STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146106	A. BUILDING _____ B. WING _____	12/06/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTT COUNTY NURSING CENTER	RURAL ROUTE 2 WINCHESTER, IL 62694

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 441 SS=D	Annual Licensure and Certification 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of	F 441		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	Continued From page 1	F 441		

infection.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview, the facility failed to adequately cleanse glucometers after resident use for 1 of 3 residents (R10) who required glucose monitoring in the sample of 11, and 1 resident (R13) in the supplemental sample.

Findings include:

1. The Facility Procedure for disinfecting blood glucose monitors documents all blood glucose monitors should be disinfected between each use and before storage. The Facility procedure documents a solution or Sanicloths containing a solution of 10% bleach is to be used.

2. On 12/4/13 at 4:20 PM, E4, Registered Nurse, RN, was observed to get a blood sugar reading from R13 using a glucometer. E4 then obtained a blood sugar reading from R10 using the same glucometer. E4 failed to disinfect the glucometer before doing the blood sugar reading for R10.

3. On 12/6/13 at 10:45 AM, E1, Administrator, stated the facility uses disinfectant wipes containing bleach, and they are to be used when disinfecting the glucometers.