

Los Angeles County Health Facilities Inspection Division (HFID)

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Protecting Public Health Through Quality Care Oversight

About Us

- ▶ The **Health Facilities Inspection Division (HFID)** in Los Angeles County has been contracted with the **California Department of Public Health (CDPH)** since **1966**. This partnership allows HFID to act on behalf of CDPH to conduct licensing and certification inspections of healthcare facilities within Los Angeles County.
- ▶ This contractual arrangement is unique, as Los Angeles County is the only county in California with this delegated authority, ensuring local oversight and regulation of healthcare facilities in the state's most populous county

Types of Facilities We Inspect

- ▶ Acute care hospitals
- ▶ Acute psychiatric hospitals
- ▶ Critical Access hospitals
- ▶ Nursing Homes, LTC
- ▶ Homes for the developmentally disabled (ICF/IID)
- ▶ Hospice Programs
- ▶ Ambulatory Surgical Centers
- ▶ End-stage Renal Dialysis clinics
- ▶ Primary care clinics
- ▶ Home Health Agencies
- ▶ Congregated Living Facilities (catastrophic and severely disabled, ventilator dependency, terminal illness)
- ▶ Adult Day Care Health Centers

Who Works here?

- ▶ Most employees are RNs.
- ▶ Employees are called "surveyors" or "evaluators." They conduct routine inspections or "surveys" and investigate complaints. They also make follow-up (re)visits to assure that problems which have been identified are corrected.
- ▶ Different titles of surveyors: HFEN (Different levels), HFE, Consultants
- ▶ All surveyors have taken and passed the SMQT (federal exam), allowing us to be federal surveyors. Training occurs on the job within the first 6-9 months.
- ▶ Chief and Co-chiefs are all RNs

Surveying Staff

- ▶ Approximately 270 HFEN (Health Facility Evaluator Nurses)
 - ▶ Including supervisors
- ▶ Approximately 24 HFE (LSC)
- ▶ Consultants (OT, Pharmacists, Dieticians, MDs), 12+1

Workload

- ▶ Licensing & Certification: Approve license for new and re-license existing healthcare facilities.
- ▶ Routine Inspections: Conduct compliance checks to ensure regulatory adherence.
- ▶ Complaint Investigations: Address public and facility-reported issues.
- ▶ Complaint Validations - Similar to above, but for GACHs
- ▶ Enforcement: Take corrective actions when facilities violate health and safety standards.
- ▶ LSC (Life Safety Code) - state-based regs - Physical environment, fire prevention, and emergency preparedness of the facility.
 - ▶ This is not EH

Workload

- ▶ HFID inspects approximately 370 nursing homes, representing about 25% of California's total.
- ▶ Focused on ensuring compliance and addressing backlog challenges.
- ▶ There is a total of 1,964 licensed health facilities in the Los Angeles County area.
 - ▶ SNF Recert Surveys Completed: 372
 - ▶ LTC Complaints/FRI Completed: 9008
 - ▶ NLTC Complaints/FRI Completed: 3060

Areas HFID covers?



Our Partners

- ▶ Federal Partners: Centers for Medicare and Medicaid Services (CMS)
- ▶ State Partners: California Department of Public Health
- ▶ Local Partners: Los Angeles County Public Health programs
- ▶ Community Partners: Residents, patients, and advocacy groups, Ombudsman

Infection Control and Immunizations

- ▶ F-Tags covered in this section:
 - ▶ F880, F881, F882, F883, F887

Infection Control and Immunizations

▶ F880 - Infection Prevention & Control

- ▶ Requires facilities to establish and maintain an infection prevention and control program that is designed to provide a safe, sanitary, and comfortable environment. The program must help prevent the development and transmission of communicable diseases and infections through policies, training, surveillance, and appropriate precautions.

▶ F881 - Antibiotic Stewardship Program

- ▶ Facilities must implement an antibiotic stewardship program that includes protocols and systems to monitor the use of antibiotics. The goal is to promote the appropriate use of antibiotics, reduce unnecessary prescribing, and limit the development of antimicrobial resistance, while ensuring safe and effective treatment for residents.

Infection Control and Immunizations

▶ F882 - Infection Preventionist

- ▶ Mandates that each facility designate at least one trained Infection Preventionist (IP), responsible for coordinating the infection prevention and control program. The IP must have specialized training in infection prevention and be involved in quality assessment, data collection, and staff education.

▶ F883 - Influenza and Pneumococcal Immunizations

- ▶ Requires facilities to offer and document influenza and pneumococcal vaccinations for all residents, unless medically contraindicated or refused by the resident. Policies must ensure timely vaccination, education about the benefits and risks, and proper documentation.

Infection Control and Immunizations

► F887 - COVID-19 Immunization

Facilities must develop and implement policies to educate and offer COVID-19 vaccines to all residents and staff when vaccines are available:

- Education must cover benefits, risks, and side effects, and be provided before offering the vaccine.
- Vaccines must be offered directly or through outside providers, and re-offered if previously declined.
- Documentation is required for education, vaccine acceptance/refusal, prior immunization, or contraindications.
- Staff includes anyone working at the facility at least once a week, including contractors.
- Adverse events must be reported to VAERS.
- Residents and staff have the right to refuse without facing discrimination or penalties.

Contact Information

- ▶ Los Angeles County HFID
- ▶ Address: 3400 Aerojet Avenue, #323, El Monte, CA 91731
- ▶ Phone: (626) 569-3724 or (800) 228-1019
- ▶ Website: publichealth.lacounty.gov

- ▶ My email: michael.lewis@cdph.ca.gov

Infection Prevention, Control and Immunizations Elements

- Standard and transmission-based precautions
- Infection Prevention and Control Program (IPCP) standards, policies, and procedures
- Infection surveillance
- Water management
- Laundry services
- Antibiotic stewardship program
- Infection Preventionist Requirements
- Influenza, pneumococcal, and COVID-19 immunizations

General Standard Precautions

General Standard Precautions:

- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use).
- Residents, visitors, and others at the facility wear appropriate source control, in accordance with national standards.

Hand Hygiene

- Appropriate hand hygiene practices (i.e., alcohol-based hand rub (ABHR, must contain 60-95 percent ethanol or isopropyl alcohol or soap and water) are followed.
- Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with for example a known or suspected *C. difficile* infection (CDI).

Staff perform hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with the resident;
- After contact with blood, body fluids, or visibly contaminated surfaces;
- After contact with objects and surfaces in the resident's environment;
- After removing personal protective equipment (e.g., gloves, gown, eye protection, facemask); and
- Before performing a procedure such as an aseptic task including insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care).

Personal Protective Equipment (PPE) Use For Standard Precautions:

- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin, and removed after contact;
- Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care;
- An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions (e.g., changing a resident and their linens when excretions would contaminate staff clothing);
- Appropriate mouth, nose, and eye protection (e.g., facemasks, goggles, face shield) along with isolation gowns are worn for resident care activities or procedures that are likely to contaminate mucous membranes, or generate splashes or sprays of blood, body fluids, secretions or excretions;
- All staff are following appropriate source control (i.e., facemasks or respirators) in accordance with national standards;
- PPE is appropriately discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national and/or local recommendations), followed by hand hygiene;
- Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (e.g., nursing units, therapy rooms).

Enhanced Barrier Precautions (EBP)

EBP use is evaluated when investigating specific care activities, such as wound care, enteral feeding, urinary catheter care, etc.

EBP are indicated during high contact care activities for residents with infection or colonization with a CDC targeted MDRO (when contact precautions do not apply) or for any resident who has a chronic wound and/or indwelling medical device.

Transmission Based Precautions (TBP)

Appropriate transmission-based precautions are implemented, including but not limited to:

- For a resident on contact precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
- For a resident on droplet precautions: staff don a facemask and eye protection (goggles or face shield) within six feet of a resident and prior to resident room entry;
- For a resident on airborne precautions: staff don a fit-tested N95 or higher-level respirator prior to room entry of a resident;
- For a resident with an undiagnosed respiratory infection: staff follows standard, contact, and droplet precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis);

Transmission Based Precautions (TBP)

- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then reusable resident medical equipment is cleaned and disinfected according to manufacturers' instructions using an EPA registered disinfectant for healthcare settings and effective against the identified organism (if known) prior to use on another resident.
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare settings and effective against the organism identified (if known) at least daily and when visibly soiled.
- Residents on TBP are placed in a private/single room if available/appropriate, or are cohorted with residents with the same pathogen, or share a room with a roommate with limited risk factors, in accordance with national standards.
- Before visiting a resident, who is on TBP or quarantine, the facility informs visitors of the potential risk of visiting and precautions necessary when visiting the resident.

Infection Prevention & Control Program (IPCP) Standards, Policies, and Procedures

- The facility has established a facility-wide IPCP including written IPCP standards, policies, and procedures that are current and based on the facility assessment and national standards (e.g., for undiagnosed respiratory illness and COVID-19).
- The facility's policies or procedures include which communicable diseases are reportable to local and/or state public health authorities.
- The facility has a current list of reportable communicable diseases. Staff (e.g., infection preventionist) can identify and describe the communication protocol with local/state public health officials
- The policies and procedures are reviewed at least annually.

Infection Surveillance

- The facility prohibits employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease.
- The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infections, communicable diseases and outbreaks among residents and staff.
- A plan that includes early detection, management of a potentially infectious, symptomatic resident that requires laboratory testing and/or the implementation of appropriate TBP/PPE (the plan may include tracking this information in an infectious disease log).
- A plan that uses evidence-based surveillance criteria (e.g., CDC National Healthcare Safety Network (NHSN) for Long-Term Care or an updated McGeer Criteria) to define infections and the use of a data collection tool.

Infection Surveillance

- The facility has a process for communicating at time of transfer to an acute care hospital or other healthcare provider a resident's diagnosis to include infection or multidrug-resistant organism (MDRO) colonization status, special instructions or precautions for ongoing care such as transmission-based precautions, medications [e.g., antibiotic(s), laboratory and/or radiology test results, treatment, and discharge summary (if discharged)].
- The facility has a process for obtaining pertinent notes such as discharge summary, lab results, current diagnoses, treatment, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals.
- The facility conducts testing of staff and residents for communicable diseases (e.g., COVID-19) in accordance with national standards.
- The facility conducts specimen collection and testing in a manner consistent with standards of practice.

Water Management

- Assessment (e.g., description of the building water systems using text and flow diagrams) where Legionella and other opportunistic waterborne pathogens can grow and spread;
- Measures to prevent the growth of Legionella and other opportunistic waterborne pathogens in building water systems that is based on nationally accepted standards (e.g., ASHRAE, CDC, U.S. Environmental Protection Agency or EPA).

For example, control measures can include visible inspections, disinfectant, temperature control (that may require mixing valves to prevent scalding);

- A way to monitor the measures they have in place (e.g., testing protocols, acceptable ranges), and established ways to intervene when control limits are not met;

Laundry Services

How does the facility handle, store, and transport linens appropriately including, but not limited to:

- Using standard precautions (e.g., gloves, gowns when sorting and rinsing) and minimal agitation for contaminated linen;
- Holding contaminated linen and laundry bags away from his/her clothing/body during transport;
- Bagging/containing contaminated linen where collected, and sorted/rinsed only in the contaminated laundry area (double bagging of linen is only recommended if the outside of the bag is visibly contaminated or is observed to be wet on the outside of the bag);
- Transporting contaminated and clean linens in separate carts; Clean linens are transported by methods that ensure cleanliness, e.g., protect from dust and soil; and
- If a laundry chute is in use, laundry bags are closed with no loose items.
- Use detergents, rinse aids/additives, and follow laundering directions according to the manufacturer's instructions for use.

Antibiotic Stewardship Program (ASP):

- Written antibiotic use protocols on antibiotic prescribing, including the documentation of the indication, dosage, and duration of use of antibiotics;
- Protocols to review clinical signs and symptoms and laboratory reports to determine if the antibiotic is indicated or if adjustments to therapy should be made and identify what infection assessment tools or management algorithms are used for one or more infections (e.g., SBAR tool for urinary tract infection (UTI) assessment, Loeb minimum criteria for initiation of antibiotics);
- A process for a periodic review of antibiotic use by prescribing practitioners.
- Protocols to optimize the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotic; and
- A system for the provision of feedback reports on antibiotic use, antibiotic resistance patterns based on laboratory data, and prescribing practices for the prescribing practitioner.

Infection Preventionist (IP)

- The facility designated one or more individual(s) as the infection preventionist(s) who are responsible for the facility's IPCP.
- The Infection Preventionist (s) works at least part-time at the facility and physically work on-site in the facility.
- The Infection Preventionist(s) completed specialized training in infection prevention and control.

IP Requirements

Professional training: There must be one of the following:

- Certificate/diploma or degree in nursing; or
- Bachelor's degree (or higher) in microbiology or epidemiology; or
- Associate's degree or higher in medical technology or clinical laboratory science; or
- Completion of training in another related field such as that for physicians, pharmacists, and physician's assistants.

Specialized training in infection prevention and control:

- Completed prior to assuming the role of the IP; and
- Evidence of completion is available (e.g., certificate).

Influenza, Pneumococcal, and COVID-19 Immunizations for Residents:

Review the records (influenza, pneumococcal, and COVID-19) for documentation of:

- Screening and eligibility to receive the vaccine(s);
- The provision of education related to the influenza, pneumococcal, and COVID-19 vaccines (such as the benefits and potential side effects);
- The administration of vaccines in accordance with national recommendations, which includes doses administered.
- Facilities must follow the CDC and Advisory Committee on Immunization Practices (ACIP) recommendations for vaccines; and
- Allowing a resident or representative to accept or refuse the influenza, pneumococcal, and COVID-19 vaccines. If not provided, documentation as to why the vaccine(s) was not provided.

Influenza, Pneumococcal, and COVID-19 Immunizations for Residents:

- The facility has to demonstrate that: when there is not available on-hand, the vaccine has been ordered and the facility received a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available; and
- Plans are developed on how and when the vaccines will be administered when they are available.

Educate and Offer COVID-19 Immunizations for Staff

Review facility documentation for sampled staff for evidence of:

- Screening and eligibility to receive the vaccine(s);
- The provision of education regarding the benefits, risks and potential side effects associated with the vaccine;
- Being offered the vaccine or provided information on obtaining the vaccine;
- The administration of vaccines, if accepted in accordance with national recommendations.

Resources

- ▶ State Operations Manual, Appendix PP, revision July 23,2025
- ▶ Centers for Disease Control and Prevention (CDC). The "Nursing Home Infection Preventionist Training Course" is located on CDC's TRAIN website (https://www.train.org/cdctrain/training_plan/3814)
- ▶ CDC's Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) webpage <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>.



Thank
You!