

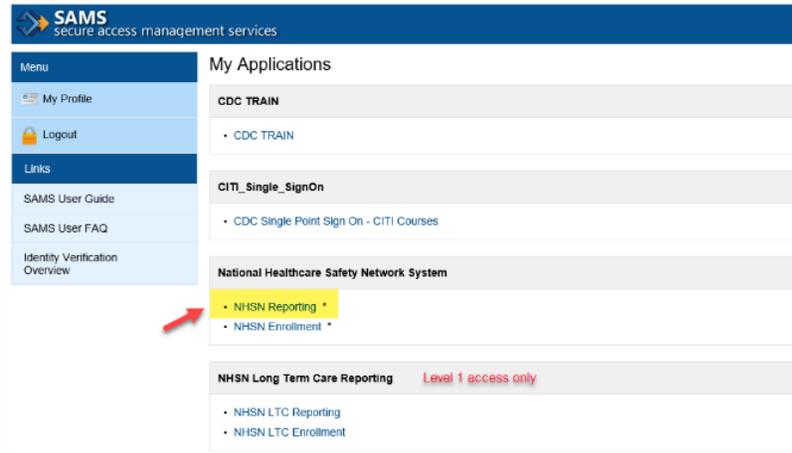
## Long-Term Care Facility (LTCF) NHSN Annual Facility Survey Guidance

The NHSN Annual Facility survey for long-term care facilities (LTCFs) is required for facilities that currently, or plan to, report healthcare associated infections (urinary tract infections), laboratory-identified events for *C. difficile* and/or multidrug resistant organisms, and/or prevention process measures by March 1<sup>st</sup> or prior to reporting in the non-COVID-19 module(s), if beginning after March 1<sup>st</sup>. All actively enrolled LTCFs have the option to complete the survey. Facilities with incomplete surveys will continue to see the "Survey Required" alert under "Action Items" on the NHSN LTCF home page, until the completed survey is submitted.

### **Note:**

- If the deadline (March 1<sup>st</sup>) to complete the survey was missed, users are still able to access their NHSN facility account to fulfill this task.
- Once the survey has been completed, the survey alert will disappear, and users can resume submitting the Monthly Reporting Plans (MRP) and Monthly Summary Data.
- Failure to complete by the due date will result in users not being able to complete monthly reporting plans and enter event data.
- Most survey questions are based on facility characteristics and practices during the **previous** calendar year. (i.e., *Survey year 2022 (incl. Jan. 2022 through Dec. 2022)*).
- Surveys **must** be completed in one session (incomplete surveys cannot be saved).
- Survey **must** be submitted into the NHSN application and **should not** be sent to NHSN via e-mail.
- Surveys may be viewed, edited, and printed any time after submitting.
- **Accuracy is important** - Recommend the use of NHSN paper forms and instructions to collect required information:  
**Form:** [https://www.cdc.gov/nhsn/forms/57.137\\_LTCFSurv\\_BLANK.pdf](https://www.cdc.gov/nhsn/forms/57.137_LTCFSurv_BLANK.pdf)  
**Instructions:** <https://www.cdc.gov/nhsn/forms/instr/57.137-toi-annual-facility-survey.pdf>

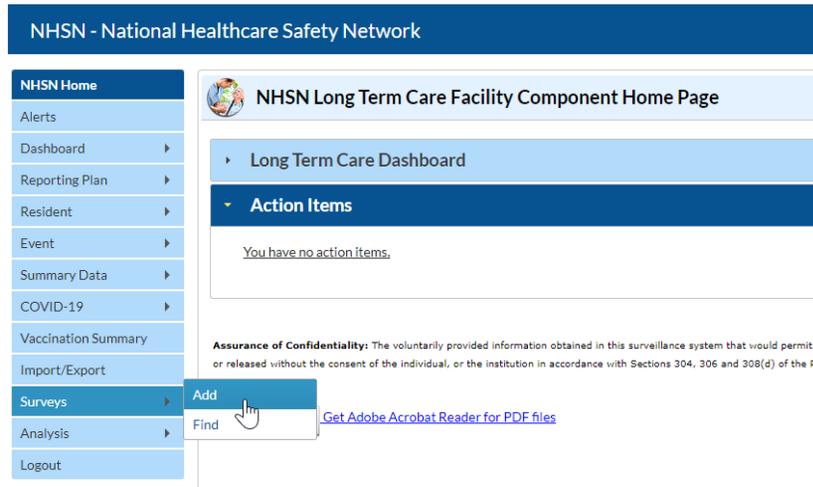
**Step 1:** On the SAMS Landing page select, “NHSN Reporting” located under the National Healthcare Safety Network System to access your enrolled facility.



**Step 2a: Open (Year) of Annual Facility Survey.** If you are the NHSN Facility Administrator or User with Administrative Rights, when you log into the NHSN application, on your home page, you should see an “Action Item” to complete the Annual Survey year.



**Step 2b:** If you are a facility user with all rights, when you log into the NHSN application, on your home page, you will **not** see an “Action Item” to complete the Annual Survey. You can access the survey by clicking the “Surveys” tab then “Add” on the left blue navigation panel.



**Step 3:** Next, the “Add Annual Survey” page will appear. The Facility ID will auto-populate, and you will need to ensure you select the survey year that corresponds to the alert survey year or the most current year in the drop down. Then, complete all the areas with the red asterisk.

**Add Annual Survey**

Mandatory fields marked with \*

Facility ID #: [dropdown] Survey Year #: [dropdown]  
 National Provider ID #: [text] State Provider #: [text]

Facility Characteristics

Facility ownership #: [dropdown] Certification #: [dropdown]  
 Affiliation #: [dropdown]

In the previous calendar year.

Average daily census #: [text]  
 Average length of stay for short-stay residents: [text]  
 Total number of short-stay residents #: [text]  
 Total number of long-stay residents #: [text]  
 Average length of stay for long-stay residents: [text]  
 Total number of new admissions #: [text]  
 Total Number of Beds #: [text]  
 Number of Pediatric Beds (age <21) #: [text]

Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion):

Primary Service Type	Service Provided?	Number of residents
a. Long-term general nursing *	<input type="checkbox"/>	[text]
b. Long-term dementia *	<input type="checkbox"/>	[text]
c. Skilled nursing/Short-term (subacute) rehabilitation *	<input type="checkbox"/>	[text]
d. Long-term psychiatric (non dementia) *	<input type="checkbox"/>	[text]
e. Ventilator *	<input type="checkbox"/>	[text]
f. Bariatric *	<input type="checkbox"/>	[text]
g. Hospice/Palliative *	<input type="checkbox"/>	[text]
h. Other *	<input type="checkbox"/>	[text]

Total Resident Census on Survey Day: 0

**Note:**

Unlike the other sections of the survey that are based on the previous calendar year’s data, the “**Primary Service Type**” portion is the only section on the survey that seeks **current** information on the day this survey is completed. This means, on the day the survey is being completed, you must provide a total count of how many residents are receiving care in your facility by the selected primary service types. For example, if a resident is receiving skilled nursing care, that resident would be counted in c. Skilled nursing/Short-term (subacute) rehabilitation service type.

Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion).

Primary Service Type	Service Provided?	Number of residents
a. Long-term general nursing *:	<input checked="" type="checkbox"/>	47
b. Long-term dementia *:	<input checked="" type="checkbox"/>	20
c. Skilled nursing/Short-term (subacute) rehabilitation *:	<input checked="" type="checkbox"/>	20
d. Long-term psychiatric (non dementia) *:	<input type="checkbox"/>	
e. Ventilator *:	<input type="checkbox"/>	
f. Bariatric *:	<input type="checkbox"/>	
g. Hospice/Palliative *:	<input checked="" type="checkbox"/>	10
h. Other *:	<input type="checkbox"/>	
Total Resident Census on Survey Day:		97

**Step 4:** To submit, click the “Save” button at the bottom of page. Keep in mind questions with a red **\*asterisk** are required to be answered before the NHSN application will allow you to save the survey.

