

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

PRINTED: 09/28/2021
FORM APPROVED
OMB NO. 0938-0391

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 R 09/15/2021
NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL OF BREMEN INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1020 HIGH RD BREMEN, IN 46506		
(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}	<p>Initial Comments</p> <p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 07/28/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 485.625</p> <p>Survey Date: 09/15/21</p> <p>Facility Number: 005097 Provider Number: 151300 AIM Number: 100269320A</p> <p>At this PSR survey, Community Hospital of Bremen was found 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 09/20/21</p>	{E 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
					09/23/2021

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.