

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>151315</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/28/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAMERON MEMORIAL COMMUNITY HOSPITAL INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>416 E MAUMEE ST</b> <b>ANGOLA, IN 46703</b>		
(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	
{C 000}	<p>INITIAL COMMENTS</p> <p>This survey was for a Post Survey Revisit (PSR) to the Federal Recertification Survey conducted on 5/9-11/2022 and 6/13-14/2022 was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 07/28/22</p> <p>Facility Number: 005037</p> <p>Cameron Memorial Community Hospital Inc. was found in compliance with 42 CFR 485.623, Physical Plant and Environment, Medicare Condition of Participation for Critical Access Hospital.</p> <p>QA: 8/5/2022</p>	{C 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/05/2022

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.