



# National Healthcare Safety Network

**Long-term Care Facility Component  
Annual Facility Survey Review  
How to Complete and Submit**

# Is the Annual Facility Survey Required?

The NHSN Annual Facility survey for long-term care facilities (LTCFs) is required for facilities that are 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. However, the survey is **NOT** required for facilities participating exclusively in the COVID-19 module and those facilities **will not** lose access in the system after March 1.

Please be aware that facilities with incomplete surveys may continue to see the "Survey Required" alert under Action Items on the NHSN LTCF home page, but no action is required unless the facility plans to participate in the available non-COVID-19 modules.

# Missed Survey Deadline



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.



If your facility is **only** participating in the COVID-19 module, no further action is needed to complete Annual Facility Survey.



Facilities that are currently or plan to participate in HAI surveillance modules, should proceed forward with the training guidance to assist with completing survey.

# **Important Information to Remember Annual Facility Survey**

# Important Information

- Annual Facility Surveys should be completed and submitted online by all LTC active facilities who plan to report HAI data.
- Deadline to complete the survey is **March 1<sup>st</sup> each year.**
  - *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.
  - *Ex. Survey year 2022 ( incl. Jan. 2022 through Dec. 2022)*

## Important Information, *continued*

- 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 anytime after submitting.
- NHSN helpdesk: [nhsn@cdc.gov](mailto:nhsn@cdc.gov) with “**LTCF Annual Facility Survey**” in subject line.

# Getting Started with your Annual Facility Survey

# Getting started with your Annual Facility Survey

## Before Getting Started!

- **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>

The image shows a screenshot of the NHSN Long Term Care Facility Component—Annual Facility Survey form. The form is titled "Long Term Care Facility Component—Annual Facility Survey" and is labeled as "Page 1 of 6". It includes the NHSN logo and the text "NATIONAL HEALTHCARE SAFETY NETWORK". The form is divided into several sections:

- Tracking #:** A field for entering the tracking number.
- Facility ID:** A field for entering the facility ID.
- \*National Provider ID:** A field for entering the national provider ID.
- State Provider #:** A field for entering the state provider number.
- Facility Characteristics:** A section with several checkboxes for facility type and ownership:
  - For profit
  - Not for profit, including church
  - Government (not VA)
  - Veterans Affairs
- \*Certification (check one):** A section with checkboxes for certification type:
  - Dual Medicare/Medicaid
  - Medicare only
  - Medicaid only
  - State only
- \*Affiliation (check one):** A section with checkboxes for affiliation type:
  - Independent, free-standing
  - Independent, continuing care retirement community
  - Multi-facility organization (chain)
  - Hospital system, attached
  - Hospital system, free-standing
- In the previous calendar year:** A section with fields for census and length of stay:
  - \*Average daily census:** \_\_\_\_\_
  - \*Total number of short-stay residents:** \_\_\_\_\_ **Average length of stay for short-stay residents:** \_\_\_\_\_
  - \*Total number of long-stay residents:** \_\_\_\_\_ **Average length of stay for long-stay residents:** \_\_\_\_\_
- \*Total number of new admissions:** \_\_\_\_\_

May review and print previously submitted surveys to aide with completing current surveys if facility characteristics are similar.

# Getting Started with your Annual Facility Survey

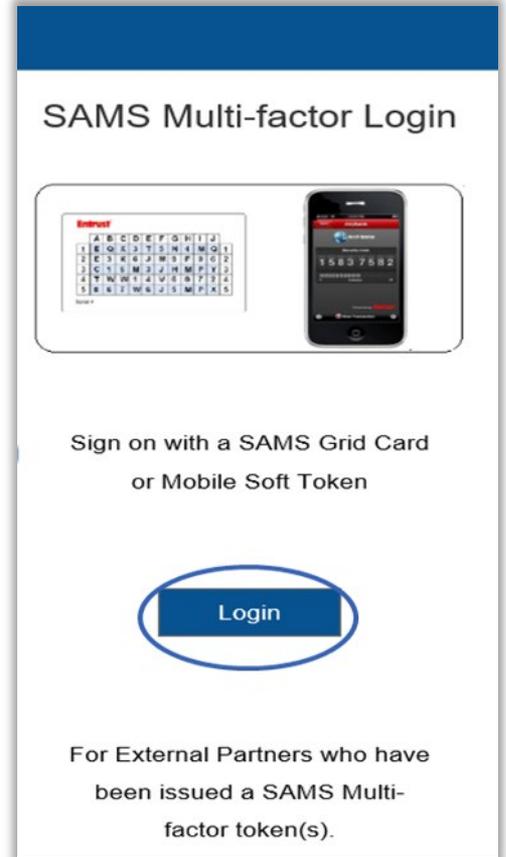
## Log-in to SAMS

**Step 1:** Go to <https://sams.cdc.gov>

**Step 2:** Sign-in using your SAMS Grid card or Mobile Soft Token



Users ***MUST*** have Level 3 security authentication and have “Administrator Rights” or “All Rights” to access the Annual Facility Survey.



# Getting Started with your Annual Facility Survey – cont'd

**Step 3:** On the SAMS Landing page select, “**NHSN Reporting**” located under the National Healthcare Safety Network System to access your enrolled facility.

**SAMS**  
secure access management services

**Menu**

- My Profile
- Logout

**Links**

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

**My Applications**

**CDC TRAIN**

- CDC TRAIN

**CITI\_Single\_SignOn**

- CDC Single Point Sign On - CITI Courses

**National Healthcare Safety Network System**

- **NHSN Reporting \***
- NHSN Enrollment \*

**NHSN Long Term Care Reporting** Level 1 access only

- NHSN LTC Reporting
- NHSN LTC Enrollment

## National Healthcare Safety Network System

- **NHSN Reporting \***
- NHSN Enrollment \*

Click NHSN Reporting

# Getting Started with your Annual Survey

## Open (Year) of Annual Facility Survey

### NHSN Administrator Rights View

You can access the survey by clicking directly in the Alert Box “Survey Required” (as shown in the example on the slide) under your action items.

***Important:*** This alert will remain on the facility home page until the survey is completed.

The screenshot displays the NHSN - National Healthcare Safety Network interface. On the left is a navigation menu with items: NHSN Home, Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19, Vaccination Summary, Import/Export, Surveys, Analysis, Users, Facility, Group, and Logout. The main content area is titled 'NHSN Long Term Care Facility Component Home Page' and features a 'Long Term Care Dashboard' and an 'Action Items' section. Under 'Action Items', there is a 'COMPLETE THESE ITEMS' section containing a red-bordered alert box that says 'Survey Required 2022'. A yellow arrow points to this alert box. At the bottom of the page, there is a confidentiality notice: 'Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would be or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of'.

# Getting Started with your Annual Survey

## Open (Year) of Annual Facility Survey

### NHSN Facility User w/All Rights View

You can access the survey by clicking “Surveys” tab then “Add” on the left blue navigation panel (as shown in the example on the slide).

The screenshot shows the NHSN - National Healthcare Safety Network interface. On the left is a navigation menu with the following items: NHSN Home, Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19, Vaccination Summary, Import/Export, Surveys, Analysis, and Logout. The 'Surveys' item is highlighted in a darker blue, and a sub-menu is open showing 'Add' and 'Find' options. A mouse cursor is pointing at the 'Add' option. The main content area has a header 'NHSN Long Term Care Facility Component Home Page' with a globe icon. Below the header are two main sections: 'Long Term Care Dashboard' and 'Action Items'. The 'Action Items' section is expanded and displays the message 'You have no action items.' At the bottom of the page, there is a confidentiality notice and a link to 'Get Adobe Acrobat Reader for PDF files'.

# Completing the Annual Facility Survey

# Completing your Annual Survey

**Add Annual Survey**

Mandatory fields marked with \*

Facility ID \*:

National Provider ID \*:

Survey Year \*:

State Provider #:

Facility Characteristics

Facility ownership \*:

Affiliation \*:

Certification \*:

In the previous calendar year,

Average daily census \*:

Total number of short-stay residents \*:

Total number of long-stay residents \*:

Total number of new admissions \*:

Total Number of Beds \*:

Average length of stay for short-stay residents:

Average length of stay for long-stay residents:

Number of Pediatric Beds (age <21) \*:

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"/>	<input type="text"/>
b. Long-term dementia *	<input type="checkbox"/>	<input type="text"/>
c. Skilled nursing/Short-term (subacute) rehabilitation *	<input type="checkbox"/>	<input type="text"/>
d. Long-term psychiatric (non dementia) *	<input type="checkbox"/>	<input type="text"/>
e. Ventilator *	<input type="checkbox"/>	<input type="text"/>
f. Bariatric *	<input type="checkbox"/>	<input type="text"/>
g. Hospice/Palliative *	<input type="checkbox"/>	<input type="text"/>
h. Other *	<input type="checkbox"/>	<input type="text"/>

Total Resident Census on Survey Day: 0

Add Required Information  
Red \*asterisk = required

Select Survey Year

## On the day you complete this survey..

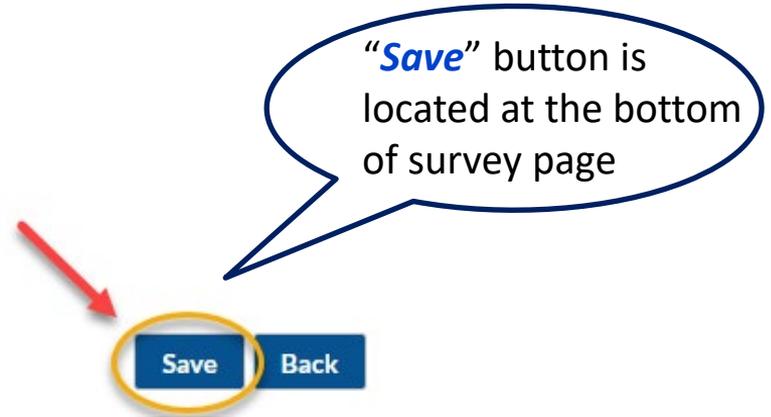
- The **Primary Service Type** portion is the only section on the survey that seeks current year information on the day this survey is completed.

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).

<u>Primary Service Type</u>	<u>Service Provided?</u>	<u>Number of residents</u>
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

## Remember to **SAVE** completed survey

- Survey must be completed in one session as incomplete surveys cannot be saved.
- Survey must be submitted into the NHSN application and **should not** be sent to NHSN via e-mail.



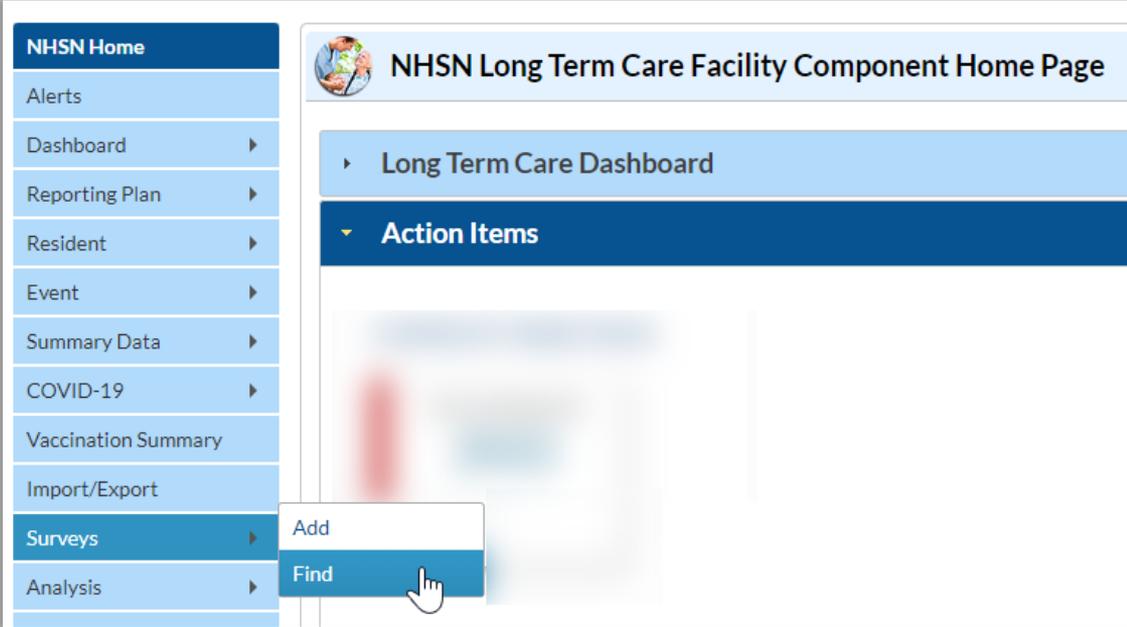
# **How to Review a Completed Annual Facility Survey**

# How to Review a Completed Annual Facility Survey

To review and/or print a copy of a submitted survey:

**Step 1:** On the navigation panel click **“Surveys”**

**Step 2:** Click **“Find”**



The screenshot displays the NHSN Long Term Care Facility Component Home Page. On the left is a navigation panel with the following items: NHSN Home, Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19, Vaccination Summary, Import/Export, Surveys, and Analysis. The 'Surveys' item is highlighted in a darker blue. A dropdown menu is open over 'Surveys', showing 'Add' and 'Find' options. A mouse cursor is pointing at the 'Find' option. The main content area on the right shows the page title 'NHSN Long Term Care Facility Component Home Page', a 'Long Term Care Dashboard' link, and an 'Action Items' section which is currently empty.

# How to Review a Completed Annual Facility Survey - *cont'd*

**Step 3:** On the “Find Annual Survey” page select “**Survey Year**” in drop down

**Step 4:** Click “**Find**” to search

 **Find Annual Survey**

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Facility ID:

Survey Year:  





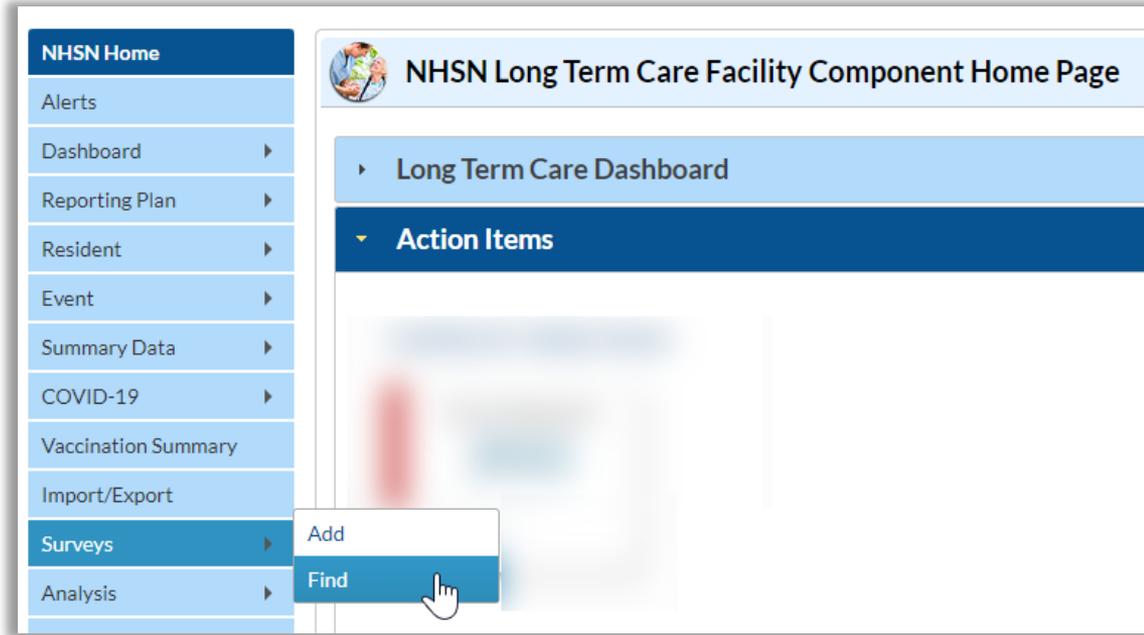
# How to Edit a Completed Annual Facility Survey

# How to Edit a Completed Annual Facility Survey

To review and/or print a copy of a submitted survey:

**Step 1:** On the navigation panel click **“Surveys”**

**Step 2:** Click **“Find”**



The screenshot displays the NHSN Long Term Care Facility Component Home Page. On the left is a navigation panel with the following items: NHSN Home, Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19, Vaccination Summary, Import/Export, Surveys, and Analysis. The 'Surveys' item is highlighted in a darker blue. A dropdown menu is open over the 'Surveys' item, showing 'Add' and 'Find' options. A mouse cursor is pointing at the 'Find' option. The main content area on the right shows the page title 'NHSN Long Term Care Facility Component Home Page' and a section titled 'Action Items'.

# How to Edit a Completed Annual Facility Survey - *cont'd*

**Step 3:** On the “Find Annual Survey” page select “**Survey Year**” in drop down

**Step 4:** Click “**Find**” to search

 **Find Annual Survey**

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Facility ID:

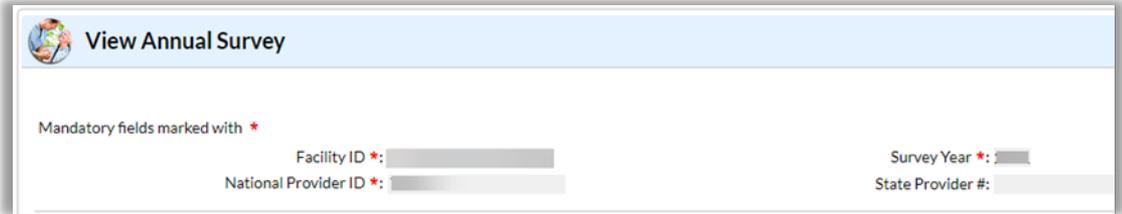
Survey Year:  





# How to Edit a Completed Annual Facility Survey - *cont'd*

**Step 5:** On the “View Annual Survey” page scroll to bottom of page and click “**Edit**”



**View Annual Survey**

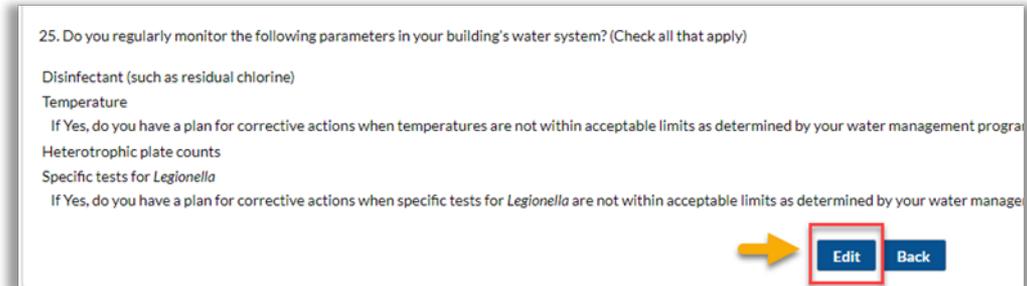
Mandatory fields marked with \*

Facility ID \*:

National Provider ID \*:

Survey Year \*:

State Provider #:



25. Do you regularly monitor the following parameters in your building's water system? (Check all that apply)

Disinfectant (such as residual chlorine)

Temperature

If Yes, do you have a plan for corrective actions when temperatures are not within acceptable limits as determined by your water management program?

Heterotrophic plate counts

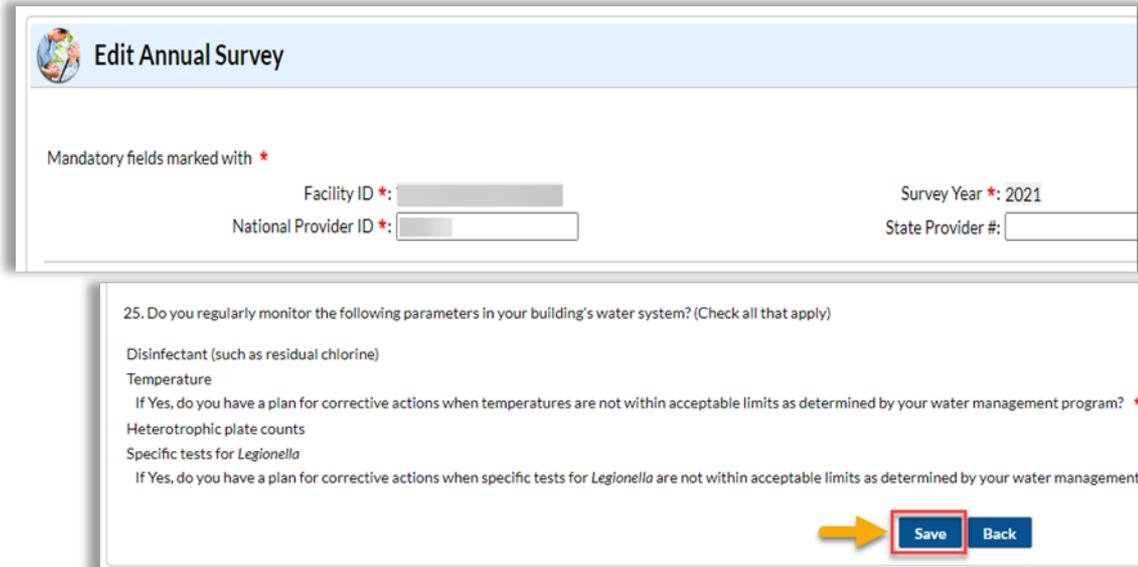
Specific tests for *Legionella*

If Yes, do you have a plan for corrective actions when specific tests for *Legionella* are not within acceptable limits as determined by your water management program?

 [Edit](#) [Back](#)

# How to Edit a Completed Annual Facility Survey - *cont'd*

**Step 6:** On the “Edit Annual Survey” page, make your changes and Click **“SAVE”** located at the bottom of page



**Edit Annual Survey**

Mandatory fields marked with \*

Facility ID \*:

National Provider ID \*:

Survey Year \*: 2021

State Provider #:

25. Do you regularly monitor the following parameters in your building's water system? (Check all that apply)

Disinfectant (such as residual chlorine)

Temperature

If Yes, do you have a plan for corrective actions when temperatures are not within acceptable limits as determined by your water management program? \*

Heterotrophic plate counts

Specific tests for *Legionella*

If Yes, do you have a plan for corrective actions when specific tests for *Legionella* are not within acceptable limits as determined by your water management



# Common Issues with Completing Survey Questions

# Total Number of Short-Stay Residents

In the previous calendar year,

Average daily census \*:

Total number of short-stay residents \*:

Total number of long-stay residents \*:

Total number of new admissions \*:

Total Number of Beds \*:

Average length of stay for short-stay residents:

Average length of stay for long-stay residents:

Number of Pediatric Beds (age <21) \*:

**Total number of unique residents who stayed  $\leq 100$  days in the previous calendar year.**

**Note:** If a resident starts off as short stay but converts to long-stay, then count the resident in the total number of long-stay.

# Total Number of Long-Stay Residents

In the previous calendar year,

Average daily census \*:

Total number of short-stay residents \*:

Total number of long-stay residents \*:

Total number of new admissions \*:

Total Number of Beds \*:

Average length of stay for short-stay residents:

Average length of stay for long-stay residents:

Number of Pediatric Beds (age <21) \*:

**Total number of unique residents who stayed > 100 days in the previous calendar year.**

# Its Survey Time – What Services are being Provided?

- What should we do if we provide the service but have no one in house on the day of survey, e.g., we provide hospice, but had no hospice residents on the day of survey.

✓ Checked the box to include the service and put a “0” for the count

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 complete)

<u>Primary Service Type</u>	<u>Service Provided?</u>	<u>Number of residents</u>
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"/>	0
h. Other *:	<input type="checkbox"/>	
Total Resident Census on Survey Day:		97

# Total Resident Census on Survey Day

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 complete)

<u>Primary Service Type</u>	<u>Service Provided?</u>	<u>Number of residents</u>
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

**Total Resident Census on Survey Day** must be less than or equal to **Total Number of Beds** provided in previous section of survey

In the previous calendar year,

Average daily census \* : 90

Total number of short-stay residents \* : 25

Total number of long-stay residents \* : 75

Total number of new admissions \* : 20

Total Number of Beds \* : 100

# Primary Testing Method for *C. difficile*

3. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? \*

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT)(e.g., PCR) (e.g., PCR, LAMP)
- NAAT plus EIA, if NAAT positive (2-step algorithm)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Culture (*C. difficile* culture followed by detection of toxins)
- Other (specify)

- Based on practices of diagnostic laboratory in which **most** resident specimens are sent.
- Contact diagnostic laboratory identify the primary diagnostic testing method for *C. difficile* used

# Uncommon Testing Methods for *C. difficile*

3. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? \*

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT)(e.g., PCR) (e.g., PCR, LAMP)
- NAAT plus EIA, if NAAT positive (2-step algorithm)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Culture (*C. difficile* culture followed by detection of toxins)
- Other (specify)

- Before selecting cell cytotoxicity neutralization assay or culture, verify primary testing method with diagnostic lab.
- Most testing methods can be categorized by selecting from the options provided.
- 'Other' should **not** be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests.

## *Lab Testing* methods

- What if you changed labs this year and the testing methods are different?
- ✓ You will add the new lab to next year's survey. Remember, for 2022 survey, you are only including facility characteristics and practices for 2022. If labs changed mid-way through the year, include the primary lab tests your facility used for the majority of 2022.

# Resources

# NHSN Resources

- LTCFA Annual Facility Survey
  - [LTC Annual Facility Survey](#)
- NHSN Facility Administrator Re-assignment
  - [Change NHSN Facility Administrator](#)

Submitting a Question to NHSN  
[nhsn@cdc.gov](mailto:nhsn@cdc.gov)

# Submitting a Question to NHSN

When submitting a question to NHSN please include the following:

- The topic of concern in the subject line of request
  - **For example:** LTC: Annual Survey Issue with Submission
- Provide the facility name and the NHSN Facility Org ID or CCN#
  - **(Do not include in subject line – add in the body of email)**
- Include a screenshot (if possible) showing the screen and/or error of concern.
- Offer as much detail of the issue/concern as possible



# Questions? [nhsn@cdc.gov](mailto:nhsn@cdc.gov)

Add the topic of concern in the subject line of request **“LTCF Annual Facility Survey”** in order to triage your inquiry to the appropriate subject matter expert.

**For more information please contact Centers for Disease Control and Prevention**

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.