

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

October 12, 2012

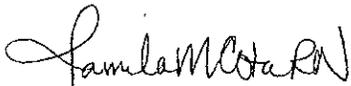
Ms. Claudette Werner-Poorman, Administrator
Crescent Manor Care Ctrs
312 Crescent Blvd
Bennington, VT 05201-0170

Dear Ms. Werner-Poorman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 19, 2012**. 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

OCT 10 2012

PRINTED: 10/01/2012
FORM APPROVED
OMB NO. 0938-0391

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 09/19/2012
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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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<p>F 000</p> <p>F 225 SS=D</p>	<p>INITIAL COMMENTS</p> <p>An unannounced on-site facility reported incident investigation was conducted on 9/19/2012 by the Division of Licensing and Protection. The following regulatory deficiencies were identified:</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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.</p> <p>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).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance</p>	<p>F 000</p> <p>F 225</p>		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Charlotte Wynn Poorna</i>	TITLE <i>Adm</i>	(X6) DATE <i>10-9-12</i>
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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.

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F 226	<p>Continued From page 1</p> <p>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 on observation, staff interview and record review the facility failed to provide evidence that all alleged violations are thoroughly investigated for 1 resident (Resident #1) identified. The findings include;</p> <p>Based on observation and staff interview and record review the facility failed to provide evidence that all alleged violations of abuse are thoroughly investigated for 1 resident (Resident #1) identified. The findings include:</p> <p>1. Per review of the medical record, Resident #1 was admitted to the facility on 12/16/11 with diagnoses that include Lewy body Dementia. Per review of the admission notice dated 12/16/11, Resident #1 has a history prior to admission of behaviors. Per review of the medical record, a fax dated 2/1/12 was sent to Resident #1's facility physician by nursing staff that indicated Resident #1 "slapped another resident in the face". Per review of the nurses notes dated 1/29/12, the notes indicated that "LNA [licensed nursing assistant] reported to nursing that the resident had slapped another resident in the face."</p> <p>Per review of the facility internal investigations on 9/19/2012 there was no evidence that the facility had investigated the resident to resident</p>	F 226			

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F 225	Continued From page 2 altercation on 1/29/12 where Resident #1 slapped another resident in the face. Per review of the facility policy titled "Resident Abuse", the facility will immediately, upon receipt of alleged abuse, conduct an internal investigation." Per interview with the MDS Licensed Practical Nurse on 9/19/12, he/she reviewed all the facility's internal investigations for the last six months and confirmed that there was no evidence of an internal investigation for the resident to resident altercation on 1/29/12. Per phone conversation with the facility Administrator on 9/19/12 at 1:00 PM, he/she confirmed that the facility did not conduct an internal investigation of the resident to resident altercation on 1/29/12 where Resident #1 slapped another resident in the face.	F 225	F225 Resident #1 expired 7/16/12. Facility has modified and instituted a form "Altercation between Residents and/or Staff for nursing to complete when altercations occur. This form is then sent to Adm/DNS and Social Services for follow-up.		
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of one resident (Resident #1) identified. The findings include: 1. Per review of the medical record, Resident #1 was admitted to the facility on 12/16/11 with diagnoses that include Lewy body Dementia. Per	F 250	An audit of all altercations for the next three months will be completed by Controller; outcomes will be reported to the CQI committee until compliance is assured. Nursing Staff will be re-educated on the form and the importance of completing by the SDG. 10/17/12 On-going <i>F225 POC accepted 10/11/12 McAishan RN/PMC</i>		

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F 250	Continued From page 3 review of the admission notice dated 12/16/11, Resident #1 has a history prior to admission of behaviors. Per review of the facilities self reported internal investigation. There was an accusation made by a facility employee that another facility employee was observed striking Resident #1 during personal care on 4/19/2012. Per review of the nurse's notes on 4/19/2012, an upper body audit was done by nursing. Per review of the facility policy and procedure titled "Resident Abuse", the policy indicates that the facility will immediately, upon receipt of an alleged abuse, interview the alleged victim as soon as possible. The Policy also indicated that "caretakers should assess for decline in mental status" and SS (Social Services) will visit daily to help alleged victim with any fears or concerns Per review of the Social Service (SS) notes there was no evidence that anyone from SS met with Resident #1 who was the alleged victim of an abuse situation to assess for any mental or psychosocial changes related to being an alleged victim of abuse. Per review of the comprehensive care plan titled "Altered thought process related to impaired cognition" indicates that the resident is combative during hands on care and that Social Service will conduct one on one visits if indicated. Per interview with the MDS Licensed Practical Nurse (LPN) on 9/19/12, he/she reviewed all available Social Service documentation and confirmed that there was no evidence that Social Services met with Resident #1 after the 4/19/12 incident and there was no evidence of an assessment done regarding Resident #1's mental and psychosocial needs related to being the alleged victim of abuse by staff. The LPN confirmed that the comprehensive	F 250	F250 Facility has modified and instituted a form "Altercation between Residents and/or Staff for nursing to complete when altercations occur. This form is then sent to Adm/DNS and Social Services for follow-up. Social Worker was counseled on the requirement to document visits to any resident with a reported altercation. An audit of all altercations for the next three months will be completed by Controller to assure documentation of the Social Worker, outcomes will be reported to the CQI committee until compliance is assured. 10/17/12 On-going <i>F250 POC accepted 10/11/12 McWhannan/PMC</i>	

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F 250	Continued From page 4 care plan for Resident #1 entitled "Altered thought process related to impaired cognition" indicates that resident is combative during hands on care and that Social Service will conduct one on one visits if indicated. The LPN indicated that being the reported victim of alleged abuse would be an indicator for SS to meet with Resident #1. Per phone interview with the facility Social Service Director (SSD) on 9/19/2012 at 12:40 PM, he/she confirmed that he/she was the only employee in the Social Work department and that he/she was made aware of the alleged staff to resident abuse on 4/19/12 when he/she was in morning report. The SSD confirmed that there was no documentation regarding the alleged incident on 4/19/12 because he/she was not involved in any part of the 4/19/12 incident investigation. Per interview the SSD confirmed that "the facility Administrator determines when SS speaks to a resident regarding any issue concerning the resident." Per interview with the SSD on 9/19/2012 at 12:40 PM, indicated that he/she would not have met Resident #1 because he/she was cognitively impaired and would not be able to verbalize anything because Resident #1 speaks in a non-sensical way. Per written communication sent via fax to The Division of Licensing and Protection dated 9/21/12 the facility administrator confirmed that SS did not follow up directly with Resident #1 as the resident was non-sensical, and that SS would not do a direct follow up with the resident due to his/her documented confusion and lack of understanding.	F 250			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment	F 279			

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F 279	<p>Continued From page 5</p> <p>to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to develop a written care plan that includes specific measurable objectives and timetables to meet one resident's (Resident #1) medical, nursing, and mental and psychosocial needs to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The findings include:</p> <p>1. Per review of the medical record, Resident #1 was admitted to the facility on 12/16/11 with diagnoses that include Lewy body Dementia. Per review of the admission notice dated 12/16/11, Resident #1 has a history prior to admission of behaviors. Per review of the medical record dated</p>	F 279			

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F 279	Continued From page 6 1/29/2012 the nurse's notes indicated that "LNA [licensed nursing assistant] reported to nursing that the resident had slapped another resident in the face." Per review of the nurse's note dated 1/29/12, the staff toileted the resident post incident, instituted 15 minute checks and initiated a behavior monitoring sheet. Per review of the comprehensive care plan for Resident #1 there was no evidence that the facility developed a care plan to meet Resident #1's specific needs regarding being aggressive towards other residents. Per interview with the MDS Licensed Practical Nurse (LPN) on 9/19/12, he/she reviewed all available care plans and confirmed that there was no developed care plan that includes specific measurable objectives and timetables to meet Resident #1's specific needs related to aggressive behaviors towards other residents. Per review of the facility policy titled "Resident Abuse" indicates that any resident to resident altercations will be care planned for. Per written communication sent via fax to The Division of Licensing and Protection dated 9/21/12 the facility administrator confirmed that he/she "agrees that the care plan was not updated although the care plan is clear that Resident #1 can be combative."	F 279	F279 Residents with altercations will have a Care Plan to meet the residents specific needs related to aggressive behavior to other residents. An audit of all altercations and additions to the Care Plan for the next three months will be completed by Controller; outcomes will be reported to the CQI committee until compliance is assured. 10/17/12 On-going <i>F279 POC accepted 10/11/12 McCullahan RN/ Pmc</i>		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced	F 282			

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F 282	<p>Continued From page 7</p> <p>by: Based on record review and staff interview the facility failed to provide for or arrange services by qualified persons in accordance with each resident's written plan of care for one resident (Resident #1) identified. The findings include:</p> <p>1. Per review of the medical record, Resident #1 was admitted to the facility on 12/16/11 with diagnoses that include Lewy body Dementia. Per review of the admission notice dated 12/16/11, Resident #1 has a history prior to admission of behaviors. Per review of the facility's self reported internal investigation, there was an accusation made by a facility employee that another facility employee was observed striking Resident #1 during personal care on 4/19/2012. Per review of the nurse's notes on 4/19/2012, an upper body audit was done by nursing. Per review of the facility policy and procedure titled "Resident Abuse", the policy indicates that the facility will immediately upon receipt of alleged abuse, interview the alleged victim as soon as possible. The Policy also indicated that "caretakers should assess for decline in mental status" and SS (Social Services) will visit daily to help alleged victim with any fears or concerns</p> <p>Per review of the Social Service (SS) notes there was no evidence that anyone from SS met with Resident #1 who was the alleged victim of an abuse situation to assess for any mental or psychosocial changes related to being an alleged victim of abuse. Per review of the comprehensive care plan titled "Altered thought process related to impaired cognition" indicates that resident is combative during hands on care and that Social</p>	F 282	<p>F282</p> <p>Facility has modified and instituted a form "Altercation between Residents and/or Staff for nursing to complete when altercations occur. This form is then sent to Adm/DNS and Social Services for follow-up.</p> <p>Social Worker was counseled on the requirement to document visits to any resident with a reported altercation.</p> <p>An audit of all altercations for the next three months will be completed by Controller to assure documentation of the Social Worker, outcomes will be reported to the CQI committee until compliance is assured.</p>	<p>10/17/12 On-going</p> <p><i>F282 POC accepted 10/17/12 Moulton/Almeida</i></p>
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F 282	<p>Continued From page 8</p> <p>Services will provide one on one visits if indicated. Per interview with the MDS Licensed Practical Nurse (LPN) on 9/19/12, he/she reviewed all available Social Service documentation and confirmed that there was no evidence that Social Services met with Resident #1 after the 4/19/12 incident and there was no evidence of an assessment done regarding Resident #1 mental and psychosocial needs related to being the alleged victim of abuse by staff. The LPN confirmed that the comprehensive care plan for Resident #1 entitled "Altered thought process related to impaired cognition" indicates that resident is combative during hands on care and that Social Service will conduct one on one visits if indicated. The LPN indicated that being the reported victim of alleged abuse would be an indicator for SS to meet with Resident #1.</p> <p>Per phone interview with the facility Social Service Director (SSD) on 9/19/2012 at 12:40 PM, he/she confirmed that he/she was the only employee in the Social Work department and that he/she was made aware of the alleged staff to resident abuse on 4/19/12 when he/she was in morning report. The SSD confirmed that there was no documentation regarding the alleged incident on 4/19/12 because he/she was not involved in any part of the 4/19/12 incident investigation. Per interview the SSD confirmed that "the facility Administrator determines when SS speaks to a resident regarding any issue concerning the resident." Per interview with the SSD on 9/19/2012 at 12:40 PM, indicated that he/she would not have met with Resident #1 because he/she was cognitively impaired and would not be able to verbalize anything because Resident #1 speaks in a non-sensical way. Per</p>	F 282		
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F 282	Continued From page 9 written communication sent via fax to The Division of Licensing and Protection dated 9/21/12 the facility administrator confirmed that SS did not follow up directly with Resident #1 as the resident was non sensical, and that SS would not do a direct follow up with the resident due to his/her documented confusion and lack of understanding.	F 282	<i>This plan of correction is prepared and submitted as required by law. By submitting this plan of correction, Crescent Manor does not admit that the deficiencies exist, nor does the facility admit to any statement findings, facts or conclusions that form the basis by the alleged deficiency. The facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusion that farm the basis for the deficiency.</i>		