

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155655	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER PEABODY RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 400 W SEVENTH ST NORTH MANCHESTER, IN 46962	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper distance was maintained between residents during dining to prevent COVID-19 for 6 of 7 residents observed in common areas (Residents A, B, C, D, E, and F) Findings include: During a tour of the Willow Way Unit on 6/9/20 at 11:52 a.m., the following was observed: 1. Resident A and Resident B sat across from each other at a small caf style table and were eating lunch in the common area across from the nurses station. 2. At a large table in the common area across from the nurses station, a CNA 2 sat between Resident C and Resident D and assisted both residents with their meals. 3. In a caf style kitchenette near the common area, Resident E and Resident F sat across from each other at a small caf style table and were eating lunch. During an interview with Unit Manager 2 on 6/9/20 at 12:15 p.m., she indicated the two residents that sat at the small caf style table in the common area were not roommates and they always sat together and if they were moved it would cause behaviors, they were creatures of habit and they tried to social distance as tolerated. The two female residents sitting in the caf style kitchenette were in private rooms and always sat at that table, they were routine individuals. During an interview with CNA 5 on 6/9/20 at 2:10 p.m., she indicated she would normally assist one resident at a time during meals and at times she assisted two residents at a time. Normally they had two CNA's and a CNA that would float on the unit but today they only had two CNA's. The residents at the small caf style table in the common area needed to be watched more during meals and one of the residents seated at the small caf style table had hallucinations and they normally sat there together. During an interview with Unit Manager 2 and the ADON on 6/9/20 at 4:27 p.m., they indicated the majority of the residents know what time the meals are. The residents that sat together in the common area at the small caf style table, their preference was in the common area and self propelled to the dining room in their wheelchairs, staff did not have to bring them to meals. One of the residents at the small caf style table in the kitchenette area walked out to that common area independently and the other resident needed to be reminded and staff had to assist her to meals. The COVID-19 toolkit for Long-Term Care, delivered to the facility on [DATE] and last updated on June 8, 2020, indicated the following. [MEDICAL CONDITION] that causes COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet) through respiratory droplets. Group activities such as communal meals, religious gatherings, classes, and field trips should be stopped to promote social distancing (residents remaining at least 6 feet apart from one another) A COVID-19 Protocol initiated 4/3/20, provided by the Director of Human Resources on 6/9/20 at 12:25 p.m. indicated the following: Peabody Retirement Community action plan .18. PRC (Peabody Retirement Community) will immediately initiate procedures to cancel communal dining and all group activities, such as internal and external group activities. 19. PRC understands with that this may not be possible to maintain due to our large population of Dementia residents. If unable to have resident in their room, staff are to direct social distancing for those residents. 20. If a resident requires assistance with eating staff are to only assist 1 resident at a time and dining is to stagger trays for the residents that require assistance 3.1-18(a)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.