

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

May 24, 2013

Ms. Claudette Werner-Poorman, Administrator
Crescent Manor Care Ctrs
312 Crescent Blvd
Bennington, VT 05201-0170

Dear Ms. Werner-Poorman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 22, 2013**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl



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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/22/2013
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NAME OF PROVIDER OR SUPPLIER CRESCENT MANOR CARE CTRS	STREET ADDRESS, CITY, STATE, ZIP CODE 312 CRESCENT BLVD BENNINGTON, VT 05201
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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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F 223 Continued From page 1

Additionally, per a faxed physician notification on 4/12/13. Resident #1 slapped Resident #2, causing Resident #2 to fall. A 6 AM-2 PM shift nursing note on 4/12/13 states that an Activities Aide witnessed Resident # 1 slapping Resident # 2 who then fell. The above incidents were confirmed by the Director of Nurses on 4/22/13 at 11:45 AM.

F 225 SS=D 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS

The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.

The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

F 223

F 225

F225 Resident #2 was transferred to another wing of this facility immediately following the incident on 4/12/13 to ensure the safety of the resident.

Resident #1 will remain on 15 minute checks to monitor if resident is agitated. Appropriate interventions will be implemented.

All Resident to Resident altercations will be reported to the State Survey Agency by the Administrator or Director of Nursing.

Staff Development will continue to review all resident to resident altercations to assure documentation compliance. DNS will monitor reporting to DLP. Outcomes will be reported to the CQI Committee by Director of Nursing and Staff Development.

F225 POC accepted 5/23/13
 R Tremblay RN / Amc 5/13/13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 05/02/2013
FORM APPROVED
OMB NO. 0938-0391

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F 225	<p>Continued From page 2</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon staff interview and record review, the facility failed to report witnessed abuse of 1 resident (Resident # 1) to the State Survey and Certification agency (DLP), according to their facility policy and as required by the Federal regulation. Findings include:</p> <p>Per record review on 4/22/13 at 11:05 AM, Resident # 2 slapped Resident #1 in the face and shoved him/her, causing him/her to fall. A faxed physician notification on 4/12/13 stated that a Resident slapped Resident # 1, causing Resident #1 to fall. A 6 AM -2 PM nursing note on 4/12/13 states that an Activities Aide witnessed a Resident #1 slapping Resident #2 in the face and shoved him/her, causing him/her to fall on buttocks. There is no evidence in the clinical record that DLP was notified of this incident. On 4/22/13 at 11:45 AM, the Director of Nurses confirmed that the facility did not notify DLP as required.</p>	F 225	<p><i>This plan of correction is prepared and submitted As required by law. By submitting this plan of Correction, Crescent Manor Care Center does Not admit that the deficiencies CM-2567 exist, Nor does the facility admit to any statement Findings, facts or conclusions that form a Basis of the alleged deficiency. The facility Reserves the right to challenge in legal Proceedings all deficiencies, statements, Findings, facts and conclusions that form The basis for the deficiency.</i></p>