STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002724	A. BUILDING: _____ B. WING _____	R-C 09/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODMONT HEALTH CAMPUS	1325 ROCKPORT RD BOONVILLE, IN 47601

(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) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00175407 completed on August 3, 2015. Complaint IN00175407 - Corrected. Survey date: September 15, 2015 Facility number: 002724 Provider number: 155682 AIM number: 200309330 Census bed type: SNF: 15 SNF/NF: 35 Residential: 34 Total: 84 Census payor type: Medicare: 18 Medicaid: 26 Other: 6 Total: 50 Sample: 6 Woodmont Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00175407. Quality review completed by #02748 on September 16, 2015.	{R 000}		