

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

PRINTED: 02/28/2024
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 01/26/2024	
NAME OF PROVIDER OR SUPPLIER WOODMONT HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1325 ROCKPORT RD BOONVILLE, IN 47601			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaints IN00418698 and IN00424901. This visit included the Investigation of Residential Complaint IN00424901.</p> <p>Complaint IN00418698: Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00424901: Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Survey dates: January 25 & 26, 2024</p> <p>Facility number: 002724 Provider number: 155628 AIM number: 200309330</p> <p>Census Bed Type: SNF: 13 SNF/NF: 40 Residential: 28 Total: 81</p> <p>Census Payor Type: Medicare: 13 Medicaid: 34 Other: 6 Total: 53</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 30, 2024.</p>			F 0000			
F 0677 SS=E	483.24(a)(2) ADL Care Provided for Dependent Residents						

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

TITLE

(X6) DATE

Jessica West

Executive Director

02/16/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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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Bldg. 00	<p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, interview, and record review, the facility failed to provide assistance with bathing for 4 of 5 residents reviewed for activities of daily living (ADLs). Residents did not receive assistance with ADL's (bathing) according to the plan of care and bathing schedule. (Resident B, Resident C, Resident D, Resident F)</p> <p>Findings include:</p> <p>1. During a review of facility grievances on 1/25/24 at 10:15 A.M., Resident B's family member had submitted a grievance, dated 12/27/23, that included, "it had been two weeks since resident had a shower ..."</p> <p>During record review on 1/25/24 at 12:30 P.M., Resident B's diagnoses included, but were not limited to hemiplegia and hemiparesis following cerebral infarction, heart disease, dementia, weakness, and depression.</p> <p>Resident B's most recent admission MDS (Minimum Data Set) assessment, dated 12/4/23, included that the resident was cognitively intact, had upper and lower one-side extremity impairments, and was dependent for bathing activities.</p> <p>Resident B's care plan included but was not limited to; resident requires staff assistance to complete ADL tasks completely and safely with a goal of; Resident will have functional needs met safely by staff, and an approach including provide facial shaving and nail care on shower days</p>			F 0677	<p>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 skilled 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 the Complaint Survey conducted January 25-26, 2024. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>F677 ADL Care provided by dependent residents.</p>		02/12/2024

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	<p>(initiated 11/2/23).</p> <p>Resident B's scheduled shower days were Tuesdays and Fridays during day shift.</p> <p>During review of Resident B's documented bathing from 12/1/23 thru 1/25/23, the following showers/complete bed baths were provided:</p> <p>12/5/23 - Shower</p> <p>12/8/23 - Complete Bed Bath</p> <p>12/12/23 - Shower</p> <p>(Resident missed two consecutive bathing days on 12/15/23 and 12/19/23.)</p> <p>12/22/23 - Shower</p> <p>(Resident missed three consecutive bathing days on 12/26/23, 12/29/23, and 1/2/24.)</p> <p>1/5/24 - Complete Bed Bath</p> <p>1/6/23 - Shower</p> <p>1/9/24 - Shower</p> <p>1/12/24 - Shower</p> <p>(Resident missed two consecutive bathing days on 1/16/24 and 1/19/24.)</p> <p>1/23/23 - Shower</p> <p>During an observation and interview on 1/26/24 at 10:45 A.M., Resident B was sitting up in her wheelchair, in her room, dressed, and groomed. Resident B indicated she received assistance with bathing about once a week.</p> <p>2. During record review on 1/25/24 at 1:10 P.M., Resident C's diagnoses included, but were not limited to Alzheimer's disease, dementia, type 2 diabetes, and muscle weakness</p> <p>Resident C's most recent significant change MDS (Minimum Data Set) assessment, dated 10/3/23, included that the resident was unable to complete a cognitive function assessment, had a one-sided lower extremity impairment, and was dependent</p>				<p>1. Residents B, C, D, and F suffered no ill effects from the alleged deficient practice. Residents assessed with no findings. Residents B, C, D, and F were immediately offered personal care and bathing preferences/ schedules reviewed. Nursing department staff were immediately educated on residents' bathing schedules, preferences, and appropriate documentation of ADL care provided.</p> <p>2. All residents have the potential to be affected. Bathing schedule reviewed by DHS/ADHS with updates made as indicated per resident preferences. Nursing staff educated by the DHS/ADHS on bathing preferences/schedules, care assist completion and resident care documentation.</p> <p>3. As a measure of ongoing compliance, the DHS, or designee, will complete an audit of 3 residents three times weekly for 4 weeks, twice weekly for 4 weeks, once weekly for 4 weeks then monthly for three months to ensure resident assistance with bathing is documented as given per policy.</p> <p>4. As a quality measure, the DHS or designee will review any findings and required corrective action at least quarterly and</p>		

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	<p>for bathing activities.</p> <p>Resident C's care plan included but was not limited to; resident requires staff assistance to complete ADL tasks completely and safely with a goal of; Resident will have functional needs met safely by staff, and an approach including provide facial shaving and nail care on shower days (initiated 6/2/23).</p> <p>A progress note, dated 7/3/23, included Resident C's family member was visiting and requested that Resident C's nails be trimmed, and expressed, "displeasure of resident care."</p> <p>During review of Resident C's documented bathing from 7/1/23 thru 9/20/23, the following showers/complete bed baths were provided: (7 days without documented offered bathing) 7/8/23 - Complete Bed Bath (13 days without documented offered bathing) 7/22/23 - Resident Refused (13 days without documented offered bathing) 8/5/23 - Resident Refused (12 days without documented offered bathing) 8/18/23 - Complete Bed Bath (10 days without documented offered bathing) 8/29/23 - Shower (No documented complete bed baths or showers in September, 2023.)</p> <p>3. During record review on 1/26/24 at 9:15 A.M., Resident D's diagnoses included, but were not limited to type 2 diabetes, visual loss, dizziness and giddiness, and muscle weakness.</p> <p>Resident D's most recent annual MDS (Minimum Data Set) assessment, dated 12/20/23, included that the resident was cognitively intact, had upper and lower one-side extremity impairments, and</p>				<p>ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Completion Date: 2/12/24</p>		

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	<p>required substantial to maximum assistance for bathing activities.</p> <p>Resident D's care plan included but was not limited to; resident requires staff assistance with ADL's (initiated 3/29/23).</p> <p>Resident D's scheduled shower days were Tuesdays and Fridays during day shift.</p> <p>During review of Resident D's documented bathing from 12/1/23 thru 1/25/24, the following showers/complete bed baths were provided: (Resident missed two consecutive shower days on 12/1/23 and 12/5/23.) 12/8/23 - Shower 12/12/23 - Shower (Resident missed two consecutive shower days on 12/15/23 and 12/19/23.) 12/22/23 - Complete Bed Bath (Resident missed three consecutive shower days on 12/26/23, 12/29/23, and 1/2/24.) 1/6/24 - Shower 1/9/24 - Shower 1/12/24 - Shower (Resident missed two consecutive shower days on 1/16/24 and 1/19/24.) 1/23/24 - Shower</p> <p>4. During record review on 1/26/24 at 10:00 A.M., Resident F's diagnoses included, but were not limited to.</p> <p>Resident F's most recent quarterly MDS (Minimum Data Set) assessment, dated 11/22/23, included that the resident was cognitively intact and required partial to moderate assistance with bathing activities.</p>						

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	<p>Resident F's care plan included but was not limited to; resident requires staff assistance with ADL's (initiated 7/11/17).</p> <p>Resident F's scheduled shower days were Wednesdays and Saturdays during evening shift.</p> <p>During review of Resident F's documented bathing from 12/20/23 thru 1/25/24, the following showers/complete bed baths were provided: 12/20/23 - Shower (Resident missed a shower day on 12/23/23.) 12/27/23 - Resident refused (Resident missed eight consecutive shower days on 12/30/23, 1/3/24, 1/6/24, 1/10/24, 1/13/24, 1/17/24, 1/20/24, and 1/24/24.)</p> <p>During an interview on 1/26/24 at 10:15 A.M., CNA 4 indicated all residents should receive a complete bed bath or a shower, per their preference, at least twice weekly. Staff should offer bathing on the residents' scheduled shower days and document in the residents' record the type of bathing that occurred. Should the resident refuse their bathing, staff should document the refusal.</p> <p>On 1/26/24 at 1:00 P.M., the Facility Administrator supplied a facility policy titled, Nursing ADL Documentation Guidelines, dated 12/31/23. The policy included, ...2. ADL services will be conducted and documented by the CNA each shift at the 'point of care' or as reasonably possible after care..."</p> <p>This citation is related to complaints IN00418698 and IN00424901.</p> <p>3.1-38(b)(2)</p>						

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R 0000 Bldg. 00	This visit was for the Investigation of Residential Complaints IN00424901. This visit included the Investigation of Nursing Home Complaint IN00418698. Complaint IN00424901- No Residential deficiencies cited related to allegations. Survey dates: January 25 & 26, 2024 Facility number: 002724 Residential Census: 28 Woodmont Health Campus was found to be in compliance with 410 IAC 16.2-5 regarding Residential Complaint IN00424901.			R 0000			