

42 CFR 483.65

This section is current through the March 20, 2014 issue of the Federal Register

Code of Federal Regulations > TITLE 42-- PUBLIC HEALTH > CHAPTER IV-- CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES > SUBCHAPTER G-- STANDARDS AND CERTIFICATION > PART 483-- REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES > SUBPART B-- REQUIREMENTS FOR LONG TERM CARE FACILITIES

§ 483.65 Infection control.

The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.

- (a) Infection control program. The facility must establish an infection control program under which it--
- (1) Investigates, controls, and prevents infections in the facility;
 - (2) Decides what procedures, such as isolation, should be applied to an individual resident; and
 - (3) Maintains a record of incidents and corrective actions related to infections.
- (b) **Preventing spread of infection.**
- (1) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
 - (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
 - (3) The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice.
- (c) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

Statutory Authority

AUTHORITY NOTE APPLICABLE TO ENTIRE PART:

Secs. 1102, 1128I and 1871 of the Social Security Act ([42 U.S.C. 1302](#), 1320a-7j, and 1395hh).

History

[56 FR 48876, Sept. 26, 1991, as amended at [57 FR 43925](#), Sept. 23, 1992]

Annotations

Case Notes

NOTES TO DECISIONS: COURT AND ADMINISTRATIVE DECISIONS SIGNIFICANTLY DISCUSSING SECTION --

[Goda v White Cliff Leasing P'ship \(2003, Co Ct\) 62 Pa D & C4th 476](#)

LexisNexis® Notes

Case Notes Applicable to Entire Part

Healthcare Law : Business Administration & Organization : Licenses : General Overview
 Healthcare Law : Business Administration & Organization : Peer Review : General Overview
 Public Health & Welfare Law : Healthcare : Services for Disabled & Elderly Persons : Care Facilities :
 Public Health & Welfare Law : Social Security : Medicaid : General Overview
 Public Health & Welfare Law : Social Security : Medicaid : Negative Actions
 Public Health & Welfare Law : Social Security : Medicare : General Overview

Case Notes Applicable to Entire Part

[Part Note](#)

Healthcare Law : Business Administration & Organization : Licenses : General Overview

[Park Assocs. v. N.Y. State Ag \(in re Subpoena Duces Tecum to Jane Doe\), 99 N.Y.2d 434, 99 N.Y.2d 434, 2003 N.Y. LEXIS 222](#) (NY Feb. 25, 2003).

Overview: *Nursing home records created by or generated at the behest of nursing home quality assurance committees were privileged under federal statute, but records nursing homes were required to keep without regard to quality assurance were not privileged.*

- Nursing homes are required by federal and state regulations to establish an infection control program under which they maintain a record of incidents and corrective actions related to infections ([42 C.F.R. § 483.65\(a\)\(3\)](#); N.Y. Comp. Codes R. & Regs. tit. 10, § 415.19(a)(3), (d)). In like manner, state regulations obligate nursing homes to keep and produce, upon request, an accident and incident record which shall include a clear description of every accident and any other incident involving behavior of a resident or staff member that poses a threat to a resident or staff member (N.Y. Comp. Codes R. & Regs. tit. 10, § 415.30(f)). These requirements are imposed on nursing homes generally and have no express relationship to quality assurance procedures. *Go To Headnote*

Healthcare Law : Business Administration & Organization : Peer Review : General Overview

[Park Assocs. v. N.Y. State Ag \(in re Subpoena Duces Tecum to Jane Doe\), 99 N.Y.2d 434, 99 N.Y.2d 434, 2003 N.Y. LEXIS 222](#) (NY Feb. 25, 2003).

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Public Health & Welfare Law : Healthcare : Services for Disabled & Elderly Persons : Care Facilities :

[Park Assocs. v. N.Y. State Ag \(in re Subpoena Duces Tecum to Jane Doe\), 99 N.Y.2d 434, 99 N.Y.2d 434, 2003 N.Y. LEXIS 222](#) (NY Feb. 25, 2003).

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Public Health & Welfare Law : Social Security : Medicaid : General Overview

[Sea Island Comprehensive Healthcare Corp. v. United States HHS, 2003 U.S. App. LEXIS 22099](#) (4th Cir Oct. 29, 2003).

Overview: Penalties were properly imposed for a nursing facility's violations of the Medicare and Medicaid participation requirements based on findings that the facility placed residents in immediate jeopardy by violating the infection control regulation.

- [42 C.F.R. § 483.65](#) gives a facility notice that it must establish an infection control program that (1) investigates, controls, and prevents infections, (2) decides what procedures, such as isolation, should be applied to an individual resident, and (3) maintains a record of incidents and corrective actions. *Go To [Headnote](#)*

Public Health & Welfare Law : Social Security : Medicaid : Negative Actions

[Barbourville Nursing Home v. United States HHS, 2006 U.S. App. LEXIS 8710](#) (6th Cir Apr. 6, 2006) (Unpublished).

Overview: Imposition of civil monetary penalties under [42 U.S.C.S. § 1395i-3\(h\)\(2\)\(B\)\(ii\)](#) by the DHHS against a nursing facility, a Medicare participant, was affirmed because substantial evidence supported the finding that the facility's noncompliance with standards of care was so severe that it warranted the immediate jeopardy level of severity.

- The standard of care for pressure sores requires facilities that choose to participate in Medicare and Medicaid programs to ensure that (1) a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and, (2) a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. [42 C.F.R. § 483.25\(c\)](#). This preventive focus of the regulation directs facilities to provide a certain standard of care to prevent the risk of pressure sores for its residents, even if no pressure sores actually develop. As the regulations state with respect to infection control: The facility must establish an infection control program under which it:

(1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. [42 C.F.R. § 483.65\(a\)\(1\)-\(3\)](#). *Go To Headnote*

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Research References & Practice Aids
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NOTES APPLICABLE TO ENTIRE CHAPTER:

[PUBLISHER'S NOTE: Nomenclature changes affecting Chapter IV appear at [45 FR 53806](#), Aug. 13, 1980; [50 FR 12741](#), Mar. 29, 1985; [50 FR 33034](#), Aug. 16, 1985; [51 FR 41338](#), Nov. 14, 1986; [53 FR 6634](#), Mar. 2, 1988; [53 FR 47201](#), Nov. 22, 1988; [56 FR 8852](#), Mar. 1, 1991; [66 FR 39450, 39452](#), July 31, 2001; [67 FR 36539, 36540](#), May 24, 2002; [77 FR 29002, 29028](#), May 16, 2012.]

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