

Infection Prevention and Control

Infection control, antibiotic stewardship, and infection preventionist requirements.

REGULATION**42 CFR 483.80****F-TAG****F880 / F881 / F882****SOURCES CHECKED****October 1, 2026****REVIEW FORMAT****Facility-led team review**

How to Use This Guide

1 Read the reference

Review each requirement, its CMS source, and where surveyors look.

PAGES 2–3**2 Compare the evidence**

Check the written policy first, then records and observed practice.

WORKSHEETS · PAGES 4–7**3 Assign and follow up**

Log each gap with an owner, a target date, and a verification step.

ACTION PLAN · PAGE 8

Before You Begin

WHO TO INVOLVE

Administrator, director of nursing, infection preventionist, medical director, environmental services, and QAPI lead.

WHAT TO BRING

Current IPC program, facility assessment, surveillance records, outbreak files, training records, and QAPI reports.

Review Areas at a Glance

NO.	REVIEW QUESTION	REFERENCE	WORKSHEET
01	Does the program identify and track infection risk?	Page 2	A · Page 4
02	Are standard and transmission-based precautions clear?	Page 2	A · Page 4
03	Are employee illness and exposure controls defined?	Page 2	B · Page 5
04	Do cleaning, equipment, and linen practices match policy?	Page 2	B · Page 5
05	Is outbreak detection and response operational?	Page 3	C · Page 6
06	Is the infection preventionist active on the QAA committee?	Page 3	C · Page 6
07	Are stewardship, training, and annual review documented?	Page 3	D · Page 7

Scope. This evergreen guide reviews standing requirements under 42 CFR 483.80 for infection control (F880), antibiotic stewardship (F881), and the infection preventionist (F882). It does not cover the separate immunization requirements and does not reflect a new CMS policy change.

Educational review aid; not a complete infection-control program, clinical protocol, or assurance of compliance. Apply current CMS guidance, accepted national standards, public-health instructions, and state or local requirements. Address urgent infection risks promptly.

PART 1 · REFERENCE

Key Review Areas Under F880, F881, and F882

01 Does the program identify and track infection risk?

The facility must establish an infection prevention and control program with a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases. [1, 2]

WHERE TO LOOK

IPCP policy, surveillance definitions, infection log or line list, laboratory results, trend reports, and investigation records.

02 Are standard and transmission-based precautions clear?

Policies must address standard precautions and when transmission-based precautions are used, including hand hygiene and appropriate personal protective equipment. [1, 2]

WHERE TO LOOK

Hand-hygiene and PPE policy, precaution signage, supply placement, observations, competencies, and resident-specific instructions.

03 Are employee illness and exposure controls defined?

The program must address when staff with a communicable disease or infected skin lesion are restricted from direct contact, and when illness or exposure is reported. [1, 2]

WHERE TO LOOK

Employee-health policy, exposure records, restriction or clearance documentation, call-off workflow, and staffing contingency plan.

04 Do cleaning, equipment, and linen practices match policy?

Infection-control policies should address environmental cleaning and disinfection, shared equipment, linen handling, and safe resident-care practices. [1, 2]

WHERE TO LOOK

Cleaning schedules, product instructions, equipment logs, linen workflow, observations, audits, and corrective actions.

PART 1 · KEY REVIEW AREAS (CONTINUED)

05 Is outbreak detection and response operational?

The facility should be able to recognize possible transmission, investigate cases, implement control measures, communicate, and report as required. [1, 2, 3]

WHERE TO LOOK

Outbreak plan, line list, case definitions, public-health communication, control-measure log, family notices, and after-action report.

06 Is the infection preventionist active on the QAA committee?

The infection preventionist (F882) must meet qualification and training requirements, work at least part-time at the facility, and be a member of the quality assessment and assurance (QAA) committee, reporting to it regularly on the IPCP. [1, 2]

WHERE TO LOOK

Job description, training certificate, schedule, backup plan, QAA committee roster, minutes, and reports. QAPI records can serve as supporting evidence.

07 Are stewardship, training, and annual review documented?

The facility must maintain an antibiotic stewardship program (F881) with protocols and monitoring, and review the program and policies at least annually and as needed. Staff training on the IPCP falls under F945 and 42 CFR 483.95(e). [1, 2, 5]

WHERE TO LOOK

Stewardship reports, antibiotic-use protocols, staff training and competency records, annual program review, approvals, and revision log.

TEAM DISCUSSION · FICTIONAL EXAMPLE

The written policy says staff use standard precautions, but observations show inconsistent hand hygiene and the surveillance log does not connect cases by unit or onset date. What would a surveyor see, and how should the facility close the gap?

Sources and Resources

[1] [42 CFR 483.80: Infection control](#)

[2] [CMS Appendix PP: F880–F882, F945](#)

[3] [CMS nursing home survey resources](#)

[4] [CMS Head-to-Toe Infection Prevention Toolkit](#)

[5] [42 CFR 483.95\(e\): IPC training \(F945\)](#)

Sources checked October 1, 2026. This guide reviews standing requirements rather than a new monthly policy release.

PART 2 · REVIEW WORKSHEET A OF D

Review Areas 1–2

FACILITY _____ REVIEWERS _____ DATE _____

POLICY / PROCEDURE TITLE AND VERSION _____

REVIEW AREA 01

Does the program identify and track infection risk?

WHAT TO CHECK

Whether your written program and surveillance process consistently identify, investigate, trend, and respond to infection risk. [1, 2]

WHERE TO LOOK

IPCP policy, surveillance definitions, infection log or line list, laboratory results, trend reports, and investigation records.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

REVIEW AREA 02

Are standard and transmission-based precautions clear?

WHAT TO CHECK

Whether staff can explain and demonstrate the precautions required for the resident care they provide. [1, 2]

WHERE TO LOOK

Hand-hygiene and PPE policy, precaution signage, supply placement, observations, competencies, and resident-specific instructions.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

Status key. Supported = found in the material reviewed · Gap = missing, unclear, or inconsistent · N/A = explain why · Not checked = review remains open. Review the written policy first, then the evidence. Carry every gap to the action plan on page 8.

PART 2 · REVIEW WORKSHEET B OF D

Review Areas 3–4

FACILITY _____ REVIEWERS _____ DATE _____

POLICY / PROCEDURE TITLE AND VERSION _____

REVIEW AREA 03

Are employee illness and exposure controls defined?

WHAT TO CHECK

Reporting expectations, work restrictions, return-to-work decisions, confidentiality, and coverage when staff are excluded. [1, 2]

WHERE TO LOOK

Employee-health policy, exposure records, restriction or clearance documentation, call-off workflow, and staffing contingency plan.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

REVIEW AREA 04

Do cleaning, equipment, and linen practices match policy?

WHAT TO CHECK

Who cleans what, which product and contact time apply, how completion is documented, and how shared equipment is handled between residents. [1, 2]

WHERE TO LOOK

Cleaning schedules, product instructions, equipment logs, linen workflow, observations, audits, and corrective actions.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

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PART 2 · REVIEW WORKSHEET C OF D

Review Areas 5–6

FACILITY _____ REVIEWERS _____ DATE _____

POLICY / PROCEDURE TITLE AND VERSION _____

REVIEW AREA 05

Is outbreak detection and response operational?

WHAT TO CHECK

Thresholds, decision authority, isolation or cohorting plans, testing and communication workflow, reporting, and after-action review. [1, 2, 3]

WHERE TO LOOK

Outbreak plan, line list, case definitions, public-health communication, control-measure log, family notices, and after-action report.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

REVIEW AREA 06

Is the infection preventionist active on the QAA committee?

WHAT TO CHECK

Qualifications, dedicated time, backup coverage, QAA committee membership, regular reporting, and how the committee acts on infection data. [1, 2]

WHERE TO LOOK

Job description, training certificate, schedule, QAA roster, minutes, and reports; QAPI records as supporting evidence.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

Status key. Supported = found in the material reviewed · Gap = missing, unclear, or inconsistent · N/A = explain why · Not checked = review remains open. Review the written policy first, then the evidence. Carry every gap to the action plan on page 8.

PART 2 · REVIEW WORKSHEET D OF D

Review Area 7 and Summary

FACILITY _____ REVIEWERS _____ DATE _____

POLICY / PROCEDURE TITLE AND VERSION _____

REVIEW AREA 07

Are stewardship, training, and annual review documented?

WHAT TO CHECK

Antibiotic-use review, prescriber feedback, role-specific IPCP training and competency (F945), annual evaluation, and revisions based on facility risk. [1, 2, 5]

WHERE TO LOOK

Stewardship reports, antibiotic-use protocols, staff training and competency records, annual program review, approvals, and revision log.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

Review Summary

Circle one per column: S = Supported · G = Gap · N/A = explain why · NC = Not checked

NO.	REVIEW AREA	POLICY				EVIDENCE				TARGET DATE	OWNER
01	Infection risk tracking	S	G	N/A	NC	S	G	N/A	NC		
02	Standard and TBP precautions	S	G	N/A	NC	S	G	N/A	NC		
03	Employee illness and exposure	S	G	N/A	NC	S	G	N/A	NC		
04	Cleaning, equipment, linen	S	G	N/A	NC	S	G	N/A	NC		
05	Outbreak detection, response	S	G	N/A	NC	S	G	N/A	NC		
06	Infection preventionist, QAA	S	G	N/A	NC	S	G	N/A	NC		
07	Stewardship, training, review	S	G	N/A	NC	S	G	N/A	NC		

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PART 3 · ACTION PLAN

Action Plan and Follow-Up

Log each gap or unresolved question from the review summary. Copy this page as needed.

FACILITY _____ SHEET _____ OF _____

REVIEW AREA NO. / NAME _____	IDENTIFIED _____	REVIEWER _____
GAP / UNRESOLVED QUESTION + EVIDENCE REFERENCE _____		
PLANNED ACTION / POLICY WORDING OR WORKFLOW TO REVISIT _____		
OWNER _____	TARGET DATE _____	FOLLOW-UP DATE _____
HOW WE WILL VERIFY THE CHANGE IS WORKING _____		
FOLLOW-UP RESULT / REMAINING ACTION _____		
STATUS ☐ Open ☐ In progress ☐ Verified complete		

REVIEW AREA NO. / NAME _____	IDENTIFIED _____	REVIEWER _____
GAP / UNRESOLVED QUESTION + EVIDENCE REFERENCE _____		
PLANNED ACTION / POLICY WORDING OR WORKFLOW TO REVISIT _____		
OWNER _____	TARGET DATE _____	FOLLOW-UP DATE _____
HOW WE WILL VERIFY THE CHANGE IS WORKING _____		
FOLLOW-UP RESULT / REMAINING ACTION _____		
STATUS ☐ Open ☐ In progress ☐ Verified complete		

Address immediate resident-safety concerns promptly — do not hold them for the next review cycle.