

# Preventing CMS F-Tags F880–F887: A Practical Guide to Infection Control Compliance"

ICNC Virtual Meeting 5/28/25



# Objective

provide healthcare professionals with actionable strategies to avoid common CMS F-Tags related to infection control, focusing on F880 through F887.

learn how to strengthen your facility's infection prevention and control programs, ensure compliance with federal regulations, and mitigate risks associated with deficiencies.



Connecticut Active Providers = 196

Total Number of Surveys = 155

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
F0880	Infection Prevention & Control	35	17.90%	22.60%
F0881	Antibiotic Stewardship Program	3	1.50%	1.90%
F0882	Infection Preventionist Qualifications/Role	4	2.00%	2.60%
F0883	Influenza and Pneumococcal Immunizations	14	7.10%	9.00%
F0887	COVID-19 Immunization	7	3.60%	4.50%

# Scope and Severity Level E or Higher

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
F0887	COVID-19 Immunization	5/7	2.60%	8.90%
F0883	Influenza and Pneumococcal Immunizations	7/14	3.60%	12.50%
F0882	Infection Preventionist Qualifications/Role	4/4	2.00%	7.10%
F0881	Antibiotic Stewardship Program	3/3	1.50%	5.40%
F0880	Infection Prevention & Control	22/35	11.20%	39.30%



# Introduction to CMS F-Tags F880–F887

## **Purpose of F-Tags in Long-Term Care**

F-Tags are regulatory codes established by the Centers for Medicare & Medicaid Services (CMS) to assess and ensure compliance with federal standards in long-term care facilities. These tags are integral to the survey process, which evaluates a facility's adherence to the Code of Federal Regulations (CFR), particularly 42 CFR Part 483.

## **Overview of F880–F887**

Each F-Tag corresponds to a specific regulation, ensuring that facilities are held accountable for maintaining standards in areas such as resident rights, quality of care, and infection control. A brief introduction to each F-Tag:

- **F880:** Infection Prevention and Control
- **F881:** Antibiotic Stewardship Program
- **F882:** Infection Preventionist Qualifications/Role
- **F883:** Influenza and Pneumococcal Immunizations
- **F887:** COVID-19 Vaccine Immunization Requirements

# Detailed Review of CMS Infection Control F-Tags

## **F880: Infection Prevention and Control**

- **Regulatory Requirements**

Facilities must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. [cmscompliancegroup.com+3Texas HHS Apps+3polaris-group.com+3](https://cmscompliancegroup.com+3Texas HHS Apps+3polaris-group.com+3)

- **Common Deficiencies**

- Failure to implement standard and transmission-based precautions.
- Inadequate hand hygiene practices.
- Improper use of personal protective equipment (PPE). [proactiveltcexperts.comcmscompliancegroup.com](https://proactiveltcexperts.comcmscompliancegroup.com)
- Annual Review
- Linen Handling
- Lack of PPE availability and use.
- Staff unable to clearly describe Enhanced Barrier Precautions.

- **Strategies to Avoid Deficiencies**

- Regular staff training on evidence-based infection control protocols.
- Routine audits and monitoring of infection control practices. (Provide feedback to staff)
- Implementation of a robust infection surveillance system.

# Detailed Review of CMS Infection Control F-Tags

## F881: Antibiotic Stewardship Program

- **Regulatory Requirements**

Facilities must establish an antibiotic stewardship program to promote the appropriate use of antibiotics and reduce the risk of antibiotic resistance. [American Health Care](#)

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- **Common Deficiencies**

- Lack of written antibiotic use protocols.
- Failure to monitor antibiotic use and resistance patterns.
- Inadequate staff education on antibiotic stewardship.

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- **Strategies to Avoid Deficiencies**

- Develop and implement comprehensive antibiotic use protocols.
- Conduct regular audits of antibiotic prescribing practices.
- Document Antibiotic Stewardship efforts in the clinical record.
- Provide ongoing education for healthcare providers on antibiotic stewardship principles.

# Detailed Review of CMS Infection Control F-Tags

## F882: Infection Preventionist Qualifications/Role

- **Regulatory Requirements**

Facilities must designate a qualified infection preventionist responsible for the facility's infection prevention and control program.[polaris-group.com+6Baker Donelson+6cmscompliancegroup.com+6](#)

- **Common Deficiencies**

- Lack of designated infection preventionist.
- Inadequate qualifications or training of the infection preventionist.
- Insufficient time allocated for the infection preventionist role.[cmscompliancegroup.com+1Baker Donelson+1](#)

- **Strategies to Avoid Deficiencies**

- Ensure the infection preventionist has appropriate qualifications and training.
- Allocate sufficient time for the infection preventionist to perform their duties.
- Provide support and resources to the infection preventionist to effectively manage the program.



# Detailed Review of CMS Infection Control F-Tags

## F883: Influenza and Pneumococcal Immunizations

- **Regulatory Requirements**

Facilities must offer influenza and pneumococcal vaccinations to residents and staff, and maintain documentation of immunization status. [Texas Health and Human Services+11cmscompliancegroup.com+11polaris-group.com+11](#)

- **Common Deficiencies**

- Failure to offer vaccinations to all residents and staff.
- Inadequate documentation of immunization status.
- Lack of education on the benefits of vaccination. [polaris-group.com+1cmscompliancegroup.com+1](#)

- **Strategies to Avoid Deficiencies**

- Implement a policy to offer vaccinations to all residents and staff.
- Maintain accurate and up-to-date immunization records.
- Educate residents and staff on the importance of vaccinations.

# Detailed Review of CMS Infection Control F-Tags

## **F887: COVID-19 Vaccine Immunization Requirements**

- **Regulatory Requirements**

Facilities must comply with COVID-19 vaccination requirements for residents and staff, including offering vaccinations and maintaining documentation.

- **Common Deficiencies**

- Failure to offer COVID-19 vaccinations to all residents and staff.
- Inadequate documentation of COVID-19 vaccination status.
- Lack of education on the benefits of COVID-19 vaccination.

- **Strategies to Avoid Deficiencies**

- Ensure all residents and staff are offered COVID-19 vaccinations.
- Maintain accurate and up-to-date COVID-19 vaccination records.
- Provide education on the importance of COVID-19 vaccination.

# Enforcement and Consequences of Non- Compliance

- Strengthened Enhanced Enforcement**

CMS has issued revised guidance for more stringent enforcement actions for infection control deficiencies. Non-compliance with F880 and F887 can result in enhanced enforcement actions, including civil money penalties and denial of payment for new admissions.

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- Scope and Severity Levels**

Deficiencies are categorized into scope and severity levels, ranging from D (no actual harm with potential for minimal harm) to L (immediate jeopardy to resident health or safety). Higher severity levels can lead to more severe enforcement actions.

- What triggers enhanced enforcement (e.g., repeated F880 citations).



# Best Practices for Compliance Building a Sustainable Infection Control Program

## **1. Leadership Accountability**

Empower leadership to drive a culture of safety and compliance.

Hold department heads accountable for infection control performance and outcomes.

## **2. Ongoing Training & Competency**

Provide routine and role-specific infection prevention training.

Reinforce practices such as proper hand hygiene, PPE usage, and isolation protocols.

Evaluate staff competencies regularly.

## **3. Use of Technology for Surveillance**

Implement electronic tracking systems for infections, immunizations, and antibiotic use.

Use real-time dashboards to monitor trends and respond quickly to outbreaks.

## **4. Engage Frontline Staff in IPC Culture**

Involve direct care staff in policy reviews and improvement initiatives.

Recognize and reward infection prevention champions at the unit level.

## **5. Develop Comprehensive Policies and Procedures**

Ensure infection prevention and control (IPC) policies are:

- Evidence-based

- Up to date with CMS and CDC guidance

- Clearly communicated and accessible to all staff

## **6. Conduct Regular Staff Training and Education**

Integrate infection control into new employee orientation.

Offer ongoing education and scenario-based training for all departments.

## **7. Quality Assurance and Continuous Improvement**

Use F-Tag deficiency data to guide improvements.

Establish a QAPI committee to monitor compliance and implement corrective actions.

Perform regular audits and mock surveys to maintain readiness.

## Key Takeaways

Infection control is a systemic effort, not a one-time fix.

Use data, like Connecticut's F880 trends, as benchmarks for internal improvements.

Proactive strategies now reduce regulatory risk later.

# Resources Tools and Links

## TIPS FOR MEETING THE LINEN REQUIREMENTS IN SKILLED NURSING FACILITIES

The proper handling, storing, processing, and transporting of all linens and laundry is necessary to produce hygienically clean laundry and reduce the risk of spreading infections in LTC.<sup>1,2</sup> The Centers for Medicare and Medicaid Services (CMS) regulations<sup>3</sup> require facilities to develop policies and procedures to educate staff about linens and laundry services that address how personnel must "handle, store, process, and transport linen so as to prevent the spread of infection." CMS Surveyors will review the facilities' policy and procedures about linen and laundry handling.<sup>4</sup> The facility must monitor to ensure that the laundry practices are implemented, any deviations from practices should be identified, and corrective actions are put in place.

We have listed some tips to meeting the components of the regulatory requirements based on a review of common reasons facilities are cited for non-compliance with linens regulations.

### Use Personal Protective Equipment (PPE) when handling linens

To protect all staff including nursing and housekeeping from contaminants during laundry operations, they must use PPE.

**TIP:** Ensure staff practice hand hygiene before putting on (i.e. donning) and after removal of PPE (i.e. doffing) but particularly after removal of gloves.

**TIP:** Wear tear-resistant gloves when handling and laundering soiled linens.

**TIP:** If there is risk of splashing (e.g. if laundry is washed by hand) when laundering soiled linens, staff should in addition to gowns and gloves always wear face protection (e.g. face shield, goggles).

**TIP:** Removal of PPE should be done in the resident's room or laundry room not outside in hallway, nurses station or some other common area.

### Linen and Laundry Handling

Staff should handle all used laundry as potentially contaminated and use standard precautions (e.g. gloves, gowns when sorting and rinsing).

**TIP:** Always wear gloves before handling linen (e.g. bed sheets, towels) and change them between residents and wash your hands after removing the gloves.

**TIP:** Never move or carry soiled linen against the body. Always place it in the designated container to prevent spread onto the staff's clothing or gowns.

<sup>1</sup> CDC Linen and Laundry Management. <https://www.cdc.gov/infectioncontrol/source-control/linen/linen-handling.html#toc-1>. 10/25/2019/2019

<sup>2</sup> CDC Guidelines for Environmental Infection Control in Health-Care Facilities: recommendation of the CDC Healthcare Infection Control Practice Advisory Committee (HICPAC), July 2019. Section G: Laundry and Linens, pg. 113 to 119. available at <https://www.cdc.gov/infectioncontrol/guidelines/environmental-guidelines/#g>

<sup>3</sup> 42 CFR - 42 CFR 483.90 - Infection control. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-483/subpart-B/section-483.90>

<sup>4</sup> See CMS State Operations Manual Appendix PPF Item 2-3-23 available at <https://www.cms.gov/medicare/provider-attestation-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>



AHCA/NCAL NATIONAL INFECTION PREVENTION FORUM

[S&C QCOR Home Page](#)

[AN ACT CONCERNING LONG-TERM CARE FACILITIES.](#)

[Infection Tracking Logs | Center for Long Term Care | School of Public Health | Brown University](#)

<https://portal.apic.org/s/login/>



QUESTIONS