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	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scott County Nursing Center	Rural Route 2 Winchester, IL 62694

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33112 Based on interview, observation, and record review the facility failed to perform hand hygiene, change gloves when needed, and have signage indicating the need for Enhanced Barrier Precaution, for 5 of 16 residents (R12, R13, R21,R25, R27) to prevent cross contamination reviewed for infection control in the sample of 29. Findings include: 1. On 12/11/24 at 9:24 AM, V15, Certified Nurses Aide, (CNA) and V8 CNA both donned gloves without hand hygiene. V8 and V15 transferred R25 from her reclining geriatric chair to her bed using a full mechanical lift. Once in bed, R25's pants and incontinent pad were removed. V8's groin, labia, and meatus was cleaned with premoistened peri-wash cloths with the same gloves. V8 touched R25's leg and shoulder to assist with rolling over onto R25's side. V8 with pre-moistened peri-wash cloths cleansed the rectal area and buttocks. V8 placed a new incontinent pad, straightened R25's night gown, pillow, covers, and removed her gloves but did not wash her hands. V8 using the bed control lowered the bed, removed the trash bag from the can, inserted a new bag, left room, went up the hall, placed the trash in the soiled utility room, and went and got R13 in her geriatric reclining wheelchair and pushed her to her room with no hand hygiene. R25's Face Sheet, print date of 12/11/24, documents that R25 was admitted on [DATE]. On 12/11/24 at 3:50 PM, V15 CNA stated that she just forgot to wash her hands before putting on gloves and taking them off. On 12/11/24 at 4:00 PM, V1, Administrator, stated that she expects staff to perform hand hygiene before putting on gloves, after removing gloves and whenever they need it. 2. On 12/11/24 at 9:38 AM, V8 pushed R13 into her room to transfer R13 to bed. V15 was present to assist. V8 and V15 transferred R13 to bed using a full mechanical lift. V8 and V15 both donned gloves with no hand hygiene. R13's Face Sheet, print date of 12/11/24, documents that R13 was admitted on [DATE]. 44967 (continued on next page)

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.

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. R21's Face Sheet, undated, documents R21 was originally admitted to the facility on [DATE] with diagnosis of Hemiplegia/Hemiparesis and Dysphasia following Cerebral Infarction, Metabolic Encephalopathy, Dementia, and Urinary Tract Infection (UTI). R21's Care Plan, dated 12/10/24, documents R21 required assist with daily care. R21 is incontinent of bowel and bladder. Interventions: Check for incontinence at least every two hours and PRN (as needed). Incontinent care, peri-care, toileting hygiene provided after each episode and PRN. R21's Minimum Data Set (MDS), dated [DATE], documents R21 has a severe cognitive impairment and is dependent on staff for toileting. On 12/10/24 at 10:55 AM, V7, Certified Nursing Assistant (CNA), and V8, CNA, was seen donning gloves and checking R21 for incontinence and R21 was dry. Both CNAs got R21 out of bed to her chair and then doffed their gloves. There was no Hand Hygiene seen done before care, after care, or before leaving the room. 4. R27's Face Sheet, undated, documents R27 was originally admitted to the facility on [DATE], with diagnosis of Parkinson's disease, and Palliative care. R27's Care Plan, dated 10/16/24, documents R27 requires assist with daily care. R27 is incontinent of bowel and bladder. Interventions: Incontinent care after each incontinent episode, wears incontinent liners and pullups, encourage and assist to restroom often to help keep skin clean and dry, toilet as she requests and PRN with assist X 2, provide incontinent care, peri-care toileting hygiene care after each episode and PRN, change pads or briefs as needed. R27's MDS, dated [DATE], documents R27 has a severe cognitive impairment and is dependent on staff for toileting. On 12/10/24 at 9:35 AM, After transferring R27 to bed, V7, CNA, and V8, CNA, checked R27 for incontinence with a bowel movement noted and incontinent care was completed. Both CNAs donned gloves with no hand hygiene seen before care started. After care was rendered, both CNAs left the room without doing hand hygiene. On 12/12/24 at 8:45 AM, V8, CNA, stated We should be doing hand hygiene before resident care and after care before leaving the room. If our gloves are soiled and we are changing gloves, we should be doing hand hygiene before applying new gloves. On 12/12/24 at 9:00 AM, V1, Administrator, stated We talk about hand hygiene all the time. The staff always tell me that is all we talk about at our meetings. I will reeducate them again at our next meeting. They should be doing hand hygiene before care, during glove changes, and after care and before leaving resident rooms. The Facility's Glove Changing Policy, dated 12/20/16, documents It is the intent of this policy to control the spread of infectious bacteria through the proper process of using and changing gloves. Gloves shall be worn by all direct care staff when providing care that will contaminate the hands and spread infectious bacteria. Hand washing is done before and after using gloves. If gloves are required to perform an activity then gloves must be removed and hands washed before touching anything else to prevent contamination of clean surroundings. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Facility's Hand Washing Policy, dated 9/14/14, documents Purpose: To prevent cross contamination and control infection. 5. R12's Face Sheet, undated, documents R12 was admitted to the facility on [DATE] with diagnosis of Fracture left femur, Type 2 Diabetes Mellitus, and Chronic Kidney Disease - stage 2. R12's Care Plan, dated 12/11/24, documents R12 is at risk for pressure ulcer and is incontinent of urine at times. Interventions: skin checks, encourage and assist to restroom often and help keep skin clean and dry, apply skin prep to right upper thigh until healed, betadine to left heel and cover with protective dressing. R12's MDS, dated [DATE], documents R12 is cognitively intact and is dependent on staff for toileting and transfers. The Facility's Skin/Wound Log, dated 12/10/24, documents R12 has a Stage 2 Pressure Ulcer on his left buttock and on his left heel, both were present on admission to the facility. R12's Nursing Note, dated 11/5/24 at 2:56 PM, documents Re-admission skin assessment done. Noted to have a blister area to left heel approx. 4 CM (centimeters) x 4 CM, surrounding skin is pink, noted some pain when removing his sock. Left hip continues to have 10 staples intact, no redness to stapled areas noted. 5 CM x 5 CM x 0.1 CM sheared area to left buttock, wound bed is pink, surrounding skin is normal. Resident also noted to have two pink areas to back, one right upper back and mid lower back. Also noted to have skin tears to right elbow area and right wrist. On 12/11/24 at 1:15 PM, V19, Registered Nurse (RN), and V14 was about to perform wound care/dressing change on R12. All supplies were on bedside table and both Nurses had gloves on and ready to go. When asked if R12 was on Enhanced Barrier Precautions (EBP), V14 stated Oh, Yes, he should be on it. I thought he had a sign on his door but I see it is not there. Both Nurses left the room and obtained appropriate Personal Protectant Equipment (PPE) and donned the gown and gloves prior to performing wound care. 12/12/24 at 9:00 AM, V1, Administrator, stated Anyone with wounds should be on EBP and appropriate PPE should be used. The Facility's Enhanced Barrier Precautions Policy, dated 7/22/24, documents (The Facility) is determined to help fight against the increasing spread of multidrug-resistant organisms (MDROs), extensively drug-resistant organisms (SDROSs), and emerging pathogens is particularly challenging in skilled nursing facilities. Enhanced Barrier Precautions (EBP) require staff to wear a gown and gloves while performing high-contact care activities with all residents who are at higher risk of acquiring or spreading an MDRO. (The Facility) is following the recommendations of Illinois Department of Public Health (IDPH) and Center for Disease Control and Prevention (CDC) to help protect residents, staff, and visitors from these infections. Procedure: The new guidance calls for the use of EBP in residents with any of the following: Infection or colonization with an MDRO when contact precautions do not otherwise apply, Indwelling medical devices (urinary catheters, feeding tubes, tracheotomies, central lines), Chronic wounds: Diabetic foot ulcers, Unhealed surgical wounds, Venous stasis ulcers, Chronic wounds such as pressure ulcers. Enhanced barrier precaution supplies will be stocked in a holder on the outside of the resident's room. There will also be a sign hung on the door alerting staff of the appropriate PPE that needs to be worn prior to giving high-contact care activities.