STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525548	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peabody Manor	2600 S Heritage Woods Dr Appleton, WI 54915

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on staff interview and record review, the facility did not ensure an allegation of abuse was reported to the Nursing Home Administrator (NHA) and State Agency (SA) for 2 residents (R) (R2 and R3) of 5 sampled residents. On 4/23/24, R3 and R2 had an altercation. Following the altercation, R2 stated to staff that R2 was fearful of R3. Staff did not report the incident to NHA-A or the SA in a timely manner. Findings include: The facility's Resident Abuse Prevention & Reporting Policy, last revised on 1/9/24, indicates: The purpose of this policy is to outline the standards and processes to ensure: (1) Residents live in a safe environment where they are free from abuse and neglect and are treated with respect and dignity, (2) To be in compliance with state and federal laws and regulations .ThedaCare will protect residents from all forms of abuse .All LTC (long-term care) team members will receive education about how to identify signs and symptoms of abuse and to immediately report any suspicions or allegations of abuse or any other defined misconduct to the Administrator .These signs could include: .h. Making comments that someone hurt them, is mean to them, that they are afraid of someone, or making a request that someone in particular not come in their room .The proper method of reporting is in-person or phone call to assure prompt notification is made .the facility must report the allegations to DQA (Division of Quality Assurance) (SA) no later than twenty-four hours in accordance with state law. On 6/5/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus and depression with anxiety. R2's Minimum Data Set (MDS) assessment, dated 5/7/24, stated R2's Brief Interview for Mental Status (BIMS) score was 14 out of 15 which indicated R2 had little cognitive impairment. R2's medical record indicated R2 was responsible for R2's healthcare decisions. On 6/5/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] with diagnoses including cerebrovascular accident (stoke) which resulted in left-sided paralysis, major depressive disorder and anxiety. R3's MDS assessment, dated 3/20/24, stated R3's BIMS score was 13 out of 15 which indicated R3 had little cognitive impairment. R3's medical record indicated R3 was responsible for R3's healthcare decisions. (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
	525548	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peabody Manor	2600 S Heritage Woods Dr Appleton, WI 54915

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R3's medical record contained a nursing note, dated 4/23/24, that indicated: Writer was notified that while R3 was visiting R2 on a different unit, a Certified Nursing Assistant (CNA) noted R3 was verbally aggressive toward R2. The CNA also reported R3 pushed R2's bed while R2 sat on the side of the bed. R2 reported to the CNA that R3 threw a lighter at R2. Writer spoke to R2 who stated the lighter did not hit R2, but R2 was fearful of R3. The CNA asked R3 to return to R3's unit. R3 complied. R2's medical record did not contain documentation regarding the incident. On 6/5/24, Surveyor reviewed a document provided by the facility that indicated: R2 and R3 had an argument on 4/23. A nurse on the unit notified NHA-A via email: I need to inform you of an aggressive act that happened on R2's unit. R3 came down to R2's room and stated to R2 that R2 was a cheater. I witnessed R3 push on the bed. I told R3 we don't tolerate aggressive behavior and told R3 to go back to R3's unit. I asked R2 if R3 hit R2. R2 stated R3 threw a lighter in anger, but it did not hit R2. On 6/5/24 at 2:16 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should have reported the above incident to NHA-A immediately and stated, Absolutely should have been a phone call. DON-B verified a resident expressing fear of another resident constitutes an allegation of abuse which should be reported to the SA. DON-B verified the email the nurse sent to NHA-A did not mention fear expressed by R2.

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on staff interview and record review, the facility did not ensure an allegation of abuse was thoroughly investigated for 2 residents (R) (R2 and R3) of 5 sampled residents. After a resident-to-resident altercation on 4/23/24, R2 expressed to staff that R2 was fearful of R3. The facility did not thoroughly investigate the incident. Findings include: The facility's Resident Abuse Prevention & Reporting Policy, last revised on 1/9/24, indicates: The purpose of this policy is to outline the standards and processes to ensure: (1) Residents live in a safe environment where they are free from abuse and neglect and are treated with respect and dignity; (2) To be in compliance with state and federal laws and regulations .ThedaCare will protect residents from all forms of abuse .All LTC (long-term care) team members will receive education about how to identify signs and symptoms of abuse and to immediately report any suspicions or allegations of abuse or any other defined misconduct to the Administrator .These signs could include: .h. Making comments that someone hurt them, is mean to them, that they are afraid of someone, or making a request that someone in particular not come in their room . When an incident or suspected incident of abuse or any other defined misconduct is reported, the Administrator, or their designee, will promptly and thoroughly investigate the incident. On 6/5/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus and depression with anxiety. R2's Minimum Data Set (MDS) assessment, dated 5/7/24, stated R2's Brief Interview for Mental Status (BIMS) score was 14 out of 15 which indicated R2 had little cognitive impairment. R2's medical record indicated R2 was responsible for R2's healthcare decisions. On 6/5/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] with diagnoses including cerebrovascular accident (commonly known as stoke) which resulted in left-sided paralysis, major depressive disorder, and anxiety. R3's MDS assessment, dated 3/20/24, stated R3's BIMS score was 13 out of 15 which indicated R3 had little cognitive impairment. R3's medical record indicated R3 was responsible for R3's healthcare decisions. R3's medical record contained a nursing note, dated 4/23/24, that indicated: Writer was notified that while R3 visited R2 on a different unit, a Certified Nursing Assistant (CNA) noted R3 was verbally aggressive toward R2. The CNA also reported R3 pushed R2's bed while R2 sat on the side of the bed. R2 reported to the CNA that R3 threw a lighter at R2. Writer spoke to R2 who stated the lighter did not hit R2, but R2 was fearful of R3. The CNA asked R3 to return to R3's unit. R3 complied. R2's medical record did not contain documentation regarding the incident. (continued on next page)

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/5/24, Surveyor reviewed a typed document which indicated: R2 and R3 had an argument on 4/23/24. The nurse on the unit notified NHA-A via email: I need to inform you of an aggressive act that happened on R2's unit. R3 came down to R2's room and stated to R2 that R2 is a cheater. I witnessed R3 push on the bed. I told R3 we don't tolerate aggressive behavior and told R3 to go back to R3's unit. I asked R2 if R3 hit R2. R2 stated R3 threw a lighter in anger, but it did not hit R2. In addition, documents indicated NHA-A interviewed R2 and R3, instructed the Social Worker (SW) to follow up with R2, and updated staff to monitor the situation. The documents did not contain interviews of other residents or staff. On 6/5/24 at 2:16 PM, Surveyor interviewed Director of Nursing (DON)-B who verified a resident expressing fear of another resident constitutes an allegation of abuse which should be thoroughly investigated. DON-B verified a thorough investigation includes interviews of staff and other residents.