STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151315	A. BUILDING **01, 05, 07** B. WING _____	**06/14/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMERON MEMORIAL COMMUNITY HOSPITAL INC	**416 E MAUMEE ST** **ANGOLA, IN 46703**

(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
E 000	Initial Comments An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 485.625. Survey Dates: 06/13/22 and 06/14/22 Facility Number: 005037 Provider Number: 151315 AIM Number: 100267970A At this Emergency Preparedness Survey, Cameron Memorial Community Hospital Inc was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 485.625. The facility has a capacity of 25 and had a census of 17 at the time of this survey. Quality Review completed on 06/17/22	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(c). Survey Dates: 06/13/22 and 06/14/22 Facility Number: 005037 Provider Number: 151315 AIM Number: 100267970A At this Life Safety Code survey, Cameron Memorial Community Hospital Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.623(c), Life Safety from Fire and the 2012 edition of the National Fire Protection Association	K 000		

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

08/05/2022

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K 000	Continued From page 1 (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. Building 01 is a two-story facility with a basement and two penthouses, was determined to be of Type I (332) construction, and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 25 and had a census of 17 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 06/17/22	K 000		
K 000	INITIAL COMMENTS A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(c). Survey Dates: 06/13/22 and 06/14/22 Facility Number: 005037 Provider Number: 151315 AIM Number: 100267970A At this Life Safety Code survey, Cameron Memorial Community Hospital Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.623(c), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 39, Existing Business Occupancies. Building 05 is on the second floor of the Medical	K 000		

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K 000	Continued From page 2 Office Building; a two-story facility with a walk out ground floor, was determined to be of Type I (332) construction, and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 06/17/22	K 000		
K 000	INITIAL COMMENTS A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(c). Survey Dates: 06/13/22 and 06/14/22 Facility Number: 005037 Provider Number: 151315 AIM Number: 100267970A At this Life Safety Code survey, Cameron Memorial Community Hospital Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.623(c), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 39, Existing Business Occupancies. Building 07 is an unsprinkled one-story facility determined to be of Type V (000) construction, the facility has an alarm system. Quality Review completed on 06/17/22	K 000		

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K 321	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the corridor doors to 1 of 1 hazardous area rooms were provided with a self-closing device which would cause the door to automatically close and latch into the door frame. LSC 39.3.2.2 states hazard contents areas, as classified in Section 6.2, shall meet all of the	K 321		6/16/22

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K 321	Continued From page 4 following criteria: (1) The area shall be separated from other parts of the building by fire barriers having a minimum 1-hour fire resistance rating, with all openings therein protected by self-closing fire door assemblies having a minimum 3.4-hour fire protection rating. This deficient practice could affect 5 patients in the Psychiatry center Findings include: Based on observation with the Facility's Director on 06/14/22 at 11:00 a.m., the corridor door to the main storeroom which contained fuel-fired equipment was not provided with an automatic or self-closing device. Based on interview at the time of observation, the Facility's Director agreed the room was a hazardous area due to the fuel-fired equipment, and the door was not self-closing. This finding was reviewed with the Safety Manager and Facility's Director during the exit conference.	K 321		
K 363	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible	K 363		6/14/22

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K 363	Continued From page 5 materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 4 of 4 sliding ER corridor doors were provided with a means suitable for keeping the door closed, had no impediment to closing, latching and would resist the passage of smoke. This deficient practice could affect 4 patients in the ER. Findings include: Based on observation with the Facility's Director	K 363		

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K 363	Continued From page 6 on 06/13/22 at 2:03 p.m., the sliding corridor doors to ER rooms 1, 2, 3, and 4 did not latch into the frame when evaluated. Based on interview at the time of observation, the Facility's Director stated the ER doors would not latch into the door frame because the latches were broken. This finding was reviewed with the Safety Manager and Facility's Director during the exit conference.	K 363		
K 915	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Categories *Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. *General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed ensure 1 of 3 electrical branches were not comingled. NFPA 99, 2012 edition 6.5.2.2.2.1 states the life safety branch shall supply power for lighting, receptacles, and equipment as follows:	K 915		6/16/22

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K 915	Continued From page 7 (1) Illumination of means of egress in accordance with NFPA 101, Life Safety Code (2) Exit signs and exit directional signs in accordance with NFPA 101, Life Safety Code (3) Alarm and alerting systems, including the following: (a) Fire alarms. (b) Alarms required for systems used for the piping of nonflammable medical gases as specified in Chapter 5. (4) Communications systems, where used for issuing instructions during emergency conditions. (5) Sufficient lighting in dining and recreation areas to provide illumination to exit ways of a minimum of 5 ft-candles. (6) Task illumination and select receptacles at the generator set location. (7) Elevator cab lighting, control, communications, and signal systems. 6.5.2.2.2.2 states no functions, other than those listed in 6.5.2.2.2.1(1) through (7), shall be connected to the life safety. This deficient practice could affect all occupants. Finding include: Based on observation with the Facility's Director on 06/13/22 at 12:30 p.m. in the basement there was an electric panel identified as an equipment branch from the generator. The breaker for the fire alarm panel was located on this equipment panel instead of a life safety panel. Based on interview at the time of observation, the Facility's Director agreed the breaker for the fire alarm panel was located on an equipment panel and needs to be moved to a life safety panel. This finding was reviewed with the Safety Manager and Facility's Director during the exit	K 915		

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K 915	Continued From page 8 conference.	K 915		
K 920	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 flexible cord power strips in patient care locations met the required UL rating of 1363A or 60601-1. This deficient practice can affect 1 patient in the Ortho treatment room. Findings include: Based on observations during a tour of the facility	K 920		6/23/22

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K 920	Continued From page 9 with the Facility's Director on 06/14/22 at 10:16 a.m., a power strip was in use in the Ortho treatment room where patient care was provided that did not meet 1363A or 60601-1. Based on interview at the time of observation, the Maintenance Director agreed a power strip was in use in a patient care area and did not meet 1363A or 60601-1. This finding was reviewed with the Safety Manager and Facility's Director during the exit conference.	K 920		