HEALTHY GLOBE ALLIANCE

Questions Every Family Should Ask a Long-Term Care Facility:

A Practical Guide to Infection Prevention Transparency

Before You Choose: What Every Family Should Know About Infection Prevention in Long-Term Care

Placing a loved one in a long-term care facility is not just a healthcare decision. It is a trust decision.

You are trusting that the environment is safe. That the people providing care are paying attention to the details that most never see. That when something goes wrong, you will be told and told quickly.

Infection prevention is a major component of that trust.

Most infections in long-term care do not begin with something dramatic. They begin with small missed opportunities. A missed hand cleaning. A shared piece of equipment. A staff member who came in not feeling well. A delay in recognizing that something is spreading. These are small moments. But in a communal environment, small moments do not always stay small.

Families are often placed in a difficult position. You are expected to choose a facility without being given the tools to evaluate what keeps people safe. Brochures highlight comfort, activities, and amenities, which are all equally important. But they rarely show you how infection prevention works to keep your loved one safe.

This guide changes that.

You do not need clinical training to understand whether a facility is prepared. You need clarity. You need the right questions. And you need to recognize when the answers do not match the reality.

The questions that follow are designed to give you visibility into how a facility operates. Not what is written in policy, but what happens in practice. Not what is promised, but what is consistently done.

You are not looking for perfection as no facility is perfect.
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You are looking for accountability and honesty.

When infection prevention is strong, you will hear it in how they speak.

And when it is weak, you will hear that too.

1. Who here is in charge of infection prevention? Can I speak with them?

This is the foundation of everything. Infection prevention does not work without ownership. There should be a clearly identified individual who is responsible for surveillance, education, response, and oversight. If responsibility is shared vaguely across departments, it usually means no one truly owns it.

You are also assessing accessibility. If the person responsible is visible, engaged, and willing to speak with families, it reflects a program that is active. If access is restricted or unclear, infection prevention may exist more on paper than in practice.

Asking this question reveals:

- Whether infection prevention is treated as a defined role or an added task
- Whether leadership is present or distant
- Whether accountability is clear or diluted

2. How do you keep people here from getting each other sick? Are vaccinations and immunizations available?

Infection prevention is never one thing. It is a combination of practices that work together. Facilities that understand this will describe multiple layers such as vaccination access, early symptom identification, staff practices, environmental cleaning, and how residents interact in shared spaces.

If the answer focuses heavily on one element, it suggests a fragmented approach. You are listening for whether they understand prevention as a system rather than a single intervention.

Asking this question reveals:

- Whether they think in systems or isolated actions
- Whether prevention is proactive or reactive
- Whether they can explain complex processes simply

3. How do you make sure staff clean their hands?

Hand hygiene is one of the most discussed practices in healthcare, but also one of the hardest to measure accurately. Many facilities will say they monitor compliance, but how they do this is critical. Generally, hand hygiene compliance data will be reported somewhere within the facility.

Observation alone can be inconsistent and influenced by who is watching. Strong programs combine observation with ongoing reinforcement, leadership presence, and a culture that expects correction in real time.

Asking this question reveals:

- Whether monitoring is meaningful or superficial
- Whether staff behavior is actively reinforced
- Whether leadership understands the gaps in measurement

4. How often are rooms and common areas cleaned?

Cleaning is often described in terms of frequency, but frequency alone does not ensure effectiveness. Tasks can be scheduled and still not performed consistently or correctly. Facilities with strong systems verify cleaning through audits, supervisory checks, or objective feedback methods. Facilities without verification rely on assumption. Over time, assumption leads to inconsistency.

Asking this question reveals:

- Whether cleaning is monitored or simply assigned
- Whether there is accountability for completion
- Whether consistency is ensured or assumed

5. How do you clean things that get used by more than one resident?

Shared equipment is one of the least visible transmission risks. Items like wheelchairs, blood pressure cuffs, and therapy tools move between residents and can carry pathogens if not properly cleaned.

Facilities with strong systems clearly define who is responsible for cleaning, when it happens, and what products are used. Without clear ownership, shared equipment often falls into gaps between staff roles. Generally, it is always recommended to follow the cleaning and disinfection instructions from the manufacturer of the equipment. This is known as the IFU (instructions for use) or MIFU (manufacturer's instructions for use).

Asking this question reveals:

- Whether responsibilities are clearly assigned
- Whether shared equipment is treated as a risk
- Whether processes are consistent or assumed

6. My loved one has… How do you prevent infections for someone like them?

Not all residents carry the same level of risk. Conditions such as diabetes, wounds, indwelling devices, or weakened immune systems increase vulnerability.

This question forces the facility to move beyond general statements and demonstrate individualized thinking. Facilities that understand infection prevention will adapt their approach. Those that do not will repeat a standard answer regardless of the situation. It is important to have a good understanding of the conditions your loved one has. This will ensure a meaningful conversation with this question. A good relationship with the care manager is important.

Asking this question reveals:

- Whether care is individualized or generic
- Whether staff understand risk differences
- Whether prevention strategies are adapted or standardized

7. How often are staff trained on infection prevention?

Training is not a one-time event. Practices degrade over time without reinforcement. Facilities that rely solely on annual training often experience drift in behavior.
Strong programs incorporate ongoing education, reminders, and real-time correction. Training is continuous, not episodic.

Asking this question reveals:

- Whether education is ongoing or minimal
- Whether leadership invests in reinforcement
- Whether staff are supported in maintaining skills

8. Can you explain to me what a normal cleaning routine looks like?

This question shifts from general statements to operational detail. A facility that performs cleaning consistently should be able to describe the process clearly, what is cleaned, in what order, with what products, and by whom.

If the explanation lacks detail, it often reflects inconsistency in execution.

Asking this question reveals:

- Whether staff understand the process
- Whether routines are standardized
- Whether execution is consistent

9. Have there been any outbreaks here recently?

No facility is free from infection events. The presence of outbreaks is not the concern—how they are handled is.

Facilities with mature systems can describe what happened, how quickly it was recognized, what actions were taken, and what changes followed. Facilities without structure often minimize or avoid discussing these events.

Asking this question reveals:

- Whether they are transparent
- Whether they learn from events
- Whether improvement follows problems

10. What do you do if someone here has something contagious?

This question evaluates immediate response. Strong facilities have predefined steps for identifying, isolating, and managing contagious conditions.

Without a clear plan, response becomes inconsistent and dependent on who is working at the time.

Asking this question reveals:

- Whether response is structured
- Whether staff know what to do immediately
- Whether actions are consistent

11. What would you do if several residents got sick at the same time?

This is outbreak-level thinking. It tests whether the facility has planned for situations that stress the system.

Prepared facilities have defined escalation pathways, communication plans, and resource strategies. Unprepared facilities react in real time, often with delays.

Asking this question reveals:

- Whether the facility plans ahead
- Whether roles are defined during a crisis
- Whether leadership is proactive or reactive

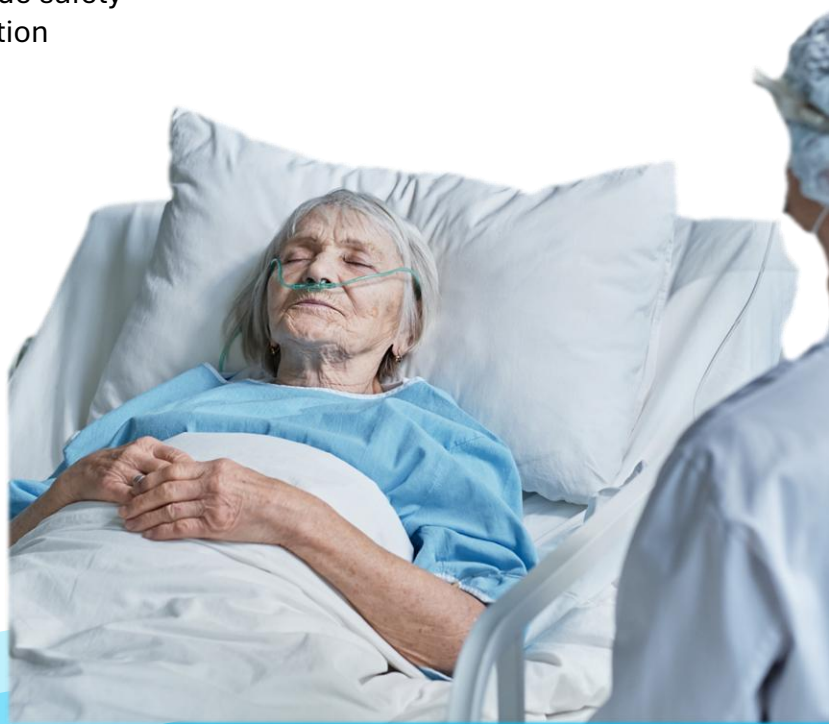
12. Do staff ever come to work sick? What's the rule here?

Staff illness is a major driver of transmission. Policies may exist, but enforcement depends on culture and operational realities.

Facilities that support staff in staying home when ill reduce risk. Facilities that struggle with staffing may unintentionally encourage presenteeism (showing up to work sick).

Asking this question reveals:

- Whether policies are enforced or symbolic
- Whether staffing pressures override safety
- Whether culture supports prevention



13. If my loved one gets sick, how and when will you tell me?

Communication should be structured, not situational. Facilities with strong systems define when families are notified and who is responsible.

Without structure, communication becomes inconsistent and often delayed.

Asking this question reveals:

- Whether communication is standardized
- Whether responsibility is clear
- Whether families are prioritized

14. How will you keep me informed if there's a problem?

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15. Any questions that you find in your research on CMS Care Compare

Before you walk into a facility, you should already have a baseline understanding of how it performs. The *Nursing Homea Including Rehab Service* section of Medicare's Care Compare is one of the most valuable tools available to families, but it is often underused or misunderstood.

The overall Star Rating is a starting point not a conclusion. It combines three main areas:

- Health Inspections, Staffing, and Quality Measures. Each of these tells a different part of the story, and they should be looked at individually not just as a single number. Health Inspection Rating reflects findings from state inspections, including infection control deficiencies. This is often the most important section for infection prevention. Repeated or serious deficiencies related to infection control, hand hygiene, or sanitation should not be ignored. These are not theoretical gaps and are documented failures observed during inspections.

- Staffing Rating provides insight into how many nursing staff are available relative to residents. Lower staffing levels can directly impact infection prevention. When staff are stretched thin, tasks like hand hygiene, cleaning, and monitoring for early signs of infection are more likely to be missed or delayed.

- Quality Measures Rating includes data points such as infection rates, hospitalizations, and other outcomes. While these measures can lag behind real-time conditions, they help identify patterns over time.

The most important part of using Care Compare is not just reading the ratings, it is bringing that information into the conversation.

Examples of how to use this during your visit:

"I noticed there were infection control citations during your last inspection. Can you walk me through what happened and what changed afterward?"

"Your staffing rating is lower than nearby facilities. How do you ensure infection prevention tasks are still completed consistently?"

"I saw trends in hospitalizations, how do you monitor and respond to changes like that?"

15. Any questions that you find in your research on CMS Care Compare (Cont.)

Facilities with strong leadership will not be defensive. They will explain what happened, what they learned, and what they changed. They will speak in specifics.

Facilities without strong systems may dismiss the data, minimize its importance, or provide vague reassurance without addressing the details.

What this question reveals:

- Whether the facility understands and monitors its own performance data
- Whether leadership is transparent about deficiencies and improvements
- Whether problems lead to system changes—or are simply explained away
- Whether their internal story matches publicly reported information

Important perspective:

A lower star rating does not automatically mean a facility is unsafe. A higher star rating does not guarantee strong infection prevention. What matters is consistency, transparency, and demonstrated improvement over time.

You are not looking for perfection.

You are looking for alignment between what the data shows and what the facility tells you.

When those two match, you are closer to the truth.

16. Is the facility accredited by an external organization?

Accreditation means the facility has voluntarily invited an outside organization to evaluate how it operates against established standards. This is different from state inspections, which are required. Accreditation is optional in many areas, which makes it more impactful.

Common accrediting bodies for long-term care include organizations like The Joint Commission (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), and Accreditation Commission for Health Care (ACHC).

Facilities that pursue accreditation are choosing to be evaluated more rigorously and more frequently than what is generally required by regulation. The process often includes reviews of infection prevention practices, staff training, leadership structure, and how problems are identified and corrected.

However, accreditation is not a guarantee of perfection. It is a sign of intent and structure, not proof that everything is always done correctly. In fact, vast majority of healthcare welcome accreditation to improve on practices with the aim for zero harm.

If the facility is accredited, ask:

- What did the accreditation process evaluate related to infection prevention?
- Were there any findings or recommendations, and what did you change afterwards?

If the facility is not accredited, ask:

- How do you ensure your infection prevention program is evaluated beyond standard inspections?

Asking this question reveals:

- Whether the facility seeks external validation of its practices
- Whether leadership values continuous improvement
- Whether they can speak openly about feedback and changes made

Important perspective:

Accreditation should not replace your evaluation; it should inform it. Some excellent facilities are not accredited, and some accredited facilities still struggle. What matters is how they talk about oversight, improvement, and accountability.

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