

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

PRINTED: 10/13/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155682		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/09/2022	
NAME OF PROVIDER OR SUPPLIER  WOODMONT HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1325 ROCKPORT RD BOONVILLE, IN 47601			
(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
F 0000  Bldg. 00	<p>This visit was for Investigation of Complaint IN00378797, Complaint IN00376110, Complaint IN00374679, and Complaint IN00374838. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00374679 - Substantiated. Federal/State deficiencies related to the allegations are cited at F656.</p> <p>Complaint IN00378797 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00376110 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00374838 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: September 8, 9, 2022</p> <p>Facility number: 002724 Provider number: 155682 AIM number: 200309330</p> <p>Census Bed Type: SNF/NF: 42 SNF: 12 Residential: 23 Total: 77</p> <p>Census Payor Type: Medicare: 12 Medicaid: 36 Other: 6 Total: 54</p>			F 0000			

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 disclosable 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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F 0656 SS=D Bldg. 00	<p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 15, 2022.</p> <p>483.21(b)(1) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p>						

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	<p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>Based on observation, interview, and record review, the facility failed to follow a physician plan of care for treatment of skin tears for 1 of 3 residents reviewed. Treatment and dressing changes were not completed as prescribed. (Resident B)</p> <p>Finding includes:</p> <p>During the initial tour on 9/8/22 at 9:30 A.M., Resident B was observed sitting in chair in their room. Resident B had a dressing on top of right forearm and another dressing near the elbow. Both dressings on the right arm were dated "9/3." At that time Resident B was observed with an undated foam dressing on the left elbow. That dressing was observed with red colored drainage seeping through to the outside of the dressing.</p> <p>On 9/8/22 at 10:37 A.M., Resident B was observed sitting in a chair in their room. At that time, Registered Nurse (RN) 3 indicated the dressings on the right forearm should have been changed on 9/6/22, but had not been changed since 9/3. Resident B did not have any dressings on his left or right shins. RN 3 indicated at that time that the order for shin dressings needed to be discontinued on the computer.</p>			F 0656	<p>F 656</p> <p>Res B has current ordered treatments to skin tears on his extremities with staff that care for him inserviced on his needs.</p> <p>No other residents were affected by the alleged deficient practice and through corrective actions will ensure residents treatments are timely.</p> <p>Directed inservice will be provided to licensed nursing staff on timely treatments and requirements.</p> <p>DHS/designee will randomly check 2 dressings weekly for 3 months and 2 random dressings monthly thereafter to ensure that physician plan of care is being followed and that they are dated and initialed by staff.</p> <p><b>Results of monitoring and audits will be forwarded to QA</b></p>		09/26/2022

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	<p>On 9/8/22 at 10:14 A.M., Resident B's clinical record was reviewed. Diagnosis included, but were not limited to, Diabetes Mellitus. The most recent annual MDS (minimum data set) Assessment, dated 8/5/22, indicated Resident B was cognitively intact, and required extensive assistance of 2 (two) staff for bed mobility, transfers, and toileting.</p> <p>Current physician orders included, but were not limited to: Cleanse left and right arm skin tears with wound cleanser and apply Allevyn dressing (wound dressing) every 4 days, started 6/19/22. Change foam dressing every Saturday and Tuesday on skin tear of left lower shin once a day, started 7/2/22. Cleanse skin tear on the upper left shin with wound cleanser and apply steri strips, then cover with foam dressing, started 7/2/22.</p> <p>On 9/9/22 at 7:30 A.M., a current Dressing Changes policy, dated 5/11/16 was provided and indicated "Follow doctor's recommendations for treatment."</p> <p>On 9/9/22 at 7:30 A.M., a current Guidelines for General Wound and Skin Care policy, dated 5/10/17 was provided and indicated "Date, time and initial all dressings at time of application."</p> <p>This Federal tag relates to Complaint IN00374679.</p> <p>3.1-35(a)</p>				committee monthly x12 months.		