STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155682	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodmont Health Campus	1325 Rockport Rd Boonville, IN 47601

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to ensure pharmaceutical services were available to provide physician prescribed routine medications to 2 of 3 residents reviewed for pharmacy services. Physician prescribed routine medications were not administered due to the medications being unavailable at the facility. (Resident B, Resident C)Findings include:1. During an interview on 3/13/26 at 10:35 A.M., Resident B indicated that staff had informed her on more than one occasion that they were out of her routine medications. During record review on 1/9/25 at 11:20 A.M., Resident B's diagnoses included but were not limited to, heart failure, kidney failure, type II diabetes, anemia, Systemic Inflammatory Response Syndrome (SIRS), and acute upper respiratory infection. Resident B's physician orders included, but were not limited to:- Carboxymethylcellulos sodium 0.5% (artificial tears), administer one drop in each eye three times a day, started 2/23/26.- Ferrous sulfate (iron supplement) 325 milligrams (mg) once a day, started 12/31/25.- Insulin Lispro pen (fast acting insulin) 100 units/milliliter (sliding scale) before meals, started 2/23/26.- Ipratropium-albuterol solution for nebulization (medication to treat breathing difficulties) 0.5 mg - 3 mg / 3 ml every four hours, started 2/1/26.- Methylprednisolone (steroid)4 mg three times a day, started 2/5/26. Resident B's Medication Administration Record (MAR) for February 2026 indicated the resident did not receive the prescribed medications due to the medications being unavailable on the following dates:- Carboxymethylcellulos sodium 0.5%, administer one drop in each eye three times a day - 2/24/26 (6:00 P.M. - 10:00 P.M.)- Ferrous sulfate 325 milligrams (mg) once a day - 2/16/26- Insulin lispro pen 100 units/milliliter (sliding scale) before meals - 2/25/26 (6:30 A.M. - 9:00 A.M)- Ipratropium-albuterol solution for nebulization 0.5 mg - 3 mg / 3 ml every four hours - 2/8/26 (8:00 A.M.)- Methylprednisolone 4 mg three times a day - 2/7/26 (6:00 A.M. - 10:00 A.M.)2. During record review on 3/13/26 at 11:00 A.M., Resident C's diagnoses included, but were not limited to, type II diabetes, heart failure, and kidney failure. Resident C's physician orders included, but were not limited to:- Cyancobalamin (vitamin B-12) 1,000 micrograms (mcg) once a day, started 1/29/26.- Novolog FlexPen (fast acting insulin) U-100 insulin 100 units/ml - administer 8 units three times a day, started 1/15/26. Resident B's Medication Administration Record (MAR) for January 2026 indicated the resident did not receive the prescribed medications due to the medications being unavailable on the following dates:- Cyancobalamin (vitamin B-12) 1,000 micrograms (mcg) once a day - 1/30/26- Novolog FlexPen U-100 insulin 100 units/ml - administer 8 units three times a day - 1/15/26 (6:00 P.M. - 10:00 P.M.)On 3/13/26 at 3:36 P.M., the Administrator supplied a facility policy titled, Medication Administration - General Guidelines, dated 01/2018. The policy included, .The facility has sufficient personnel and a medication distribution system to ensure safe administration of medications without unnecessary interruptions . 2. Medications are administered in accordance with written orders of the prescriber .This citation relates to Intake 2723125. 410 IAC (Indiana Administrative Code) 16.2-3.1-25(a)

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 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on interview and record review, the facility failed to ensure residents were free of significant medications errors for 1 of 3 residents reviewed for pharmacy services. A resident received a double dose of insulin and received another resident's medications. (Resident C) Finding includes:During record review on 3/13/26 at 11:00 A.M., Resident C's diagnoses included, but were not limited to, type II diabetes, heart failure, kidney failure, anxiety, and depression. Resident C's most recent annual Minimum Data Set (MDS) assessment, dated 2/2/26, indicated the resident had no cognitive impairment and received insulin, antidepressant, diuretic, anticoagulant, hypoglycemic, and anticonvulsant medications during a seven day look back period. Resident C's nurses progress notes included but were not limited to:12/1/25 at 3:25 P.M. - Time of occurrence: 11/30/25 at 12:30 P.M. - Medication Error. Resident was given insulin twice by two different nurses. Resident received Novolog 10 units twice due to it was not clicked off on the Medication Administration Record (MAR) and nurse was unaware that the insulin had already been administered by another nurse. Resident C's January 2026 MAR indicated routine evening medications were held due to the resident's condition on 1/16/26. An order to monitor neuro-check assessments was started on 1/16/26 at 8:30 P.M. An Event Report, dated 1/16/26 at 7:14 P.M., indicated a medication error was made involving Resident C. The resident received Xanax (anti-anxiety) 0.5 milligrams (mg), atorvastatin (anti-hyperlipidemia) 40 mg, Aricept (a medication used to treat dementia) 10 mg, metoprolol (anti-hypertensive) 25 mg, Remeron (anti-depressant) 7.5 mg, Singulair (anti-asthmatic) 10 mg, ranolazine (a medication to treat chronic chest pain) 500 mg, and ropinirole (anti-Parkinson's) 1 mg. A description of the error included, wrong resident and wrong medication. Reason for error included, wrong resident.During an interview on 3/13/26 at 11:25 A.M., LPN 4 indicated she administered Resident C's medications on the evening of 1/16/26. LPN 4 indicated she mistakenly administered Resident C's roommate's medications to Resident C. During an interview on 3/13/26 at 1:30 P.M., QMA 6 indicated nursing staff should use the five rights when administering medications. Nursing staff should ensure the correct resident, correct medication, correct dose, correct route, and correct time by checking orders in the resident's record. On 3/13/26 at 3:36 P.M., the Administrator supplied a facility policy titled, Medication Administration - General Guidelines, dated 01/2018. The policy included, .The facility has sufficient personnel and a medication distribution system to ensure safe administration of medications . B. Administration . 7) Residents are identified before medication administration. Methods of identification include a. Checking photograph attached to medical record. b. Calling the resident by name . c. Having the resident verify his/her last name d. If necessary, verifying resident identification with other facility personnel .This citation relates to Intake 2723125. 410 IAC (Indiana Administrative Code) 16.2-3.1-48(c)(2)