

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151300	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/01/2022
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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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(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	This visit was for a State Licensure hospital survey. Facility Number: 005097 Dates of Survey: 11/29/2022 to 12/1/2022 QA: 12/12/2022	S 0000		
S 0592 Bldg. 00	410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(i) (f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following: (D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following: (i) Sanitation. Based on document review, observation and interview, the facility failed to follow their policy and procedure related to maintaining an environment that was clean/sanitary and disinfected in three (3) of four (4) units toured (Surgical Department, Emergency Department, and Obstetric/Nursery Department).	S 0592	1) 12/20/22 - conference with Beacon Health System infection Control. Beginning with the next Environment of Care rounding, a member of the infection control team will attend as an active member of this committee. The	01/31/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Andrea Koontz	Director of Operations	12/29/2022

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>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the hospital policy titled, "Cleaning/Disinfection/Sterilization of Reusable Patient Care Equipment", policy number ICO04, indicated that cleaning "is the removal of all visible dust". Reusable equipment "must be cleaned before" decontamination, "disinfection" or sterilization "can occur". This policy was last revised in 12/2020 and reviewed in 05/2022. 2. Review of the hospital policy titled, "Patient Rooms Cleaning Procedures", policy number ES014, indicated to ensure a clean and disinfected environment for patients and personnel. Monitor and clean room as needed. Dust the patients room well. Wipe down all parts of the bed, furniture, equipment and fixtures with appropriate cleaner. Nursing personnel would be responsible for cleaning the room of all patient attending items such as monitors and single use items. This policy was last revised in 03/2022. 3. Review of the hospital policy titled, "General Cleaning Principles and Procedures", policy number ES000, indicated to maintain a clean and sanitary healthcare environment by wiping with a disinfectant all horizontal surfaces such as ledges, wall fixtures, and lights. This policy was last revised in 03/2022. 4. Review of the hospital policy titled, "Standard Precautions", no policy number, indicated all healthcare workers are responsible for cleaning and disinfection of environmental surfaces and medical care devices in patient care areas. This policy was last revised in 09/2021. 5. During the tour of the Surgery Department on 		<p>Enviornmental Services supervisor will also be a member of this committee. Currently rounding is quarterly. This will increase to monthly for the next 12 months.</p> <p>2) 12/5/20 - a quote for cleaning the facility roof top units and ventilation system were requested from facilities. These quotes are from outside vendors, and we are currently waiting for quotes to budget the cost of these services, and then will be depending on the vendor availability and weather for scheduling of the work.</p> <p>3) I have requested a completion date of 1/31/2023 for the policy and cleaning check list update for each clinical department. These cleaning checklists will be reviewed monthly during Environment of Care rounding. Currently 3 department managers are on FMLA, we have 2 holidays, and have had 4 days under a winter weather advisory with only essential staff. Effective 1/1/2023 I will have the OB, surgery, and Emergency unit managers back on the schedule to complete updates to policy, and cleaning checklist</p>	

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	<p>11/30/2022 at approximately 2:30 pm, with administrative staff member A # 2 (Executive Director of Patient Care Services), the following was observed to have visible wipeable dust (Pre/Post area):</p> <ul style="list-style-type: none"> a. The bottom of the heart monitor cart. b. The top of the block cart. c. The defibrillator brackets. d. The top of the crash cart. e. The base of six (6) of six (6) patient transport carts. <p>6. During the tour of the Emergency Department (ED) on 11/30/2022 at approximately 3:15 pm, with administrative staff member A # 2, the following was observed to have visible wipeable dust in the Trauma room:</p> <ul style="list-style-type: none"> a. Two (2) overhead pull down lights. b. The back of the sharps container. c. The ledge behind the sink. d. The top and bottom of the crash cart. e. The high flo oxygen portable stand. f. The return vent on the wall. <p>7. During the tour of the Obstetric/Nursery Departments on 12/01/2022 at approximately 9:30 am, with administrative staff member A # 2, the following was observed to have visible wipeable dust:</p> <ul style="list-style-type: none"> a. The bottom of intravenous pumps in two (2) of the patient rooms on the Obstetrics unit. b. The baby warmer bottom base (Nursery). c. The portable cardiac monitor base (Nursery). <p>8. In interview on 12/01/2022, at approximately 10:00 am, with A # 2, confirmed the areas observed above had visible wipeable dust.</p>			