

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

PRINTED: 08/17/2022  
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>01, 05, 07</b>  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	
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey that exited on 06/14/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(d).</p> <p>Survey Date: 07/28/22</p> <p>Facility Number: 005037 Provider Number: 151315 AIM Number: 100267970A</p> <p>At this PSR survey, Cameron Memorial Community Hospital Inc. was found 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 19, Existing Health Care Occupancies.</p> <p>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.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 08/04/22</p>	{K 000}			
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety</p>	{K 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.

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{K 000}	Continued From page 1  Code Recertification Survey that exited on 06/14/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(d).  Survey Date: 07/28/22  Facility Number: 005037 Provider Number: 151315 AIM Number: 100267970A  At this PSR survey, Cameron Memorial Community Hospital Inc. was found 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 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 08/04/22	{K 000}			
{K 000}	INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey that exited on 06/14/22 was conducted by the Indiana	{K 000}			

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{K 000}	<p>Continued From page 2</p> <p>Department of Health in accordance with 42 CFR 485.623(d).</p> <p>Survey Date: 07/28/22</p> <p>Facility Number: 005037 Provider Number: 151315 AIM Number: 100267970A</p> <p>At this PSR survey, Cameron Memorial Community Hospital Inc. was found 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.</p> <p>Building 07 is an unsprinkled one-story facility determined to be of Type V (000) construction, the facility has an alarm system.</p> <p>Quality Review completed on 08/04/22</p>	{K 000}			