

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

February 15, 2013

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

Provider#: 475033

Dear Ms. Werner-Poorman:

Enclosed is a copy of your acceptable plans of correction for the self-reported complaint investigation conducted on **January 9, 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:ne

Enclosure



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

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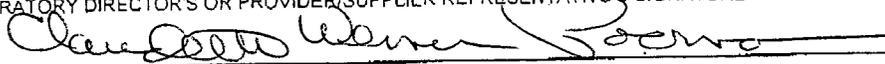
PRINTED: 01/24/2013  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>475033 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____<br><br>Licensing and Protection | (X3) DATE SURVEY COMPLETED<br><br>C<br>01/09/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT MANOR CARE CTRS | STREET ADDRESS, CITY, STATE, ZIP CODE<br>312 CRESCENT BLVD<br>BENNINGTON, VT 05201 |
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| F 000         | INITIAL COMMENTS<br><br>An unannounced on-site self reported complaint investigation was conducted on 1/9/13 by the Division of Licensing and Protection. There were regulatory findings identified during the on-site.   | F 000 |  |  |
| F 225<br>SS=D | 483.13(c)(1)(ii)-(iii), (c)(2) - (4)<br>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS<br><br>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.<br><br>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).<br><br>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.<br><br>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance | F 225 |  |  |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br> | TITLE<br>Adm<br>1/25/13 |
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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 225 Continued From page 1  
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.

This REQUIREMENT is not met as evidenced by:  
Based on record review and staff interview the facility failed to ensure that all alleged violations of abuse, neglect, mistreatment, misappropriation of property and injuries of unknown origin are thoroughly investigated and reported to other officials in accordance with State law through established procedures for 1 resident (Resident #1) identified. The findings include:

1. Per review of the medical record, Resident #1 was admitted to the facility on 11/24/10 with diagnosis that included: Alzheimer dementia, depression and anxiety and nervous disorder.

Per review of the facility internal investigation dated 12/28/12, Resident #1 was found by staff standing in the doorway of his/her room at 1030 PM on 12/27/12 by two Licensed Nursing Assists (LNA's) that heard a bed alarm ringing. The LNA's reported that Resident #1 had a pajama top on that was unbuttoned and was missing 4 buttons and that Resident #1 had on an adult brief that was "shredded". Resident #1 was yelling and cursing stating "a woman grabbed me" and was pointing at his/her chest and groin area. The nurses notes dated 12/27/12 indicate that three reddened areas were observed by two LNA's and the Licensed Practical Nurse (LPN) on Resident #1's mid chest area that

F 225

**F225**  
**Resident remains in the facility in stable condition.**

- 1. We will be more diligent in following our " Abuse Policy & Procedure" to ensure that interviews are completed. Nurse Managers will help facilitate this process by obtaining written statements from pertinent individuals at the time of the incident.**

**To assure policy is followed the SDC will audit all investigations; outcomes Will be report to the CQI committee.**

**On-going**

- 2. SDC re-educated all nursing staff Regarding unexplained bruises and reviewed our policy to fully investigate in an effort to identify the cause.**

**All unexplained bruises will be investigated and reported to the state.**

1/13  
On-going

*F225 POC accepted 2/7/13  
maulhan RN/ Pmc*

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F 225

Continued From page 2

measured 0.5 cm wide and 2 cm long. The nurses notes also indicate that Resident #1 had red round area on the left wrist with elongated area measuring 0.7 cm and an area on the right arm between the forearm and elbow measuring 5 cm by 2 cm, a second reddened round area measuring 1.3 cm and a small red round bruise measuring 0.7 cm in diameter.

Per review of the internal investigation conducted on 12/28/12, there was no evidence that staff that was present on the unit on 12/27/12 at 1030 PM was interviewed during the course of the facilities internal investigation.

Per review of the facility policy and procedure titled "Resident Abuse", the facility "will upon receipt of an alleged abuse conduct an internal investigation which shall consist of, interviews with any witnesses's, staff, family, roommates, visitors and other patients." Per interviews with staff conducted on 1/9/13 and 1/10/13, the staff that was present on 12/27/12 on the unit at 1030 PM, the staff indicated that they were never interviewed regarding information they may have regarding the incident with Resident #1 at 1030 PM on 12/27/12 by anyone.

Per interview with the Director of Nursing on 1/9/13, he/she indicated that he/she had not interviewed anyone during the course of the internal investigation. The DNS indicated that the information concerning what had happened to Resident #1 on 12/27/12 at 1030 PM was obtained from the nurses notes in the medical record.

Per interview with the facility Administrator on

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| F 225              | <p>Continued From page 3</p> <p>1/9/13, he/she indicated that his/her expectation is that when conducting a potential abuse allegation, facility staff assigned to the investigation should interview all staff along with the alleged victim, alleged perpetrator, visitors and other residents present during the time of the reported incident. The Administrator confirmed on 1/9/13 that the facilities policy and procedure titled "Resident Abuse" indicates the facility "will upon receipt of an alleged abuse conduct an internal investigation which shall consist of, interviews with any witnesses's, staff, family, roommates, visitors and other patients."</p> <p>2. Per review of the medical record for Resident #1 on 1/9/13, the Nurses notes dated 1/4/13 at 2:20 AM a Licensed Nursing Assistant called the nurse to go into the room of Resident #1 because a bruise had been found on the right forearm. The nurses note indicated that "purple/red bruise on right forearm measured 6.5 by 2.5 cm and on the top of the hand there was a dark purple/black area surrounded by a lighter purple measuring 3.5 by 2 cm." The nurses notes indicate "unsure of origin". Per review of the nurses notes dated 1/4/13 at 1100 AM written by the Unit Manager, the note indicates that the physician was notified by fax and the power of attorney (POA). The note also indicates that resident stated "my husband did that to me."</p> <p>Per interview with the Unit Manager on 1/9/13, he/she indicated that Resident #1's husband is deceased. The Unit Manager confirmed that the bruises found on Resident #1 were of unknown origin and the staff was monitoring the bruises. Per interview with the Unit Manager on 1/9/13, Resident #1 does not have self injurious</p> | F 225         |   |                      |

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| F 225 | <p>Continued From page 4</p> <p>behaviors, is verbally combative with care not physically combative and does not tend to flail his/her limbs. Per interview the Unit Manager confirmed that no internal investigation had been conducted to determine a cause of the bruising identified by staff on 1/4/13 and to his/her knowledge had not been reported to the appropriate State agency. The Unit Manager confirmed on 1/9/13 that she was made aware of the bruises of unknown origin on 1/4/13 in the am.</p> <p>Per interview with the night Licensed Practical Nurse (LPN) on 1/9/13 at 345 PM, he/she indicated that on 1/4/13 at 220 PM, he/she was informed by the aide of bruising on the right hand and arm of Resident #1. The LPN confirmed that he/she looked at area and documented it in the nurses notes and on the 24 hour report sheet. The LPN indicated that the 24 hour report was used to make other staff and Administration aware of resident issues. The LPN confirmed that he/she did not know the origin of the bruises and that no one had informed him/her of any interventions to use to prevent further bruising. The LPN confirmed that she told the Unit Manager of the bruising of unknown origin. The LPN indicated that he/she was not aware of any protocol or procedure to use if a bruise of unknown origin is identified.</p> <p>Per review of the facility 24 hour report sheets, on 1/3/13 the night nurse documented, " right forearm purple/red bruise 6.5 by 2.5 cm, right top of hand dark purple/black with surrounding lighter purple 3.5 by 2 cm, denies discomfort, unsure of origin."</p> | F 225 |  |  |
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F 225 Continued From page 5  
Per review of the facility policy and procedure titled "Resident abuse" the facility will have "procedures to identify events such as suspicious bruising of residents, occurrences, patterns and trends that may constitute abuse and to determine the direction of investigation."  
  
Per interview with the facility Administrator on 1/9/13 at 459 PM, he/she indicated that the bruise of unknown origin was listed on the 24 hour report sheet and that the 24 hour report sheet is reviewed each day in morning meeting by the Administrator and Director of Nursing (DNS). The Administrator confirmed that no internal investigation had been conducted for the 1/4/13. The Administrator confirmed in interview that no notification had taken place to the required agencies. Per interview on 1/4/13 the DNS was unable to provide any documentation of any facility policy and procedure for bruises of unknown origin.

F 225

F 226  
SS=D 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  
  
The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  
  
This REQUIREMENT is not met as evidenced by:  
Based on record review and staff interview the facility failed to implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property for 1 resident (Resident #1)

F 226

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F 226

Continued From page 6 identified. The findings include:

1. Per review of the medical record, Resident #1 was admitted to the facility on 11/24/10 with diagnoses that included: Alzheimer dementia, depression and anxiety and nervous disorder.

Per review of the facility internal investigation dated 12/28/12, Resident #1 was found by staff standing in the doorway of his/her room at 10:30 PM on 12/27/12 by two Licensed Nursing Assists (LNA's) that heard a bed alarm ringing. The LNA's reported that Resident #1 had a pajama top on that was unbuttoned and was missing 4 buttons and that Resident #1 had on an adult brief that was "shredded". Resident #1 was yelling and cursing stating "a woman grabbed me" and was pointing at his/her chest and groin area. The nurses notes dated 12/27/12 indicate that three reddened areas were observed by two LNA's and the Licensed Practical Nurse (LPN) on Resident #1's mid chest area that measured 0.5 cm wide and 2 cm long. The nurses notes also indicate that Resident #1 had red round area on the left wrist with elongated area measuring 0.7 cm and an area on the right arm between the forearm and elbow measuring 5 cm by 2 cm, a second reddened round area measuring 1.3 cm and a small red round bruise measuring 0.7 cm in diameter.

Per review of the internal investigation conducted on 12/28/12, there was no evidence that staff that was present on the unit on 12/27/12 at 1030 PM was interviewed during the course of the facility's internal investigation.

Per review of the facility policy and procedure

F 226

F226

- We will be more diligent in following our "Abuse Policy & Procedure" to ensure that interviews are completed. Nurse Managers will help facilitate this process by obtaining written statements from pertinent individuals at the time of the incident.**  
  
To assure policy is followed the SDC will audit all investigations; outcomes Will be report to the CQI committee.  
  
On-going
- SDC re-educated all nursing staff Regarding unexplained bruises and reviewed our policy to fully investigate in an effort to identify the cause.**  
  
All unexplained bruises will be investigated and reported to the state.

1/13  
On-going

F226 POC accepted 2/7/13  
McWhan RN / PMC

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| F 226              | <p>Continued From page 7</p> <p>titled "Resident Abuse", the facility "will upon receipt of an alleged abuse conduct an internal investigation which shall consist of, interviews with any witnesses's, staff, family, roommates, visitors and other patients." Per interviews with staff conducted on 1/9/13 and 1/10/13, the staff that was present on 12/27/12 on the unit at 1030 PM, the staff indicated that they were never interviewed regarding information they may have regarding the incident with Resident #1 at 1030 PM on 12/27/12 by anyone.</p> <p>Per interview with the Director of Nursing on 1/9/13, he/she indicated that he/she had not interviewed anyone during the course of the internal investigation. The DNS indicated that the information concerning what had happened to Resident #1 on 12/27/12 at 1030 PM was obtained from the nurses notes in the medical record. Per interview with the facility Administrator on 1/9/13, he/she indicated that the facility's policy and procedure titled "Resident Abuse" indicates the facility "will upon receipt of an alleged abuse conduct an internal investigation which shall consist of, interviews with any witnesses's, staff, family, roommates, visitors and other patients."</p> <p>2. Per review of the medical record for Resident #1 on 1/9/13, the Nurses notes dated 1/4/13 at 2:20 AM state a Licensed Nursing Assistant called the nurse to go into the room of Resident #1 because a bruise had been found on the right forearm. The nurses note indicated that "purple/red bruise on right forearm measured 6.5 by 2.5 cm and on the top of the hand there was a dark purple/black area surrounded by a lighter purple measuring 3.5 by 2 cm." The nurses notes</p> | F 226         |   |                      |

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| F 226 | <p>Continued From page 8</p> <p>indicate "unsure of origin". Per review of the nurses notes dated 1/4/13 at 1100 AM written by the Unit Manager, the note indicates that the physician was notified by fax and the power of attorney (POA). The note also indicates that resident stated "my husband did that to me."</p> <p>Per interview with the Unit Manager on 1/9/13, he/she indicated that Resident #1's husband is deceased. The Unit Manager confirmed that the bruises found on Resident #1 were of unknown origin and the staff was monitoring the bruises. Per interview with the Unit Manager on 1/9/13, Resident #1 does not have self injurious behaviors, is verbally combative with care not physically combative and does not tend to flail his/her limbs. Per interview the Unit Manager confirmed that no internal investigation had been conducted to determine a cause of the bruising identified by staff on 1/4/13 and to his/her knowledge had not been reported to the appropriate State agency. The Unit Manager confirmed on 1/9/13 that she was made aware of the bruises of unknown origin on 1/4/13 in the AM.</p> <p>Per interview with the night Licensed Practical Nurse (LPN) on 1/9/13 at 345 PM, he/she indicated that on 1/4/13 at 220 PM, he/she was informed by the aide of bruising on the right hand and arm of Resident #1. The LPN confirmed that he/she looked at area and documented it in the nurses notes and on the 24 hour report sheet. The LPN indicated that the 24 hour report was used to make other staff and Administration aware of resident issues. The LPN confirmed that he/she did not know the origin of the bruises and that no one had informed him/her of any</p> | F 226 |  |  |
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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2013  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>475033 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>01/09/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>CRESCENT MANOR CARE CTRS | STREET ADDRESS, CITY, STATE, ZIP CODE<br>312 CRESCENT BLVD<br>BENNINGTON, VT 05201 |
|--|--|

| (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 226 Continued From page 9  
interventions to use to prevent further bruising. The LPN confirmed that she told the Unit Manager of the bruising of unknown origin. The LPN indicated that he/she was not aware of any protocol or procedure to use if a bruise of unknown origin is identified.

Per review of the facility 24 hour report sheets, on 1/3/13 the night nurse documented, "right forearm purple/red bruise 6.5 by 2.5 cm, right top of hand dark purple/black with surrounding lighter purple 3.5 by 2 cm, denies discomfort, unsure of origin."

Per review of the facility policy and procedure titled "Resident abuse" the facility will have "procedures to identify events such as suspicious bruising of residents, occurrences, patterns and trends that may constitute abuse and to determine the direction of investigation."

Per interview with the facility Administrator on 1/9/13 at 459 PM, he/she indicated that the bruise of unknown origin was listed on the 24 hour report sheet and that the 24 hour report sheet is reviewed each day in morning meeting by the Administrator and Director of Nursing (DNS). The Administrator confirmed in interview that no notification had taken place to the required agencies. Per interview on 1/4/13 the DNS was unable to provide any documentation of any facility policy and procedure for bruises of unknown origin.

F 226

F 279 483.20(d), 483.20(k)(1) DEVELOP  
SS=D COMPREHENSIVE CARE PLANS

F 279

A facility must use the results of the assessment to develop, review and revise the resident's

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| F 279 | <p>Continued From page 10 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:<br/>Based on record review and staff interview the facility failed to develop a comprehensive care plan that includes measurable objectives and timetables to meet a resident's specific medical, nursing and mental and psychosocial needs that are identified 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 11/24/10 with diagnoses that included: Alzheimer dementia, depression and anxiety and nervous disorder.</p> <p>Per review of the nurses notes dated 12/27/12, the notes indicate that three reddened areas where observed by two LNA's and the Licensed</p> | F 279 | <p><del>F279</del></p> <p><del>Reviews of Resident Care Plans that have Behavior Care Plans have begun and will continue. A statement of the risk for abuse by residents and staff will be added to individual care plans.</del></p> <p><del>SDC Assistant will randomly audit Care Plans of residents that have Behavior Care Plans to assure compliance, outcomes will be reported to COI.</del></p> <p><del>On-going</del> See addendum.</p> |  |
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| F 279  | <p>Continued From page 11</p> <p>Practical Nurse (LPN) on Resident #1's mid chest area that measured 0.5 cm wide and 2 cm long. The nurses notes also indicate that Resident #1 had red round area on the left wrist with elongated area measuring 0.7 cm and an area on the right arm between the forearm and elbow measuring 5 cm by 2 cm, a second reddened round area measuring 1.3 cm and a small red round bruise measuring 0.7 cm in diameter.</p> <p>Per review of the nurses notes for Resident #1 on 1/9/13, the nurses notes dated 1/4/13 at 2:20 AM indicate a Licensed Nursing Assistant (LNA) called the nurse to go into the room of Resident #1 because a bruise had been found on the right forearm. The nurses note indicated that "purple/red bruise on right forearm measured 6.5 by 2.5 cm and on the top of the hand there was a dark purple/black area surrounded by a lighter purple measuring 3.5 by 2 cm." The nurses notes indicate "unsure of origin"</p> <p>Per interview with Unit Manager (UM) on 1/9/13, he/she indicated that Resident #1 did not have self injurious behaviors, was not physically combative with staff and did not have a medical condition that would cause bruising. The UM confirmed in interview on 1/9/13 that on 12/27/12 and 1/4/13 Resident #1 had bruises that were documented to be of unknown origin. The UM reviewed the comprehensive care plan for Resident #1 and confirmed that there was no resident specific care plan addressing measurable objectives and goals and specific interventions to prevent bruises of unknown origin for Resident #1.</p> | F 279  | <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 CMS2567 exist, nor does the facility admit to any statement findings, facts, or conclusions that form the basis for 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> |   |

F279

Reviews of Resident Care Plans that have Behavior Care Plans have begun and will continue. A statement of the "risk for abuse" by residents and staff will be added to individual care plans.

In addition, an assessment for the "risk for bruising" will be completed on residents. The Care Plan will have a written statement addressing the risk.

SDC Assistant will randomly audit Care Plans of residents that have Behavior Care Plans and others that have been assessed for risk of bruising, to assure compliance, outcomes will be reported to CQL.

Staff was re-educated that our elderly residents are at increased risk for bruising due to fragile skin and medications. A review of reporting Bruises of Unknown Origins was completed by SDC to all staff.

1/11/13

On-going

F279 POC accepted 2/7/13  
Mullihan/PAC

*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 CMS2567 exist, nor does the facility admit to any statements, findings, facts, or conclusions that form the basis for 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.*