

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150007	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/01/2014
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY HOWARD REGIONAL HEALTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 S LAFOUNTAIN ST KOKOMO, IN 46902
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(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
S000000	This was an offsite licensure survey.  Facility ID: 005007  Date of Survey: December 01, 2014  Surveyor: Randy Snyder  QA: clauglin 12/11/14	S000000		
S000296	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1 (c)(2)  (c) The governing board is responsible for managing the hospital. The governing board shall do the following:  (2) Appoint a qualified chief executive officer who is delegated the authority and responsibility for managing the hospital and report to the division the name of the chief executive officer within ten (10) days after the appointment. Based on document review, the governing body failed to report to the division the name of the president/chief executive officer within ten (10) days after the appointment.  Findings:	S000296	The cited news release from Community Health Network, dated November 12, 2014, was an indication of the Community Health Network Board's approval of Joseph Hooper's impending appointment as President & CEO of this licensed entity/Community	01/06/2015

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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	<p>1. Review of the facility's "Facility Information (FI) from the ASPEN database dated 12/1/14, listed administrator A1, as the facility's administrator.</p> <p>2. Review of the facility's website at <a href="http://www.ecommunity.com/newsroom/view.aspx?Page=905">www.ecommunity.com/newsroom/view.aspx?Page=905</a> dated "For release 11/12/14", indicated that Administrator A2 had been appointed by the Community Health Board of Directors on Monday [November 10, 2014] replacing Administrator A1.</p> <p>3. Review of the facility's documents on file with the Indiana State Department of Health, Acute Care Division (division) failed to demonstrate that the facility had, as of the date of this survey, notified the division of the appointment.</p>		<p>Howard Regional Health, Inc. The governing board of this licensed entity/Community Howard Regional Health, Inc. appointed and authorized Joseph Hooper as its President &amp; CEO at its December 17, 2014 meeting with authorizing resolutions effective at 12:00 a.m. on December 18, 2014. Community Howard Regional Health sent a letter notifying ISDH of its governing board's appointment and approval of a new administrator on January 6, 2015. Education has occurred ensuring that Administration is aware that notification of change in administrator must occur within 10 days, not within 30 days.</p>		