

Instructions for Completion of the Monthly Reporting Plan for LTCF form (CDC 57.141)

Data Field	Instructions for Form Completion
Facility ID	Required. The NHSN-assigned facility ID will be auto-populated by the system.
Month/Year	Required. Enter the month and year for the surveillance plan being recorded; use MM/YYYY format.
Healthcare-Associated Infection (HAI) Surveillance	
Locations	Conditionally required. The location under surveillance will always be FacWideIN (Facility-wide Inpatient) for Long-term Care Facilities. This means surveillance and reporting must be performed for all resident care locations in the facility.
UTI	Conditionally required. Check this box if you plan to follow urinary tract infection (UTI) Events. You will collect and report UTI event data and the corresponding denominator data for the month. Note: Surveillance and reporting includes UTI events in residents with <u>and</u> without an indwelling urinary device.
LabID Event Surveillance	
Locations	Conditionally required. The location under surveillance will always be FacWideIN (Facility-wide Inpatient) for Long-term Care Facilities. This means surveillance and reporting must be performed for all resident care locations in the facility.
Specific Organism Type	Conditionally required. Select each organism you plan to perform LabID event surveillance: MRSA, MRSA/MSSA (if tracking MRSA & MSSA), VRE, CephR- <i>Klebsiella</i> species, CRE (CRE- <i>E. coli</i> , CRE- <i>Enterobacter</i> , and CRE- <i>Klebsiella</i>), MDR <i>Acinetobacter</i> species, or <i>C. difficile</i> . Users may select one or more from the list. Note: If performing surveillance for CRE, the facility must include in the monthly reporting plan and conduct surveillance for all three organisms (CRE- <i>E.coli</i> , CRE <i>Enterobacter</i> , and CRE- <i>Klebsiella</i>).
LabID Event All Specimens	Conditionally required. Check the box to indicate that you plan to perform LabID event surveillance for each specific organism type(s) selected. You will collect and report LabID event data and the corresponding denominator data for the month. Note: For <i>C. difficile</i> , only loose stool specimen sources are included in surveillance and reporting. For MDROs, all specimen sources in which the organism is identified must be included in surveillance and reporting.

Prevention Process Measures	
Hand Hygiene	Conditionally required. Select this option if the facility plans to monitor hand hygiene adherence in the facility.
Gown and Glove Use	Conditionally required. Select this option if the facility plans to monitor gown and gloves use adherence in the facility.
Weekly COVID-19 Vaccination Module	
Healthcare Personnel COVID-19 Vaccination Summary	Conditionally required. Select this option if the facility plans enter COVID-19 vaccination data on healthcare personnel at long-term care facilities for a certain month.
Resident COVID-19 Vaccination Summary	Conditionally required. Select this option if the facility plans enter COVID-19 vaccination data on residents at long-term care facilities for a certain month.