STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	155093		10/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GIBSON GENERAL HOSPITAL-SNF	1808 SHERMAN DR PRINCETON, IN 47670

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	This visit was for the Investigation of Complaint IN00184794. Complaint IN00184794 - Substantiated, Federal/State deficiency is cited at F241. Survey date: October 20, 2015 Facility number: 000036 Provider number: 155093 AIM number: 100269640 Census bed type: SNF/NF: 40 Total: 40 Census payor type: Medicare: 3 Medicaid: 25 Other: 12 Total: 40 Sample: 7 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by 26143, on	F 0000	The SNF requests that the following plan of correction be considered its credible allegation of compliance. The SNF respectfully requests that a desk review, rather than a on site visit occur to verify compliance.	

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

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	October 26, 2015.			
F 0241 SS=D Bldg. 00	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on interview and record review, the facility failed to maintain a resident's dignity, by altering a resident's clock for staff convenience, for 1 of 6 residents	F 0241	Resident B clock was set to the correct time during the shift it was changed. This was verified by the nurse in charge at the time. It was determined that all residents had the potential to be affected. Training of staff began at a	11/06/2015

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	reviewed for dignity, in a sample of 7. Resident B Findings include: On 10/20/15 at 9:45 A.M., the Administrator provided a list of residents, indicating those who were considered interviewable. Resident B was not marked as interviewable. The clinical record of Resident B was reviewed on 10/20/15 at 11:20 A.M. Diagnoses included, but were not limited to, depression and senile dementia. An annual Minimum Data Set (MDS) assessment, dated 9/1/15, indicated the resident scored a 9 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of one staff for transfer. On 10/20/15 at 11:45 A.M., during an interview with RN # 1, she indicated she was aware of a staff member altering a clock in a resident's room. RN # 1 indicated she had a CNA inform her that CNA # 1 was changing the clock in Resident B's room, by moving the hands forward. She indicated the CNA was doing that "to make it seem like it was later than it was, so the resident would		required staff meeting on 10-22-15. This meeting included "dignity" as a topic and included informing of the expectation that time on a clock would never be changed to misinform a resident of the correct time or for staff convenience. All clocks were checked on 10-22-15 and it was verified that the time was correct. The following actions have or will be taken to ensure continued compliance. Nursing staff entering the room is responsible to verify that clocks are accurate in resident rooms. This is verified by checks that are conducted by or assigned by the administrator. A check assigned to social services on 11-2-15 found that all resident clocks were set to the correct time. Clocks will be checked weekly for 4 weeks and monthly after that. These checks will be conducted by or assigned by the administrator. Results will be shared at Performance Improvement quarterly for at least one year. The Performance Improvement Committee will monitor for compliance and make recommendations as necessary.	

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	want to go to bed." RN # 1 indicated she went into Resident B's room, and saw the altered time. She indicated she removed the clock from the wall and set the correct time. She indicated she then spoke to CNA # 1 and informed him that he "couldn't do that. The resident can stay up as long as she wants to." RN # 1 indicated she did not report the incident to any other staff member. On 10/20/15 at 2:10 P.M., during an interview with the Unit Manager, she indicated she did overhear a report on one morning, in which RN # 1 was reporting that CNA # 1 had changed the time on a clock. The Unit Manager indicated that was the first time that she had heard of it, but was glad that the nurse had taken care of it. She indicated she informed the CNA that he could not be changing clocks without a resident's permission. This Federal tag relates to Complaint IN00184794. 3.1-3(t)			

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