



RESIDENTIAL CARE SERVICES (RCS)  
 ADULT FAMILY HOME (AFH)  
 ASSISTED LIVING FACILITY (ALF)  
 ENHANCED SERVICES FACILITY (ESF)

## RCS (AFH, ALF, ESF) Infection Prevention and Control (IPC) Complaint Investigation Tool

FACILITY NAME	LICENSE NUMBER
PROVIDER / LICENSEE NAME	CD NUMBER
INVESTIGATOR NAME	ENTRANCE DATE
INTAKE NUMBER(S)	

RCS staff will use the IPC Tool or Pathway to investigate IPC related complaints. Assess elements via observations, interviews, and record review throughout the visit. Submit the completed Tool or Pathway with your working papers. **Check “Yes,” “No,” or “N/A.” If “No,” document findings in the notes section and/or the DSHS [13-944 form](#).** Determine additional questions as needed.

**Interview Questions.** Write response to corresponding letter and number.

Identify and review national IPC standards, rules, and definitions applicable to the setting:

- [Standard Precautions](#)
 [Transmission Based Precautions \(TBP\)](#)
 [Notifiable Conditions](#)

Communicable disease outbreak:	Mode of transmission (check all that apply):	PPE Plan for the visit (check all that apply):
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	<input type="checkbox"/> Contact <input type="checkbox"/> Foodborne <input type="checkbox"/> Droplet <input type="checkbox"/> Unknown <input type="checkbox"/> Airborne <input type="checkbox"/> N/A	<input type="checkbox"/> None needed <input type="checkbox"/> Eye protection <input type="checkbox"/> Use facility PPE <input type="checkbox"/> Source control <input type="checkbox"/> Full PPE with fit tested N95 respirator
Organism:		

Yes	No	N/A	Entrance and Tour Observations	Entrance / Tour Observation Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there an established process to ensure everyone entering the facility is aware of the outbreak? If indicated, are visitors alerted to IPC procedures?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are hand hygiene supplies accessible to residents, staff, and visitors?	
Yes	No	N/A	Focused Resident and Staff Observations	Focused Observation Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Resident(s) general appearance and potential infection sources</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Supplies: Use and Availability</b> <ul style="list-style-type: none"> <li>Hand washing / hand sanitizer use and availability</li> <li>Glove use; handling / bagging of soiled items</li> <li>Adequate PPE readily available and properly used</li> <li>Proper don, doff, and disposal of PPE</li> </ul>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>TBP and Isolation Practices</b> <ul style="list-style-type: none"> <li>Appropriately implement and follow TBP for confirmed or suspected cases?               <ul style="list-style-type: none"> <li>If TBP/airborne are implemented, are NIOSH-approved fit-tested respirators being used?</li> </ul> </li> <li>Cohort / designated staff?</li> <li>Signage posted?</li> <li>Dietary precautions (paper plates, plastic utensils)</li> </ul>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cleaning and disinfecting</b> care equipment and environment (technique, timing, and product use)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe laundry and textile handling</b> (soiled laundry contained, staff do not hold soiled laundry against torso or clothing)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food safe and sanitary / fluids offered to ill residents.</b> Refer to program specific rules as needed.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Ventilation is adequate to prevent inspection spread</b>	



RESIDENTIAL CARE SERVICES (RCS)  
 ADULT FAMILY HOME (AFH)  
 ASSISTED LIVING FACILITY (ALF)  
 ENHANCED SERVICES FACILITY (ESF)

## RCS (AFH, ALF, ESF) Infection Prevention and Control (IPC) Complaint Investigation Tool

FACILITY NAME	LICENSE NUMBER
PROVIDER / LICENSEE NAME	CD NUMBER
INVESTIGATOR NAME	ENTRANCE DATE
INTAKE NUMBER(S)	

Provider Interview	Provider Interview Notes
<p><b>A. Ask the provider about outbreak management:</b></p> <ol style="list-style-type: none"> <li>Which residents are affected?</li> <li>Has anyone else been sick with similar symptoms? When?</li> <li>What was the source of infection / outbreak?</li> <li>What have you done / are you doing to prevent the spread of the communicable disease/foodborne illness?</li> <li>Whom have you notified (LHJ, CRU)? When?</li> <li>Have the involved residents improved? How do you know?</li> </ol> <p><b>B. Ask the provider to describe IPC training for staff and residents. Does training include:</b></p> <ol style="list-style-type: none"> <li>Standard precautions including hand hygiene, use of PPE, respiratory hygiene / cough etiquette, isolation, cleaning, and disinfecting care.</li> <li>Transmission-based precautions, when and how to use and dispose of PPE.</li> <li>Equipment and environment, safe handling of laundry and cleaning / disinfecting.</li> <li>Sick leave policies and importance of not reporting or remaining at work when ill.</li> </ol> <p><b>C. Ask the provider how they know or ensure:</b></p> <ol style="list-style-type: none"> <li>Staff are following training.</li> <li>Supplies for handwashing, cleaning / disinfection / tissues are readily available and accessible for residents, staff, and visitors.</li> </ol>	
Resident / Family / Visitors Interview	Res / Fam / Visit Interview Notes
<ol style="list-style-type: none"> <li>Have you recently been ill?           <ol style="list-style-type: none"> <li>How long were you ill and what were your symptoms?</li> <li>What did the facility do to help you?</li> </ol> </li> <li>Have others in the facility recently been ill (other residents, staff)?</li> <li>Do staff wear gloves? When?</li> <li>Do you have concerns about how housekeeping services are done / sanitary practices etc.?</li> </ol>	
Staff Interview	Staff Interview Notes
<ol style="list-style-type: none"> <li>Which residents have been ill (had an infection, fever, chills, severe nausea, diarrhea, other symptoms)?</li> <li>What do you do to prevent the spread of infection from one person to another?</li> <li>Do you have enough PPE (gloves, gowns, masks)?</li> <li>What do you do if you, or other staff, are ill or have an infection?</li> </ol>	
Record Review – Prevention, Testing, Surveillance, and Treatment	Record Review Notes
<ol style="list-style-type: none"> <li>Illness / symptoms promptly identified and timely facility / primary health care provider responses.</li> <li>Outbreak testing done.</li> <li>Treatment or exposure prophylaxis administered as recommended or directed.</li> <li>Ill resident(s) status monitored, surveillance of residents and staff.</li> <li>Follows LHJ guidance for testing and tracking.</li> <li>Notification of representatives, staff, visitors, LHJ.</li> <li>Residents vaccinated or offered vaccination.</li> </ol>	



RESIDENTIAL CARE SERVICES (RCS)  
 ADULT FAMILY HOME (AFH)  
 ASSISTED LIVING FACILITY (ALF)  
 ENHANCED SERVICES FACILITY (ESF)

## RCS (AFH, ALF, ESF) Infection Prevention and Control (IPC) Complaint Investigation Tool

FACILITY NAME	LICENSE NUMBER
PROVIDER / LICENSEE NAME	CD NUMBER
INVESTIGATOR NAME	ENTRANCE DATE
INTAKE NUMBER(S)	

Written IPC policies (ALF, ESF), and procedures (AFH) to prevent the spread of infection		Policy and Procedure Notes		
1. Standard Precautions 2. Transmission-Based Precautions <ul style="list-style-type: none"> <li>TBP / airborne: RPP and respirator fit testing</li> </ul> 3. Reference to national / current acceptable standards 4. Outbreak management 5. Sick leave policies that are non-punitive, flexible, and allow ill staff to stay home, return to work 24 hours after fever resolves (or as advised)				
Resource Links				
<a href="#">Washington State Local Health Departments and Districts</a> <a href="#">ALTA Provider / Administrator Letters</a> Outbreak Definitions <ul style="list-style-type: none"> <li><a href="#">COVID-19 (cste.org)</a></li> <li><a href="#">Flu Outbreak Definition (DOH)</a></li> </ul> <a href="#">Environmental Protection Agency (EPA)</a> <a href="#">Personal Protective Equipment (PPE)</a> <a href="#">LNI Respiratory Protection Program WAC 296-842</a>		<b>Norovirus References</b> Centers for Disease Control and Prevention - <a href="#">Norovirus</a> DOH - <a href="#">Norovirus</a> resource site DOH Norovirus Outbreak Management <a href="#">Toolkit</a> <b>Flu (Influenza) Reference</b> DOH Influenza Outbreak in Long Term Care Facilities <a href="#">Frequently Asked Questions</a>		
Compliance Decision				
<b>IPC Regulatory Requirement:</b> There may be many related regulations to consider, such as notification, updating assessments and care plans, medication management. Use the regulations below to cite breaches in infection prevention and control practice.		<b>N/A</b>	<b>Met</b>	<b>Not Met</b>
<b>AFH</b>	<b><a href="#">WAC 388-76-10255 Infection control.</a></b> The adult family home must develop and implement an infection control system that: (1) Uses nationally recognized infection control standards; (2) Emphasizes frequent hand washing and other means of limiting the spread of infection;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b><a href="#">WAC 388-76-10400 Care and services.</a></b> (3) The care and services in a manner and in an environment that: (b) Actively supports the safety of each resident;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ALF</b>	<b><a href="#">WAC 388-78A-2610 Infection control.</a></b> (1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections. (2) The assisted living facility must: (e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ESF</b>	<b><a href="#">WAC 388-107-0440 Infection control system.</a></b> (1) The enhanced services facility must: (a) Establish and maintain an effective infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>