



RESIDENTIAL CARE SERVICES (RCS)
 CERTIFIED COMMUNITY RESIDENTIAL SUPPORTS AND SERVICES (CCRSS)

CCRSS Infection Prevention and Control (IPC) Complaint Investigation Tool

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

RCS staff will use the IPC Pathway or IPC Tool to Investigate IPC related complaints. You are required to submit the Pathway or tool with your working papers. Assess elements through a combination of observations, interviews, and record review throughout the visit.

Check Yes, No, or N/A. If “No” is checked, document findings in the notes section and/or on the IPC Assessment notes form, [DSHS 13-945](#). N/A (Not Applicable) indicates the item was not observed or reviewed or was not relevant to the investigation.

Interview Questions. Write response to corresponding letter and number. Write out (ask) additional questions as needed.

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

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

Communicable disease outbreak: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	Mode of transmission (check all that apply): <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	PPE Plan for the visit (check all that apply): <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
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Yes	No	N/A	Focused Client and Staff Observation	Focused Observation Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client(s) general appearance and potential infection sources	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplies: Use and Availability 1. Masks, gowns, gloves, tissues, and waste receptacles. 2. Hand washing / hand sanitizer use and availability. 3. PPE usage – proper don, doff, and disposal. 4. Glove use; handling / bagging of soiled items.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Room Isolation and Isolation Practices 1. Process to alert staff, clients, visitors of what to do to prevent the spread of infection. 2. Staff /visitors follow Infection Control precautions. 3. If TBP/airborne are implemented, are NIOSH-approved fit-tested respirators being used? 4. Roommate(s) present or moved temporarily? 5. Cohort? 6. Designated care staff for ill clients? 7. Hand washing, disposal of infectious items, and waste. 8. Dietary precautions for clients ill with communicable disease such as paper plates, plastic utensils. 9. Ill clients advised on how to contain infection when with others or avoid communal activities until no longer contagious.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning and disinfecting care equipment and environment (technique, timing, and product use)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe laundry and textile handling (soiled laundry contained, staff do not hold soiled laundry against torso or clothing)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food safe and sanitary / fluids offered to ill clients. Refer to program specific rules as needed.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation adequate to prevent inspection spread	



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Provider Interview	Provider Interview Notes
<p>A. Ask the provider about outbreak management:</p> <ol style="list-style-type: none"> 1. Which clients are affected? 2. Has anyone else been sick with the same symptoms? When? 3. What was the source of infection / outbreak? 4. What have you done / are you doing to prevent the spread of the communicable disease / foodborne illness? 5. Whom have you notified (LHJ, CRU, Before Transport)? When? 6. Have the involved clients improved? How do you know? <p>B. Ask the provider to describe infection prevention and control training for staff and clients. Does training include:</p> <ol style="list-style-type: none"> 1. Standard precautions including hand hygiene, use of PPE, respiratory hygiene / cough etiquette, isolation, cleaning, and disinfecting care. 2. Transmission-based precautions, when and how to use and dispose of PPE. 3. Equipment and environment, safe handling of laundry and cleaning / disinfecting. 4. Sick leave policies and importance of not reporting or remaining at work when ill. <p>C. Ask the provider how they know or ensure:</p> <ol style="list-style-type: none"> 1. Staff are following training. 2. Supplies for handwashing, cleaning / disinfection / tissues are readily available and accessible for clients, staff, and visitors. 	
Client / Family / Visitors Interview	Client / Family / Visitor Interview Notes
<ol style="list-style-type: none"> 1. Have you been sick (had an infection, fever, chills, severe nausea, diarrhea, other symptoms)? 2. How long were you ill and what were your symptoms? 3. Was anyone else in the facility sick (other clients, staff)? 4. What did the facility do to help you? 5. Do staff wear gloves? When? 6. Do you have concerns about how housekeeping services are done / sanitary practices etc.? 	
Staff Interview	Staff Interview Notes
<ol style="list-style-type: none"> 1. Which clients have been sick (had an infection, fever, chills, severe nausea, diarrhea, other symptoms)? 2. What do you do to prevent the spread of infection from one person to another? 3. Do you have enough PPE (gloves, gowns, masks)? 4. What do you do if you personally or other staff are ill or have an infection? 	
Record Review – Prevention, Testing, Surveillance, and Treatment	Record Review Notes
<ol style="list-style-type: none"> 1. Illness / symptoms promptly identified and timely facility / primary health care provider responses. 2. Outbreak testing done. 3. Treatment or exposure prophylaxis administered as recommended or directed. 4. Ill clients(s) status monitored, surveillance of clients and staff. 5. Clients vaccinated or offered vaccination. 	



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Written Infection Control policies or procedures to prevent the spread of infection	Policy and Procedure Notes		
1. Standard Precautions. 2. Transmission-Based Precautions. <ul style="list-style-type: none"> • TBP / airborne: RPP and respirator fit testing 3. Reference to national, state, and/or local 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			
Washington State Local Health Departments and Districts ALTA Provider / Administrator Letters Outbreak Definitions <ul style="list-style-type: none"> • COVID-19 (cste.org) • Flu Outbreak Definition (DOH) Hand Hygiene Environmental Protection Agency (EPA) Personal Protective Equipment (PPE) L&I Respiratory Protection Program	Norovirus References Centers for Disease Control and Prevention - Norovirus DOH - Norovirus resource site DOH Norovirus Outbreak Management Toolkit Flu (Influenza) Reference DOH Influenza Outbreak in Long Term Care Facilities Frequently Asked Questions		
Compliance Decision			
IPC Regulatory Requirement: There may be many related regulations to consider. Use the regulations below to cite breaches in infection prevention and control practice.	N/A	Met	Not Met
WAC 388-101D-0170 Physical and safety requirements. (2) The service provider must ensure that the following home safety requirements are met for each client unless otherwise specified in the client's individual support plan: (a) A safe and healthy environment (Staff followed infection prevention and control measures to prevent the spread of infection).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-101D-0145 Client services. Service providers must provide each client instruction and/or support to the degree the individual support plan identifies the service provider as responsible. Instruction and/or support to the client may include but are not limited to the following categories: (4) Health and safety activities (Staff provided clients instruction and support to prevent the spread of infection).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-101-3020 Compliance. The service provider must be in compliance with: (5) Other relevant federal, state and local laws, requirements, and ordinances. (Has written Respiratory Protection Program and records for training, medical clearance approval and fit testing per Chapter 296-842 WAC Respirators.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>