



**Table 2. Instructions for Completion of the Long-term Care Facility Component - Monthly Reporting Plan for LTCF ([CDC 57.141](#))**

Data Field	Instructions for Form Completion
Facility ID	<b>Required.</b> The NHSN-assigned facility ID will be auto-entered by the system.
Month/Year	<b>Required.</b> Enter the month and year for the surveillance plan being recorded; use MM/YYYY format.
<b>Healthcare-Associated Infection (HAI)</b>	
Locations	<b>Conditionally required.</b> 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.
UTI	<b>Conditionally required.</b> Check this box if you plan to follow urinary tract infection (UTI) Events. You will collect and report urinary tract infection (UTI) Event data and the corresponding denominator data for the month. <b>Note:</b> Surveillance and reporting includes UTI events in residents with <u>and</u> without an indwelling urinary device.
<b>LabID Event</b>	
Locations	<b>Conditionally required.</b> 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.
Specific Organism Type	<b>Conditionally required.</b> Select each organism you will be following for LabID Event reporting: 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> .  <b>Note:</b> 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	<b>Conditionally required.</b> Check the box to indicate that you plan to follow LabID Events for the specific organism type(s) entered. You will collect and report LabID Event data and the corresponding denominator data for the month. <b>Note:</b> 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.
<b>Prevention Process Measures</b>	
Hand Hygiene	<b>Conditionally required.</b> Select this option if the facility plans to monitor hand hygiene adherence in the facility.
Gown and Glove Use	<b>Conditionally required.</b> Select this option if the facility plans to monitor gown and gloves use adherence in the facility.