STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155682	A. BUILDING 00 B. WING	03/09/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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		F 0000		

This visit was for the Investigation of Complaint IN00403391.

Complaint IN00403391 - State deficiencies related to the allegations are cited at R117 .

Survey dates: March 9, 2023

Facility number: 002724
Provider number: 155628
AIM number: 200309330

Census Bed Type:
SNF: 11
SNF/NF: 38
Residential: 28
Total: 77

Census Payor Type:
Medicare: 10
Medicaid: 37
Other: 2
Total: 49

Woodmont Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00403391.

Quality review completed on March 20, 2023.

R 0000 Bldg. 00		R 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jessica West	Executive Director	03/31/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	This visit was for the Investigation of Complaint IN00403391. Complaint IN00403391: State deficiencies related to the allegations are cited at R117. Survey dates: March 9, 2023 Facility number: 002724 Residential Census: 28 This State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on March 20, 2023.			
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff			

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	person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review, the facility failed to ensure residents received care by qualified staff for 3 of 3 diabetic residents reviewed. QMAs (Qualified Medication Aide) documented the administration of routine insulin injections without being certified to administer insulin. (Resident F, Resident G, Resident H) Findings include: 1. During record review on 3/9/23 at 10:00 A.M., Resident F's diagnoses included, but were not limited to; type II diabetes. Resident F's physician orders included, but were not limited to; Lantus Solostar U-100 insulin (insulin pen) 100 units/mL (milliliter), 20 units subcuantaneous (initiated 1/11/22). A review of Resident F's medication administration record (MAR) from 2/1/23 thru 3/8/23, the resident's routine insulin order (Lantus Solostar U-100 insulin (insulin pen) 100 units/mL 20 units subcuantaneous) was documented as administered by QMA 2 on the following dates; 2/4/23, 2/5/23, 2/6/23, 2/8/23, 2/10/23, 2/13/23, 2/14/23, 2/15/23, 2/20/23, 2/22/23, 2/23/23, 2/24/23, 2/26/23, and 3/4/23. 2. During record review on 3/9/23 at 10:30 A.M., Resident G's diagnoses included, but were not limited to; type II diabetes. Resident G's physician orders included, but were not limited to; Basaglar KwikPen U-100 (insulin	R 0117	The submission of this plan of correction does not indicate an admission by Woodmont Health Campus that the findings and allegations contained herein are an accurate, true representation of the quality of care provided, or living environment provided to the residents of Woodmont Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for residential health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during a Complaint Survey conducted March 9, 2023. The facility respectfully requests from the department a desk review with paper compliance for substantial compliance. 1. Residents F, G and H suffered no ill effects from the	04/01/2023

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	pen) 100 units/mL, 28 units subcuantaneous (initiated 11/30/22). A review of Resident F's medication administration record (MAR) from 2/1/23 thru 3/8/23, the resident's routine insulin order (Basaglar KwikPen U-100 (insulin pen) 100 units/mL 28 units subcuantaneous) was documented as administered by QMA 2 on the following dates; 2/4/23, 2/5/23, 2/6/23, 2/8/23, 2/10/23, 2/13/23, 2/14/23, 2/15/23, 2/20/23, 2/22/23, 2/23/23, 2/24/23, 2/26/23, and 3/4/23. 3. During record review on 3/9/23 at 11:00 A.M., Resident H's diagnoses included, but were not limited to; type II diabetes. Resident H's physician orders included, but were not limited to; Lantus Solostar U-100 insulin (insulin pen) 100 units/mL, 11 units subcuantaneous (initiated 2/27/23). A review of Resident H's medication administration record (MAR) from 2/1/23 thru 3/8/23, the resident's routine insulin order (Lantus Solostar U-100 insulin (insulin pen) 100 units/mL, 11 units subcuantaneous) was documented as administered by QMA 3 on 2/28/23. During a review of the facilities QMA certifications, QMA 2 and QMA 3 were found to be uncertified for the administration of insulin. During an interview on 3/9/23 at 8:30 A.M. QMA 4 indicated QMA's may obtain blood sugar levels but are not able administer insulin unless they have received extra training, have taken the test, and received the certification to do so. On 3/9/23 at 1:10 P.M., RN 5 supplied a facility		alleged deficient practice. Residents assessed with no concerns. 2. All residents receiving insulin have the potential to be affected. All residents with orders for insulin administration assessed with no concerns. All QMA's educated related to insulin certification requirements, Indiana Qualified Medication Aide Insulin administration policy and insulin administration. QMA personnel files audited for completion of insulin certification. Job descriptions reviewed and signed with all QMA's. Insulin administration competencies completed with insulin certified QMA's. Insulin certified QMA employee name badges updated to reflect certification. 3. As a measure of ongoing compliance, the DHS or designee will compete an audit of insulin administration by qualified personnel for 5 residents receiving insulin 5 x weekly for 4 weeks, 3 x weekly for 4 weeks, twice weekly for 4 weeks, then weekly for 3 months. 4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing in the campus Quality Assurance Performance Improvement	

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	policy titled, Indiana Only Qualified Medication Aide Insulin Administration, dated 12/31/22. The policy included, "To allow Indiana QMA's who are current on the QMA registry or have completed the QMA 100hr (hour) training program, passed the state exam and successfully completed the Insulin Administration Education Module to administer insulin. All training must have been completed at/by an approved Indiana State Department of Health Qualified Medication Aide Training Program." This residential tag relates to Complaint IN00403391.		meetings until 100% compliance achieved. The plan will be reviewed and updated as warranted.	