

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/18/2024
FORM APPROVED
OMB NO. 0938-039

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 05/23/2024	
NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 400 W SEVENTH ST NORTH MANCHESTER, IN 46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 05/23/24</p> <p>Facility Number: 000485 Provider Number: 155655 AIM Number: 100291190</p> <p>At this Emergency Preparedness survey, Peabody Retirement Community was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 192 certified beds. At the time of the survey, the census was 166.</p> <p>Quality Review conducted on 06/03/24</p>			E 0000	<p>Preparation and/or execution of this plan does not constitute admission or agreement by Peabody Retirement Community that a deficiency exists. This plan is also not to be construed as an admission of fault by Peabody Retirement Community or its employees who draft this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p>		
K 0000 Bldg. 02	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 5/23/24</p> <p>Facility Number: 000485 Provider Number: 155655 AIM Number: 100291190</p> <p>At this Life Safety Code survey, Peabody Retirement Community was found not in</p>			K 0000	<p>Preparation and/or execution of this plan does not constitute admission or agreement by Peabody Retirement Community that a deficiency exists. This plan is also not to be construed as an admission of fault by Peabody Retirement Community or its employees who draft this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Katie Robinson

Administrator

06/14/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962			
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K 0353 SS=E Bldg. 02	<p>compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility consists of (bldg. 03) Health Care Center South a fully sprinklered two story building of Type II (111) construction, (bldg. 02) Health Care North and (bldg. 04) Smock Memory Enhancement Center both are one story fully sprinklered buildings of Type II (111) construction, and (bldg. 06) Therapy Center is a one story fully sprinklered buildings of Type II (000) construction. All buildings are connected by hallways and are separated by two-hour fire walls.</p> <p>Buildings 02, 03, 04 have a fire alarm system with smoke detection in corridors, areas open to the corridor and hard-wired smoke detectors in the resident rooms. The facility has a capacity of 192 and had a census of 166 at the time of this survey.</p> <p>Quality Review conducted on 06/03/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked</p>						

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K 0371 SS=F	<p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure the spray pattern for sprinklers were not obstructed in 1 of 1 areas of egress in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, as required by LSC 19.3.5.1. This deficient practice could affect 30 residents and staff in the Evergreen Park neighborhood.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Facility Services on 05/23/24 at 1:47 p.m., a drop ceiling was installed under the sprinkler system located in the egress of the Evergreen Park Neighborhood. This practice prevented sprinkler coverage between the floor and drop ceiling in the aforementioned area. Based on interview at the time of observation, the Director of Facility Services agreed the drop ceiling prevented proper sprinkler coverage.</p> <p>This finding was reviewed with the Director of Facility Services and Administrator on 05/23/2024 during the exit conference at 3:00 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke</p>			K 0353	<p>Peabody Retirement Community Health and Rehabilitation has a policy on maintaining our sprinkler system in accordance with all regulatory requirements, including ensuring the spray pattern of all sprinklers are unobstructed</p> <p>1 The drop ceiling obstructing the sprinkler head identified was removed.</p> <p>2 All other sprinklers were observed to be unobstructed.</p> <p>3 The Facility Operations Director and all Maintenance Personnel were educated on this requirement.</p> <p>4 The Facility Operations Director, or designee, will audit 5 sprinkler heads in various locations within the Health Center 1x/month x 6 months. Results of these audits will be forwarded to QAPI. Any negative findings will add an additional month of auditing until 100% compliance is achieved.</p>		06/14/2024

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Bldg. 02	<p>Compar</p> <p>Subdivision of Building Spaces - Smoke Compartments</p> <p>2012 EXISTING</p> <p>Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier.</p> <p>19.3.7.1, 19.3.7.2</p> <p>Detail in REMARKS zone dimensions including length of zones and dead-end corridors.</p> <p>Based on record review, observation, and interview; the facility failed to provide complete smoke barriers for 2 of 2 smoke compartments in Building (002) larger than 22,500 square feet in accordance with 19.3.7.1. This deficient practice affects all staff and residents in Building (002).</p> <p>Findings include:</p> <p>Based on observations with the Director of Facility Services on 05/23/24 between 11:30 a.m. and 3:00 p.m., the smoke barrier walls by the elevators that separated North-wing 1 and North-wing 2 in building (002) into two smoke compartments were incomplete and could not determined if the barrier walls ran from the roof to the floor and from outside wall to outside wall. Upon inspection of the smoke barrier walls above the drop ceiling by the fire rated smoke doors, it appeared not to fully run from outside wall to outside wall. Based on review of the building construction plans dated 2001 and 2003 with the Director of Facility Services, the square footage for North-wing 1 was listed at 36,645 square feet and North-wing 2 was also listed at 36,645 square</p>			K 0371	<p>Peabody Retirement Community Health and Rehabilitation has a policy on maintaining our facility and its smoke compartments in accordance with all regulatory requirements, including ensuring proper square footage.</p> <p>1 The plans were obtained from the architect and smoke compartments were located for Health Care Center South (Building 003).</p> <p>2 No other areas affected by this practice.</p> <p>3 The Facility Operations Director was educated on this requirement (see inservice for previous K371 tag).</p> <p>4 The Facility Operations Director, or designee, will audit the smoke compartment wall for HCN, HCS, and ME 1x/month x 6 months. Results of these audits will be forwarded to QAPI. Any negative findings will add an</p>		06/14/2024

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K 0920 SS=D Bldg. 02	<p>feet on the building prints of Building 002. Also, the required smoke barriers to divide North-wing 1 into two smoke compartments and North-wing 2 into two smoke compartments were not identified on the plans. Based on interview during observation and records review, the Director of Facility Services agreed the building plans show North-wing 1 and North-wing 2 in Building (002) were each 36,645 square feet and the building prints did not identify the required smoke barriers in the two wings. The Director of Facility Services was not sure how the smoke barriers divided each wing into two smoke compartments and stated there was no written evidence of the location of the smoke barriers.</p> <p>This finding was reviewed with the Director of Services and Administrator during the exit conference at 3:00 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In</p>				additional month of auditing until 100% compliance is achieved (see audit for previous K371 tag).		

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	<p>non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>Based on observation and interview, it could not be determined if 1 of 1 power strips used in a patient care vicinity met UL 1363A or UL 60601-1. NFPA 99, Standard for Health Care Facilities, 2012 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 feet beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 feet 6 inches above the floor. This deficient practice could affect 1 resident in Healthcare North room 122.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Director of Facility Services, on 05/23/24 between 11:30 a.m. and 3:00 p.m., one power strip of unknown UL rating was powering a nebulizer in Healthcare North patient room 122. This deficient practice affects staff and residents in the Healthcare North smoke compartment.</p> <p>This deficient finding was reviewed with the Director of Facility Services and Administrator on 05/23/2024 during the exit conference at 3:00 p.m.</p>			K 0920	<p>It is the policy of Peabody Retirement Community to maintain compliance with all regulations regarding the appropriate use of power cords, extension cords, and power strips.</p> <p>1 The identified tower in Healthcare South patient room 122 was immediately removed. It was replaced with 2 power strips meeting UL rating requirements. The refrigerator in the Social Services office was immediately plugged directly into the wall outlet.</p> <p>2 No other areas affected by this practice.</p> <p>3 All Department Heads were educated on this requirement (see previous inservice for K920 tag).</p> <p>4 The Facility Operations Director, or designee, will audit 5 areas (patient rooms and/or offices) 1x/month x 6 months. Results of these audits will be forwarded to QAPI. Any negative findings will add an additional month of auditing until 100% compliance is achieved (see audit for previous K920 tag).</p>		06/14/2024

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K 0000 Bldg. 03	<p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 5/23/24</p> <p>Facility Number: 000485 Provider Number: 155655 AIM Number: 100291190</p> <p>At this Life Safety Code survey, Peabody Retirement Community was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility consists of (bldg. 03) Health Care Center South a fully sprinklered two story building of Type II (111) construction, (bldg. 02) Health Care North and (bldg. 04) Smock Memory Enhancement Center both are one story fully sprinklered buildings of Type II (111) construction, and (bldg. 06) Therapy Center is a one story fully sprinklered buildings of Type II (000) construction. All buildings are connected by hallways and are separated by two-hour fire walls.</p> <p>Buildings 02, 03, 04 have a fire alarm system with smoke detection in corridors, areas open to the</p>			K 0000	<p>Preparation and/or execution of this plan does not constitute admission or agreement by Peabody Retirement Community that a deficiency exists. This plan is also not to be construed as an admission of fault by Peabody Retirement Community or its employees who draft this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p>		

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K 0371 SS=F Bldg. 03	<p>corridor and hard-wired smoke detectors in the resident rooms. The facility has a capacity of 192 and had a census of 166 at the time of this survey.</p> <p>Quality Review conducted on 06/03/24</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Compar Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. Based on record review, observation, and interview; the facility failed to provide complete smoke barriers for 1 of 1 smoke compartments in Building (003) larger than 22,500 square feet in accordance with 19.3.7.1. This deficient practice affects all staff and residents in Building (003).</p> <p>Findings include:</p> <p>Based on observations with the Director of Facility Services on 05/23/24 between 11:30 a.m. and 3:00 p.m., the smoke barrier wall by the neighborhood entrance that separated south wing in building (003) into two smoke compartments was incomplete and could not determined if the barrier walls ran from the roof to the floor and from outside wall to outside wall. Upon inspection of</p>			K 0371	<p>Peabody Retirement Community Health and Rehabilitation has a policy on maintaining our facility and its smoke compartments in accordance with all regulatory requirements, including ensuring proper square footage.</p> <p>1 The plans were obtained from the architect and smoke compartments were located for Health Care Center South (Building 003).</p> <p>2 No other areas affected by this practice.</p> <p>3 The Facility Operations Director was educated on this requirement (see inservice for</p>		06/14/2024

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K 0920 SS=E Bldg. 03	<p>the smoke barrier wall above the drop ceiling by the fire rated smoke barrier doors appeared not to fully run from outside wall to outside wall. Based on review of the building construction plans dated 2001 and 2003 with the Director of Facility Services, the square footage for South-wing 1 was listed at 36,645 square feet on the building prints of Building (003). Also, the required smoke barriers to divide South-wing 1 into two smoke compartments were not identified on the plans. Based on interview during observation and records review, the Director of Facility Services agreed the building plans show South-wing 1 in Building (003) was 36,645 square feet and the building prints did not identify the required smoke barriers in the wing. The Director of Facility Services was not sure how the smoke barriers divided the wing into two smoke compartments and stated there was no written evidence of the location of the smoke barrier.</p> <p>This deficient finding was reviewed with the Director of Services and Administrator during the exit conference at 3:00 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics),</p>				<p>previous K371 tag).</p> <p>4 The Facility Operations Director, or designee, will audit the smoke compartment wall for HCN, HCS, and ME 1x/month x 6 months. Results of these audits will be forwarded to QAPI. Any negative findings will add an additional month of auditing until 100% compliance is achieved (see audit for previous K371 tag).</p>		

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	<p>except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>1. Based on observation and interview, it could not be determined if 3 of 3 power strips used in a patient care vicinity met UL 1363A or UL60601-1. NFPA 99, Standard for Health Care Facilities, 2012 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 feet beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 feet 6 inches above the floor. This deficient practice could affect 1 resident in Healthcare South room 122.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Facility Services, on 05/23/24 between 11:30 a.m. and 3:00 p.m. three power strips of unknown UL rating were powering electronics in Healthcare South patient room 122. At the time of observation, the resident stated she</p>			K 0920	<p>It is the policy of Peabody Retirement Community to maintain compliance with all regulations regarding the appropriate use of power cords, extension cords, and power strips.</p> <p>1 The identified tower in Healthcare South patient room 122 was immediately removed. It was replaced with 2 power strips meeting UL rating requirements. The refrigerator in the Social Services office was immediately plugged directly into the wall outlet.</p> <p>2 No other areas affected by this practice.</p> <p>3 All Department Heads were educated on this requirement (see previous inservice for K920 tag).</p> <p>4 The Facility Operations Director, or designee, will audit 5 areas (patient rooms and/or offices) 1x/month x 6 months. Results of these audits will be</p>		06/14/2024

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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 400 W SEVENTH ST NORTH MANCHESTER, IN 46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
K 0000	<p>personally purchased the power strips on Amazon.com. This deficient practice affects staff and 20 residents in the Healthcare South.</p> <p>This finding was reviewed with the Director of Facility Services and Administrator on 05/23/2024 during the exit conference at 3:00 p.m.</p> <p>3.1-19(b)</p> <p>2. Based on observations and interview with the Director of Facility Services, on 05/23/24 between 11:30 a.m. and 3:00 p.m., a refrigerator (high power draw equipment) was plugged into and supplied power by a power strip in an office. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure.</p> <p>Findings include:</p> <p>Based on observation and interview, one power strip was powering a refrigerator (high power draw equipment) in the Social Service office on the Healthcare South 1st floor. Based on interview at the time of observation with the Director of Facility Services confirmed the improper use of power strips.</p> <p>This finding was reviewed with the Director of Facility Services and Administrator on 05/23/2024 during the exit conference at 3:00 p.m.</p> <p>3.1-19(b)</p>				<p>forwarded to QAPI. Any negative findings will add an additional month of auditing until 100% compliance is achieved (see audit for previous K920 tag).</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/18/2024

FORM APPROVED

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155655		X2) MULTIPLE CONSTRUCTION A. BUILDING 04 B. WING		X3) DATE SURVEY COMPLETED 05/23/2024	
NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 400 W SEVENTH ST NORTH MANCHESTER, IN 46962			
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Bldg. 04	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 5/23/24</p> <p>Facility Number: 000485 Provider Number: 155655 AIM Number: 100291190</p> <p>At this Life Safety Code survey, Peabody Retirement Community was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility consists of (bldg. 03) Health Care Center South a fully sprinklered two story building of Type II (111) construction, (bldg. 02) Health Care North and (bldg. 04) Smock Memory Enhancement Center both are one story fully sprinklered buildings of Type II (111) construction, and (bldg. 06) Therapy Center is a one story fully sprinklered buildings of Type II (000) construction. All buildings are connected by hallways and are separated by two-hour fire walls.</p> <p>Buildings 02, 03, 04 have a fire alarm system with smoke detection in corridors, areas open to the corridor and hard-wired smoke detectors in the resident rooms. The facility has a capacity of 192 and had a census of 166 at the time of this survey.</p> <p>Quality Review conducted on 06/03/24</p>			K 0000	<p>Preparation and/or execution of this plan does not constitute admission or agreement by Peabody Retirement Community that a deficiency exists. This plan is also not to be construed as an admission of fault by Peabody Retirement Community or its employees who draft this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155655		X2) MULTIPLE CONSTRUCTION A. BUILDING 06 B. WING		X3) DATE SURVEY COMPLETED 05/23/2024	
NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 400 W SEVENTH ST NORTH MANCHESTER, IN 46962			
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K 0000 Bldg. 06	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 5/23/24</p> <p>Facility Number: 000485 Provider Number: 155655 AIM Number: 100291190</p> <p>At this Life Safety Code survey, Peabody Retirement Community was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility consists of (bldg. 03) Health Care Center South a fully sprinklered two story building of Type II (111) construction, (bldg. 02) Health Care North and (bldg. 04) Smock Memory Enhancement Center both are one story fully sprinklered buildings of Type II (111) construction, and (bldg. 06) Therapy Center is a one story fully sprinklered buildings of Type II (000) construction. All buildings are connected by hallways and are separated by two-hour fire walls.</p> <p>Building 06 has a fire alarm system with smoke detection in corridors and in the therapy gym. The facility has a capacity of 192 and had a census of 166 at the time of this survey.</p> <p>Quality Review conducted on 06/03/24</p>			K 0000	<p>Preparation and/or execution of this plan does not constitute admission or agreement by Peabody Retirement Community that a deficiency exists. This plan is also not to be construed as an admission of fault by Peabody Retirement Community or its employees who draft this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p>		

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