

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155655</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PEABODY RETIREMENT COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>400 W SEVENTH ST NORTH MANCHESTER, IN 46962</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation and interview the facility failed to ensure staff were wearing masks and social distancing per facility protocol during 3 of 8 unit observations. Findings include: During a tour of the facility on 10/5/20, the following was observed: At 1:55 p.m. four staff members were sitting in the nurses station on Tulip Place with the door to the nurses station open, they had their masks on and under their chins, exposing their nose and mouth. During an interview at the time of the observation with Nurse Manager 3 and Nurse 6, Nurse Manager 3 indicated she wasn't paying attention and Nurse 6 was sitting at the desk and indicated they did not have to wear masks due to being behind the glass at the nurses station. At 2:08 p.m. three staff members were in the nurses station on Cedar Ridge with the door to the nurse station open. CNA 13 had her mask on under her chin, exposing her nose and mouth, she was standing and talking with CNA 15 who was sitting down with a mask on. Behind CNA 13, Nurse 6 was sitting at the desk with no mask on, she indicated they could be in the nurses station with no masks on, but preferably with the door closed and the CNAs were giving report. At 2:29 p.m. RN 5 was standing at the medication cart outside of the nurse station door on North Memory with another nurse, her mask was under her chin exposing her nose and mouth. She indicated the other nurse was having a hard time logging in on the computer and she couldn't understand her with her mask on. During an interview with the ADON on 10/5/20 at 3:11 p.m. she indicated they do allow the staff to pull their masks down while in the nurse station but to also social distance. A COVID-19 protocol, dated 4/3/20 and provided by the ADON on 10/5/20 at 4:01 p.m., indicated the following: Peabody Retirement Community action plan .5. Staff is to wear mask at all times. Except when eating or drinking, but still continuing social distancing. Employees may have mask off if in office alone with door closed 3.1-18(a)		
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.