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	06/11/2026

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident's right to privacy for 1 of 3 resident's reviewed for resident rights. An employee took an unauthorized video of a cognitively impaired resident with a personal cell phone. (Resident C) This deficient practice was corrected on May 11, 2026, prior to the start of the survey, and was therefore past noncompliance.Finding includes:Review of facility reported incidents on 6/11/26 at 10:30 A.M., a reported incident dated 5/5/26 at 5:03 P.M. indicated CNA 4 was taking a video in the hallway of Resident C. The video was approximately five seconds long and was taken on the employee's personal cell phone. Review of Resident C's clinical record indicated the resident's diagnoses included but were not limited to cognitive communication deficit, abnormal posture, abnormalities of gait and mobility, lack of coordination, and major depression. The most recent annual Minimal Data Set (MDS) dated [DATE], indicted the resident had severe cognitive impairment. An interview on 6/11/26 at 11:15 A.M., the Activity Director indicated that only the Activity Staff and certain facility leaders are authorized to photograph or video residents who have given consent. The Activity Director indicated CNA's and nurses are not authorized to take photographs or videos of the residents while providing care and if she were to see a staff member doing so, she would ensure the photograph or video was deleted immediately. The Activity Director indicated she has had to ask staff to delete an unauthorized video or photograph of a resident. On 6/11/26 at 12:10 P.M., the Facility Administrator supplied a facility policy titled Cell Phones, Cameras, and Electronic Devices Policy, dated 10/3/25. The policy included, This policy is designed to maintain excellent customer service, comply with healthcare regulations, and protect residents' rights to privacy and confidentiality. It is of utmost importance to avoid taking or using photographs or making recording that might be demeaning, humiliating or could potentially cause emotional or mental abuse to a resident . The Company prohibits unauthorized use of personal cell phones, cameras and electronic devices in work areas in the health campus . Unauthorized taking . of photographs and/or recordings . is prohibited .The deficient practice was corrected on 5/11/2026 after the facility implemented a systemic plan that included the following actions: an action plan included in-service review of policies for Electronic Devices including cell phone, photo, video and Social Media, additional in-service for HIPPA was included for all staff, and the on going monitoring of staff. This citation relates to intakes 2997844 and 3032233. 410 IAC 16.2-3.1-3(t)

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