

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 05/06/2025
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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
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(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
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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 05/06/25 Facility Number: 000485 Provider Number: 155655 AIM Number: 100291190 At this Emergency Preparedness survey, Peabody Retirement Community was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 192 certified beds. At the time of the survey, the census was 174. Quality Review completed on 05/12/25	E 0000	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. We respectfully request desk review of this Plan of Correction.	
E 0037 SS=F Bldg. --	403.748(d)(1), 416.54(d)(1), 418.113(d)(EP Training Program Based on record review and interview, the facility failed to conduct annual training for the Emergency Preparedness Program (EPP). The LTC facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles; (ii) Provide emergency preparedness training at least annually; (iii) Maintain documentation of all emergency preparedness training; (iv) Demonstrate staff knowledge of	E 0037	It is the policy of Peabody Retirement Community to comply with all applicable regulations, including the EP Training Program. 1 All employees will receive training on the facility's Emergency Preparedness Plan. 2 All residents have the possibility to be affected by the alleged deficient practice. 3 Director of Facility	05/30/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Katie Robinson	Administrator	05/21/2025

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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K 0000 Bldg. 02	<p>emergency procedures in accordance with 42 CFR 483.73(d) (1). This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on records review with the Facilities Manager and Administrator on 04/06/25 at 2:00 p.m., there was documentation of training on individual emergencies, but documentation of annual training on the complete EPP was not available for review. Based on an interview at 2:00 p.m., the Facilities Manager and Administrator agreed the training conducted was on types of emergencies and not on the complete EPP.</p> <p>This finding was reviewed with the Facilities Manager and Administrator during the exit conference at 2:20 p.m.</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: 05/06/25</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,</p>	K 0000	<p>Operations was re-educated on the requirement of CFR 483.73 (d) (1) for LTC Facilities.</p> <p>4 Administrator, or designee, will audit 5 new employees training one (1) time a week for four (4) weeks then one (1) time a month for five (5) months to ensure new employees are receiving the training. Results of these audits will be forwarded to QAPI. The QAPI Committee reserves the right to modify or extend auditing based on findings.</p> <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. We respectfully request desk review of this Plan of Correction.</p>	

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K 0353 SS=F Bldg. 02	<p>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) Memory Enhancement Center Health Care North and (Bldg. 04) the Rehab Wing are both 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 02 has 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 174 at the time of this survey.</p> <p>Quality Review completed on 05/12/25</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 sprinkler system fire pump gauges were replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents, staff, and visitors in the facility.</p>	K 0353	<p>It is the policy of Peabody Retirement Community to comply with all applicable regulations including maintenance and testing of our Sprinkler System.</p> <p>1 The vendor was called and all gauges were serviced on May 9, 2025.</p> <p>2 All residents have the potential to be affected by the deficient practice.</p> <p>3 The Director of Facility Operations was re-educated on the requirements of NFPA 25 standard for inspection, testing,</p>	05/09/2025

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K 0000 Bldg. 03	<p>Findings include:</p> <p>Based on observations with the Facilities Manager on 04/06/25 at 1:45 p.m., the facility's fire pump had two pressure gauges but one of the gauges was dated 2019, and no recalibration date information was affixed to the gauge. Based on an interview at 1:45 p.m., the Facilities Manager agreed one of two fire pump gauges was older than five years and was not recalibrated.</p> <p>This finding was reviewed with the Facilities Manager and Administrator during the exit conference at 2:20 p.m.</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: 05/06/25</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</p>	K 0000	<p>and maintain of water-based fire protection systems.</p> <p>4 The Director of Facility Operations, or designee, will audit the fire gauges monthly x 6 months to ensure service dates are properly displayed and within regulatory time period. Results of these audits will be forwarded to QAPI. The QAPI Committee reserves the right to modify or extend auditing based on findings.</p> <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. We respectfully request desk review of this Plan of Correction.</p>	

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K 0353 SS=F Bldg. 03	<p>building of Type II (111) construction, (Bldg. 02) Memory Enhancement Center Health Care North and (Bldg. 04) the Rehab Wing are both 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 03 has 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 174 at the time of this survey.</p> <p>Quality Review completed on 05/12/25</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 sprinkler system fire pump gauges were replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Facilities Manager on 04/06/25 at 1:45 p.m., the facility's fire pump had two pressure gauges but one of the</p>	K 0353	<p>It is the policy of Peabody Retirement Community to comply with all applicable regulations including maintenance and testing of our Sprinkler System.</p> <p>1 The vendor was called and all gauges were serviced on May 9, 2025.</p> <p>2 All residents have the potential to be affected by the deficient practice.</p> <p>3 The Director of Facility Operations was re-educated on the requirements of NFPA 25 standard for inspection, testing, and maintain of water-based fire protection systems.</p> <p>4 The Director of Facility Operations, or designee, will audit the fire gauges monthly x 6</p>	05/09/2025

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K 0000 Bldg. 04	<p>gauges was dated 2019, and no recalibration date information was affixed to the gauge. Based on an interview at 1:45 p.m., the Facilities Manager agreed one of two fire pump gauges was older than five years and was not recalibrated.</p> <p>This finding was reviewed with the Facilities Manager and Administrator during the exit conference at 2:20 p.m.</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: 05/06/25</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) Memory Enhancement Center Health Care North and (Bldg. 04) the Rehab Wing are both one story fully sprinklered buildings of Type II (111) construction, and (Bldg. 06) Therapy Center is a</p>	K 0000	<p>months to ensure service dates are properly displayed and within regulatory time period. Results of these audits will be forwarded to QAPI. The QAPI Committee reserves the right to modify or extend auditing based on findings.</p> <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. We respectfully request desk review of this Plan of Correction.</p>	

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K 0222 SS=E Bldg. 04	<p>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 04 has 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 174 at the time of this survey.</p> <p>Quality Review completed on 05/12/25</p> <p>NFPA 101 Egress Doors</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through 9 of 15 exit doors for Building 04 were readily accessible for residents without a clinical diagnosis requiring specialized security measures. Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side unless otherwise permitted by LSC 19.2.2.2.4. This deficient practice could affect over 40 residents in the the Rehab Wing.</p> <p>Findings include:</p> <p>Based on observation with the Facilities Manager on 04/06/25 at 11:55 a.m., the four exit doors in both Rehab Wing dining rooms, the four exits from the Rehab Wing to the corridors, and the center Rehab Wing exit were marked as facility exits, were magnetically locked, and could be opened with a key-FOB that was only carried by staff. This condition does not allow someone without a key-FOB to open the exit doors during a non-fire emergency. Based on an interview at 12:11 p.m. the Facilities Manager stated Building</p>	K 0222	<p>It is the policy of Peabody Retirement Community to comply with all applicable regulations, including accessibility of Egress Doors during a non-fire emergency.</p> <p>1 Keypad unlocking mechanisms for the 9 doors identified during the survey were ordered and will be installed.</p> <p>2 All residents in that building have the potential to be affected by the alleged deficient practice.</p> <p>3 Director of Facility Operations was re-educated on the requirement for Egress Doors in NFPA 101.</p> <p>1.The Director of Facility Operations, or designee, will audit all doors on Health Care West to ensure the keypad mechanisms are working properly and instructions for use are available one (1) time a month for six (6) months. Results of these audits</p>	05/30/2025	

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K 0353 SS=F Bldg. 04	<p>04 was converted from a memory care wing to a rehab wing, did not replace the FOB-pad, and agreed only staff had access to open the aforementioned exit doors.</p> <p>This finding was reviewed with the Facilities Manager and Administrator during the exit conference at 2:20 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 sprinkler system fire pump gauges were replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Facilities Manager on 04/06/25 at 1:45 p.m., the facility's fire pump had two pressure gauges but one of the gauges was dated 2019, and no recalibration date information was affixed to the gauge. Based on an interview at 1:45 p.m., the Facilities Manager agreed one of two fire pump gauges was older than five years and was not recalibrated.</p>	K 0353	<p>will be forwarded to QAPI. The QAPI Committee reserves the right to modify or extend auditing based on findings.</p> <p>4</p> <p>It is the policy of Peabody Retirement Community to comply with all applicable regulations including maintenance and testing of our Sprinkler System.</p> <p>1 The vendor was called and all gauges were serviced on May 9, 2025.</p> <p>2 All residents have the potential to be affected by the deficient practice.</p> <p>3 The Director of Facility Operations was re-educated on the requirements of NFPA 25 standard for inspection, testing, and maintain of water-based fire protection systems.</p> <p>4 The Director of Facility Operations, or designee, will audit the fire gauges monthly x 6 months to ensure service dates are properly displayed and within regulatory time period. Results of these audits will be forwarded to QAPI. The QAPI Committee reserves the right to modify or</p>	05/09/2025

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K 0000 Bldg. 06	<p>This finding was reviewed with the Facilities Manager and Administrator during the exit conference at 2:20 p.m.</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: 05/06/25</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) Memory Enhancement Center Health Care North and (Bldg. 04) the Rehab Wing are both 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</p>	K 0000	<p>extend auditing based on findings.</p> <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. We respectfully request desk review of this Plan of Correction.</p>	
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K 0353 SS=F Bldg. 06	<p>facility has a capacity of 192 and had a census of 174 at the time of this survey.</p> <p>Quality Review completed on 05/12/25</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 sprinkler system fire pump gauges were replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Facilities Manager on 04/06/25 at 1:45 p.m., the facility's fire pump had two pressure gauges but one of the gauges was dated 2019, and no recalibration date information was affixed to the gauge. Based on an interview at 1:45 p.m., the Facilities Manager agreed one of two fire pump gauges was older than five years and was not recalibrated.</p> <p>This finding was reviewed with the Facilities Manager and Administrator during the exit conference at 2:20 p.m.</p>	K 0353	<p>It is the policy of Peabody Retirement Community to comply with all applicable regulations including maintenance and testing of our Sprinkler System.</p> <p>1 The vendor was called and all gauges were serviced on May 9, 2025.</p> <p>2 All residents have the potential to be affected by the deficient practice.</p> <p>3 The Director of Facility Operations was re-educated on the requirements of NFPA 25 standard for inspection, testing, and maintain of water-based fire protection systems.</p> <p>4 The Director of Facility Operations, or designee, will audit the fire gauges monthly x 6 months to ensure service dates are properly displayed and within regulatory time period. Results of these audits will be forwarded to QAPI. The QAPI Committee reserves the right to modify or extend auditing based on findings.</p>	05/09/2025	