STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155655	A. Building B. Wing	11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peabody Retirement Community	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32663 Based on record review and interview, the facility failed to prevent staff-to-resident verbal abuse of a dependent resident (Resident D) and neglect of a resident (Resident E) from a staff member, CNA 1, for 2 of 3 residents reviewed for abuse. The deficient practice was corrected on [DATE], prior to the date of the survey, and was therefore past noncompliance. Findings include: 1. The clinical record for Resident D was reviewed on [DATE] at 10:57 a.m. Diagnoses included dysphagia, cerebral infarction, and glaucoma. The most recent significant change Minimum Data Set (MDS) assessment, dated [DATE], was reviewed on [DATE] at 10:57 a.m. The MDS indicated Resident D had severe cognitive impairment and was dependent on staff for all activities of daily living. In a written statement, dated [DATE], CNA 2 indicated while getting Resident D ready for bed, Resident C indicated CNA 2 had told Resident D to Shut up, You don't need to talk right now. CNA 1 also told the resident that she would give her permission to talk. During an interview on [DATE] at 12:57 p.m., Resident C indicated on the morning of [DATE], CNA 1 had been verbally abusive to Resident C when she came to provide morning care. Resident D indicated CNA 1 told Resident C to shut up; you don't need to talk right now, and I will give you permission to talk. Resident D did not report the incident to the facility until [DATE]. The resident reported the incident to CNA 2. Neither CNA 1 nor CNA 2 were available for interview during the survey. 2. The clinical record for Resident E was reviewed on [DATE] at 11:10 a.m. Diagnoses included intertrochanteric fracture of the right femur, chronic obstructive pulmonary disease, and atrial fibrillation. The most recent quarterly MDS assessment, dated [DATE], was reviewed on [DATE] at 11:10 a.m. The MDS indicated Resident E was cognitively intact. The resident was impaired in the lower extremity on one side and required moderate assistance for showering and dressing. (continued on next page)

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a written statement, dated [DATE], indicated CNA 2 indicated while providing care to the resident, Resident E asked for a shower. The resident indicated CNA 1 had told the resident they were too tired to provide a shower. CNA 2 provided the resident with a shower. During an interview on [DATE] at 1:48 p.m., the DON provided the facility investigation regarding the incident. The facility reported CNA 1 to their agency and the appropriate state agency. The DON indicated CNA 1 was no longer allowed to work in the facility. During an interview on [DATE] at 4:46 p.m., the DON indicated resident rights were revived during Resident Council meetings. The DON provided a copy of the resident rights reviewed that indicated the following: Freedom from Restraint and Abuse You have the right to: Be free from verbal, physical, sexual, and mental abuse; corporal punishment; neglect; and involuntary seclusion. This deficient practice was corrected by [DATE] after the facility implemented a systemic plan that included the following actions: assessment of all residents for psychosocial harm, corrective action for the CNA involved in abuse allegation, in-servicing re-education to staff related to resident abuse and neglect, and audits of residents for neglect concerns were completed. This citation relates to Complaint IN00444013. 3XXX,d+[DATE](b)