

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151300	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL OF BREMEN INC	STREET ADDRESS, CITY, STATE, ZIP COD 1020 HIGH RD BREMEN, IN 46506
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 485.625</p> <p>Survey Date: 07/28/21</p> <p>Facility Number: 005097 Provider Number: 151300 AIM Number: 100269320A</p> <p>At this Emergency Preparedness survey, Community Hospital of Bremen was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 485.625</p> <p>The facility has 24 certified beds. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 08/03/21</p>	E 0000		
E 0041 Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power</p>			

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain</p>				

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	<p>the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p>			

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	<p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on observation and interview, the facility failed to implement the emergency power system requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Mechanic and the Facilities Coordinator on 07/28/21 at 12:37 p.m., the generator testing form lacked the load time, cool down time, transfer time, and load percentage required by LSC and NFPA 110. Based on interview at the time of record review, the Facilities Coordinator agreed the generator documentation was missing required information.</p> <p>This finding was reviewed with the Maintenance Mechanic, Facilities Coordinator, and the Director of Operations during the exit conference.</p>	E 0041	<p>ON 8/10/21 The generator testing form has been amended to include load time, cool down time, transfer time, and load percentage required by LSC and NFPA 110. This will be documented on all future generator testing.</p> <p>Ongoing testing will include the areas required. Load time Cool down Transfer time Load percentage</p> <p>Per policy all appropriate inspections will continue as required per calendar/schedule</p> <p>Adjustment of testing form completed by Facilities Coordinator. 8/10/21 Work orders were amended to add the following items Transfer Time, Runtime with Load, Cooldown Time, Load % (AxVx.8/100). Also added were : Check Belts, and Check Battery Cables per requirement.</p> <p>Document uploaded with the new list inclusive of the items required See Generator work order with additional items</p>	08/10/2021	

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K 0000 Bldg. 02	<p>A Life Safety Code Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(d).</p> <p>Survey Date: 07/28/21</p> <p>Facility Number: 005097 Provider Number: 151300 AIM Number: 100269320A</p> <p>At this Life Safety Code survey, Community Hospital of Bremen was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 485.623(d). Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC).</p> <p>The Community Hospital of Bremen was built in 2006 and is a single-story fully sprinklered building of Type II (111) construction with a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility was surveyed with Chapter 19, Existing Health Care Occupancies of the Life Safety Code. The hospital provides overnight care, surgical services, and maintains an Emergency Department.</p> <p>The facility has 24 certified beds. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 08/03/21</p>	K 0000		
K 0321 Bldg. 02	<p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure</p>			

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K 0341 Bldg. 02	<p>Based on an observation during a tour of the facility with the Maintenance Mechanic and the Facilities Coordinator on 07/28/21 at 2:27 p.m., the EVS linen storage room and utility storage room contained combustible supplies, linen, and was greater than 50 square feet making this a hazardous area. The doors to the storage rooms were self-closing but the doors were propped open with a door wedge. Based on interview at the time of observation, the Facilities Coordinator agreed the storage rooms contained large amount of combustible storage, were larger than 50 square feet, and the corridor doors to the rooms were propped open.</p> <p>This finding was reviewed with the Maintenance Mechanic, Facilities Coordinator, and the Director of Operations during the exit conference.</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire</p>		<p>these areas were review and a quotes were requested for 2 magnetch door holders with release set with fire alarm activation.</p> <p>On August 11 a quote and work order was submitted to install cable, conduit and evices to add 2 new magnetic door holders to release upon fire alarm activation.</p> <p>Facilities coordinator will follow process with finance and budget to get quote approved and then establish time frame for completion of the work. Work will be completed based on earlies work schedule possible.</p> <p>At this time all door stoppers have been removed and staff inserviced. This area will be included in EOC rounding.</p> <p>See document uploaded: Quote for EVS doors</p>		

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	<p>alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.</p> <p>18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was installed in accordance with 19.3.4.1. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 17.7.4.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation during a tour of the facility with the Maintenance Mechanic and the Facilities Coordinator on 07/28/21 between 12:00 p.m. and 4:00 p.m., the following locations had a smoke detectors next to an air supply/return where air flow would prevent proper operation of the detectors:</p> <p>a) ADL kitchen. b) Men's locker room. c) Shipping and Receiving hall. d) Imaging Prep room.</p> <p>Due to the direct flow of air from the supply/return the detectors showed signs of dust acclimation. Based on interview at the time of observation, the Maintenance Mechanic and the Facilities Coordinator agreed there were smoke detectors in the direct airflow from a supply/return in the aforementioned locations.</p>	K 0341	Smoke heads for the following areas were changed per survey: ADL kitchen, Imaging Prep, Shipping and Receiving Men's Locker Room - per report by Mike Benac - Facilities Coordinator.	08/10/2021

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K 0711 Bldg. 02	<p>The findings were reviewed with the Maintenance Mechanic, Facilities Coordinator, and the Director of Operations during the exit conference.</p> <p>NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 Based on record review and interview, the facility failed to provide 1 of 1 written emergency fire safety plan that incorporated all items listed in NFPA 101, Section 19.7.2.2.</p> <ol style="list-style-type: none"> 1. Use of alarms. 2. Transmission of alarms to fire department. 3. Emergency phone call to fire department 4. Response to alarms. 5. Isolation of fire. 6. Evacuation of immediate area. 7. Evacuation of smoke compartment. 8. Preparation of floors and building for evacuation. 9. Extinguishment of fire. <p>This deficient practice affects all patients, staff, and visitors in the event of an emergency.</p> <p>Findings include:</p>	K 0711	<p>7/5/2021 EVS staff were inserviced regarding the doors to the areas identified in survey could not be propt open. Door stoppers were immediately removed from the area.</p> <p>Several options to assist in getting large carts by a single staff into these areas were review and a quotes were requested for 2 magnetch door holders with release set with fire alarm activation.</p> <p>On August 11 a quote and work</p>	09/07/2021	

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	<p>Based on records review with the Facilities Coordinator and the Director of Operations on 07/28/21 at 10:37 a.m., the provided facility's fire safety plan did not address the following items:</p> <p>a) Extinguishment of fire. The fire safety plan did not indicate how use a fire extinguisher and did not address the types of fire extinguishers in the building.</p> <p>b) Evacuation of smoke compartment. The fire safety plan did not address partial evacuation by moving patients beyond a smoke or fire barrier.</p> <p>c) Emergency phone call to fire department. The facility did not address calling the fire department upon discover of a fire or activation of the fire alarm system.</p> <p>Based on interview at the time of record review, the Facilities Coordinator and Facilities Coordinator agreed the fire safety plan was missing the aforementioned required information.</p> <p>This finding was reviewed with the Maintenance Mechanic, Facilities Coordinator, and the Director of Operations during the exit conference.</p>		<p>order was submitted to install cable, conduit and evices to add 2 new magnetic door holders to release upon fire alarm activation.</p> <p>The following policy were reviewed and updated:</p> <p>Fire Safety Management Plan Code Red Response Plan (Fire Response Plan) Emergency Evacuation Plan and Policy Fire Prevention in the Surgical Suite</p> <p>These included, per NFPA 101, Section 19..7.2.2</p> <ol style="list-style-type: none"> 1) Use of alarms 2)Transmission of alrms to fire department 3)Emergency phone call to fire department - 911 4)Response to alarms 5)Isolation of fire 6)Evauation of immediate area 7)Evacuation of smoke Compartment 8)Preparation of floors and building for evacuation 9)Extingishment of fire <p>These will all be reviewed on 8/24 Emergency Operations Committee meeting and with all deparemnt leadership on 9/7/21 at our scheduled Stewardship meeting.</p>	

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			<p>Fire Safety, Fire response, and evacuation is covered annually through our online computer based learning modules, required for all employees.</p> <p>The OR has a policy regarding specific protocol for fires in the OR-</p> <p>"Surgical Site Identification" "Fire Prevention in the Surgical Suite"</p> <p>Pre operative Time Out will include the following:</p> <ol style="list-style-type: none"> 1. Patient name 2. Birth Date 3. Read Signed Consent for Surgery 4. Covid Status/Pertinent Labs 5. Anibiotics Ordered 6. Beta Blocker Type if applicable 7. Fire Risk Assessment: (1 pt. each) Site above Xiphoid or <12 " from O2 Open Oxygen Source Ignition Source (bovie, laser or light) <p>See attached documents: Quote for EVS doors Fire Management Plan Code Red Response Plan Fire Prevention in the surgical Suite Perioperative Time Out Sugical Site Identification Evacuation Paln</p>	

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K 0918 Bldg. 02	<p>NFPA 101</p> <p>Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to include all required information for 12 of</p>	K 0918	Work orders were amended to add the following items Transfer Time,	08/10/2021	

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K 0920 Bldg. 02	<p>12 generator monthly load tests. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review with the Facilities Coordinator and the Maintenance Mechanic on 07/28/21 at 10:37 a.m., the monthly generator load test documentation failed to indicate the total time under load, cool down time, transfer time, and load percentage. Based on an interview at the time of record review, the Maintenance Director stated the load time is 45 minutes, cool down time is 15 minutes, transfer time is 2-3 seconds, and load percentage between 25% to 30%, but this information was not recorded on the monthly test form.</p> <p>This finding was reviewed with the Maintenance Mechanic, Facilities Coordinator, and the Director of Operations during the exit conference.</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens 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),</p>		<p>Runtime with Load, Colldown Time, Load % (AxVx.8/100). Also added were : Check Belts, and Check Battery Cables per requirement.</p> <p>See attached document: Generator work order with added components.</p>	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
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	<p>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</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring according to 9.1.2. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff only.</p> <p>Findings include:</p> <p>Based on an observation during a tour of the facility with the Maintenance Mechanic and the Facilities Coordinator on 07/28/21 between 1:00 p.m. and 4:00 p.m., a surge protector was found powering a microwave in the lab breakroom and a refrigerator in the shipping receiving staff lounge. Based on interview at the time of observation, the Maintenance Mechanic and the Facilities Coordinator agreed surge protectors were powering high-amperage devices</p> <p>The findings were reviewed with the Maintenance</p>	K 0920	<p>Inspection for Flexible cords was added to the Quarterly Electrical Inspection and Environment of care rounding.</p> <p>An immediate notice to all department heads was also issued to remove any flexible cords. Visual inspection in each department was immediate and will be completed with each Quarterly Electrical Inspection and Environment of Care rounding.</p> <p>See uploaded document: Electrical Rounding with added surveillance for powerstrips.</p>	08/10/2021
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151300	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____		X3) DATE SURVEY COMPLETED 07/28/2021
NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL OF BREMEN INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1020 HIGH RD BREMEN, IN 46506		
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K 0933 Bldg. 02	<p>Mechanic, Facilities Coordinator, and the Director of Operations during the exit conference.</p> <p>NFPA 101 Features of Fire Protection - Fire Loss Prevention in Operating Rooms Periodic evaluations are made of hazards that could be encountered during surgical procedures, and fire prevention procedures are established. When flammable germicides or antiseptics are employed during surgeries utilizing electrosurgery, cautery or lasers: * packaging is non-flammable * applicators are in unit doses * Preoperative "time-out" is conducted prior the initiation of any surgical procedure to verify: o application site is dry prior to draping and use of surgical equipment o pooling of solution has not occurred or has been corrected o solution-soaked materials have been removed from the OR prior to draping and use of surgical devices o policies and procedures are established outlining safety precautions related to the use of flammable germicide or antiseptic use Procedures are established for operating room emergencies including alarm activation, evacuation, equipment shutdown, and control operations. Emergency procedures include the control of chemical spills, and extinguishment of drapery, clothing and equipment fires. Training is provided to new OR personnel (including surgeons), continuing education is provided, incidents are reviewed monthly, and procedures are reviewed annually.</p>				

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	<p>15.13 (NFPA 99)</p> <p>Based on record review and interview, the facility failed to provide 1 of 1 established procedures for operating room emergencies. This deficient practice affects 2 patients using the operating rooms.</p> <p>Findings include:</p> <p>Based on records review with the Facilities Coordinator and the Lead O.R. Nurse on 07/28/21 at 4:01 p.m., the facility was unable to provide written procedures for operating room emergencies that includes alarm activation, evacuation, equipment shutdown, control operations, control of chemical spills, and extinguishment of drapery, clothing and equipment fires. Based on interview at the time of observation, the Lead O.R. Nurse stated written procedures for operating room emergencies could not be located.</p> <p>This finding was reviewed with the Maintenance Mechanic, Facilities Coordinator, and the Director of Operations during the exit conference.</p>	K 0933	<p>Per Tammy Haeb - Surgery Department Manger Two policies have been updated. Surgical Site Identification, and Fire Prevention in the Surgical Suite. All staff have been inserviced on the policy.</p> <p>Added to the Peroperative time out: Patient Name</p> <p>Brith Date</p> <p>Read Signed Consent for Surgery</p> <p>Covid Status/Pertinent Labs</p> <p>Antibiotics Ordered</p> <p>Beta Blocker Type if applicable</p> <p>Fire Risk Assessment: (1 pt. each)</p> <p>Site above Xiphoid or <12 " from 02</p> <p>Open Oxygen Source</p> <p>Ignition Source (bovie, laser or light)</p> <p>See uploaded documents: Surgical Site Identification Fire Prevention in the Surgical Suite</p> <p>Perioperative Time out</p>	08/16/2021	

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

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