STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155490	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMBASSADOR HEALTHCARE	705 E MAIN ST CENTERVILLE, IN 47330

(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
F000000	This visit was for the Investigation of Complaint IN00136253, Complaint IN00136319 and Complaint IN00136516. Complaint IN00136253 -- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00136319 -- Unsubstantiated due to lack of evidence. Complaint IN00136516 -- Substantiated. No deficiencies related to the allegations are cited. Unrelated deficiency is cited. Survey dates: September 22, 23 and 24, 2013 Facility number: 000456 Provider number: 155490 AIM number: 100288750 Survey team: Penny Marlatt, RN Census bed type: SNF: 2 SNF/NF: 102 Total: 104	F000000	By submitted the enclosed materials we are not admitting the turth or accuracy of any specific findings or allegations as of any proceedings and submit these responses pursuant to our regulatory obligation. Please consider this 2567 for a desk review.	

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Census payor type: Medicare: 16 Medicaid: 75 Other: 13 Total: 104 Sample: 4 This deficiency reflects state finding in accordance with 410 IAC 16.2. Quality review completed on September 25, 2013, by Janelyn Kulik, RN.			

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F000441 SS=E	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 infection. Based on observation, interview and record review, the facility failed to	F000441	F 441 INFECTION CONTROL, PREVENT SPREAD,	10/24/2013

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	ensure 1 of 3 nurses in 3 of 3 observations in which glucometers (machine used to measure blood sugar levels) were utilized had properly disinfected the glucometer between each resident use. This deficient practice has the potential to spread blood-borne illnesses to other diabetic residents for whom the same glucometer is used. (LPN #1) Findings include: During a medication pass observation on 9-22-13 at 4:20 p.m. with LPN #1, she indicated she had disinfected the glucometer with a disinfectant prior to use with Resident #D. After obtaining the resident's blood sugar level, she returned to the medication cart. LPN #1 indicated she disinfected the glucometer "between every few residents" and used an alcohol wipe to clean the glucometer after each resident use. LPN #1 indicated she had used a disinfectant spray bottle she had found in the hall's shower room. She was observed to go to the shower room to locate the spray bottle. She indicated she could not locate the spray bottle. She indicated she could not recall the name of the product listed on the spray bottle. She		LINENS I. LPN #1 was immediately instructed to ensure she disinfects glucometers between each resident using the CaviWipes.II. All licensed staff was educated on theimportance of disinfecting glucometers between each resident use using the CaviWipes.III. A systemic change includes education on the proper procedure of disinfecting glucometers between each resident use using the CaviWipes on the annual in-service calendar. Education and training will be provided to all licensed staff regarding proper procedure for disinfecting glucometers. IV. The Director of Nurses and/or designee will audit proper medication administration and to include disinfecting glucometers by random observation of licensed staff. These audits will be provided at a minimum of 5 per week for 4 weeks on all three shifts and then a minimum of 5 per month for an additional 5 months. Any identified concerns from audits will be addressed immediately. The results of these audits will be discussed at the facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion Date: October 24, 2013	

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	indicated she had used the spray bottle to moisten a paper towel and then wiped the glucometer with the moistened paper towel. She indicated in other health care facilities that she had been employed, there were "bleach wipes" available to clean/disinfect the glucometers. On 9-23-13 at 10:00 a.m., the Administrator provided a copy of a document entitled, "Important Product Information RE: Cleaning & Disinfecting Blood Glucose Meters." This document was from the manufacturer of the facility's glucometers. This document indicated, "It is [name of manufacturer]'s policy to advise healthcare professionals to clean or disinfect meters between each resident test to avoid cross-contamination issues. Our cleaning and disinfecting guidelines are as follows:...Disinfecting Guidelines: To disinfect the meter, dilute 1 mL [milliter] of household bleach (0.5% - 0.6% sodium hypochlorite solution) in 9 mL of water to achieve a 1:10 dilution (final concentration of 0.5% - 0.6% sodium hypochlorite solution). The solution can then be used to dampen a paper towel (do not saturate the towel). Then use the dampened paper towel			

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	to thoroughly wipe down the meter. In the event that you do not have bleach or your policies prohibit bleach being kept in the facility, you can recommend one of the following products as an alternative: [listing of several commercial products by name.] With all the recommended meter cleaning methods, immediately following the cleaning of the meter and prior to the meter being used to test a resident's glucose level, the meter should be left for a few minutes to ensure it is dry..." In interview with the Administrator on 9-23-13 at 10:00 a.m., she indicated the facility uses a commercial disinfectant product as recommended by the manufacturer to disinfect the glucometers. At this time, the Administrator provided a commercial bottle of cleaning/disinfection solution with the only active ingredient listed as hydrogen peroxide that she had indicated had been found that morning in the dirty utility room. Later the same morning at 11:00 a.m., she provided a spray bottle identified as a 1:10 dilution of bleach, with no date of when the mixture had been prepared, which she indicated had been located that morning in the dirty utility room. In interview with the Director of			

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	Nursing on 9-24-13 at 5:15 p.m., she indicated the document entitled, "Important Product Information RE: Cleaning & Disinfecting Blood Glucose Meters," was the only current policy regarding cleaning or disinfecting of glucometers the facility utilizes. In review of LPN #1's "RN and LPN Orientation" skills check off, it indicated her skills related to infection control, universal precautions and knowledge of the policies and procedure manual had been successfully completed on 8-4-13. 3.1-18(a)			