Resident/Family Council Meeting</p> <p><input type="checkbox"/> _____</p>		
<p><b>Completed By:</b> _____</p>	<p><b>Job Position:</b> _____</p>	<p><b>Date Started:</b> _____</p>	<p><b>Date Completed:</b> _____</p>

See Next Page for QAPI/QAA Committee Root Cause Analysis Notes

**Confidential – A QAPI/QAA Committee Internal Work Document**

**Section III – QAPI/QAA Committee Root Cause Analysis Notes – Page 3 of 3**

Use this page to record any additional comments, findings, compliance issues, recommendation, etc., that may be useful in developing and implementing corrective action plans.

Date	Description of Findings, Recommendations, Action Taken, Dates, etc.	Entered By

*See Next Page for Corrective Action Plan Follow-Up Worksheet*



**Confidential – A QAPI/QAA Committee Internal Work Document**

**Section IV – Corrective Action Plan Follow-Up Worksheet**

Within 30-45 days of completing the Root Cause Analysis in Section III, conduct a follow-up evaluation to determine if the implemented corrective action plan(s) were successful in identifying, resolving, and/or eliminating the issue/concern. If the issue/concern has not been resolved, review the findings and corrective actions identified in the Root Cause Analysis Worksheets (Section III) and the Facility Assessment to determine what further action(s) may be needed to eliminate or resolve the issue/concern.

Issue/Concern Identified	Corrective Action Implemented	Did the Root Cause Analysis and Corrective Actions Meet the Desired Outcome?	
		Yes	No
1. Do you consider this issue or concern to be-- <input type="checkbox"/> An Isolated Event <input type="checkbox"/> A Pattern <input type="checkbox"/> Widespread	Comments:		
2. <b>IF</b> the issue/concern is still recurring, has the administrator, governing board, or other management officials been informed that the issue/concern has <b>not</b> been resolved?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> . If <b>No</b> , Why?		
3. <b>IF</b> the issue/concern is still recurring, was the facility staff informed of and/or trained on the actions the facility implemented to correct the issue/concern?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> . If <b>No</b> , Why?		
4. <b>IF</b> the facility staff were <b>NOT</b> aware of the implemented changes, could that be a contributing factor in the failure of the process? <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> . If <b>Yes</b> , what corrective actions do you plan on implementing to resolve the issue/concern?		
5. Were staff, residents, their representative, or family members, who were involved in this current issue/concern, informed of, and/or invited to participate in, the corrective action / improvement plan(s) that were developed and implemented? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> . If <b>No</b> , Why?		
6. <b>Describe</b> any <b>additional</b> corrective action or recommendations that will be implemented.			

<b>Follow-Up Worksheet Completed By:</b>		<b>Job Position:</b>		<b>Date Completed:</b>	
--	--	----------------------	--	------------------------	--