

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

PRINTED: 07/11/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  151315		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/13/2023	
NAME OF PROVIDER OR SUPPLIER  CAMERON MEMORIAL COMMUNITY HOSPITAL INC				STREET ADDRESS, CITY, STATE, ZIP COD 416 E MAUMEE ST ANGOLA, IN 46703			
(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
S 0000  Bldg. 00	<p>This visit was for a licensure survey of a hospital.</p> <p>Facility Number: 005037</p> <p>Survey Dates: 6-12-2023 to 6-13-2023</p> <p>QA: 6/20/2023</p>			S 0000			
S 0308  Bldg. 00	<p>410 IAC 15-1.4-1 GOVERNING BOARD 15-1.4-2 (c)(6)(B)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(B) Orientation of all new employees, including contract and agency personnel, to applicable hospital, department, service, and personnel policies.</p> <p>Based on document review and interview, the hospital failed to follow their policy on orientation of all new employees, including contract personnel, for 2 of 10 (P7 and P8) personnel files reviewed.</p> <p>Findings include:</p> <p>1. Review of hospital policy titled, "Workforce Training Policy", Policy ID: 12484308, Last revised: 01/2023, New Employee Onboarding and Orientation, indicated to provide guidelines for</p>			S 0308	<p><b>I. What was done (or is being done) to correct the deficient practice and date completed (if done)</b></p> <p>1. HR Director to in-service Education Department, by 7/10/23, on a refined general orientation documentation process, to include: educator collects signed orientation agenda from each new orientee, educator ensures number of orientees each</p>		07/17/2023

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

TITLE

(X6) DATE

Susan Cross

Accreditation and Regulatory Specialist

07/06/2023

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>orienting new employees to the hospital's mission, vision, goals, policies, and procedures. Applies to all newly hired staff members in all departments and areas of the hospital.</p> <p>2. Review of personnel files for P7 and P8 indicated they did not contain any documentation of hospital general orientation.</p> <p>3. On 06-13-2023 at 1005 hours, employee #A18 (Human Resources) confirmed there was no documentation of P7 and P8 attending a general hospital orientation at the time of hire.</p>				<p>orientation session matches number of signed agendas collected, and educator delivers orientation documentation to HR at end of orientation day</p> <p>2. HR Generalist ensures signed orientation agenda is present for each new employee, prior to initiating each new employee HR file- starting 7/10/23</p> <p>3. Department of Orientation Initial Competency Assessment (DOICA) form, which reinforces the general orientation education elements, during department level orientation, will be signed by each orientee, and Department Leaders will deliver them to HR Dept- starting 7/16/23</p> <p><b>II. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice and discuss actions taken to correct the deficient practice for any client identified as being affected</b></p> <p>1. All HR files of employees with start dates during or after 2016 have been assessed for completeness, including presence of general orientation documentation.</p> <p>2. All HR files of employees with start dates prior to 2016 will be assessed for documentation of general orientation completion, beginning 7/10/23 until completed. If documentation is not present, HR</p>		

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			<p>staff member will request Education Dept provide orientation online modules completion documentation, from Cameron's Education software system (these online orientation modules must be completed within 7 days of orientation).</p> <p><b>III. Describe steps or systemic changes made or to be made that will ensure the deficient practice does not recur, including any in-services (i.e. reviewed P &amp; P, created new/revised P &amp; P, new form, reports</b></p> <p>1. Inservice to be provided by HR Director, by 7/10/23, to all Education Department staff members, regarding refined general orientation documentation completion requirements. This enhanced process will prevent prior non standardized workflow, between HR and Education Departments, that allowed ambiguity regarding which department would collect the general orientation forms at the end of the orientation day</p> <p>2. Inservice to be provided by HR Director, by 7/10/23, to HR team, regarding requesting Education Department documentation of online orientation modules completion, if general orientation employee-signed form is not present in employee HR files, for staff that began employment prior</p>		

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			<p>to 2016.</p> <p>3. Inservice to be provided by HR Director, by 7/15/23, to Department Directors and supervisors, regarding DOICA form completion, collection, and return to HR department, for each new employee, at time of departmental orientation. This process will create a redundant general orientation documentation mechanism</p> <p>IV. How will the corrective actions be monitored, to ensure the deficient practice does not recur (i.e. what quality assurance program will be put in place)</p> <p>A. Who is responsible? Director of HR</p> <p>B. By what date will the deficiency be corrected? July 17, 2023</p> <p>C. System of monitoring</p> <p>1. Review of current employee HR files, with start dates prior to 2016, that have not yet been assessed for completeness, for presence of general orientation documentation</p> <p>2. Prior to initiating a new employee HR file, assessing for the presence of general orientation documentation</p> <p>D. Frequency of monitoring</p> <p>1. All new employee HR files will be reviewed monthly x 3, then 30 files will be reviewed quarterly, x 3, to ensure presence of general</p>		

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					orientation completion documentation 2. Review 30 different current employee files, of employees with start dates prior to 2016, monthly, until all files prior to 2016 have been assessed		