

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

August 12, 2011

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

Dear Ms. Werner-Poorman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 25, 2011**. 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

RECEIVED  
Division of  
AUG 10 11

PRINTED: 07/29/2011  
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 01 - MAIN BUILDING B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED  07/25/2011
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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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K 000	INITIAL COMMENTS	K 000		
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation during the Life Safety Code inspection, the facility failed to ensure self-closing doors are in proper working order in 1 wing of the facility. Findings include:</p> <p>Per observation on 7/25/11, accompanied by the Chief of Maintenance, the soiled utility room door on the North Wing of the facility does not properly latch when closed with the door closer.</p>	K 029	<p>K029 NFPA 101 LIFE Safety Code Standard</p> <p>Prior to inspector leaving door was adjusted so door properly latched when closed.</p> <p>Environmental Director will continue to check self closing doors monthly. Findings will be reported to CQI Committee.</p> <p>7/25/11</p> <p>K029 POC Accepted 8/10/11 F.Cioffi / Pincotarn</p>	
K 130 SS=D	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p>	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Charles Warr-Poon* TITLE *Adm* 8-9-11 (X6) DATE

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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K 130	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation during the Life Safety Inspection, the facility failed to meet all NFPA (National Fire Protection Association) standards. Findings include:  Based on observation on 7/25/11, accompanied by the Chief of Maintenance, there was an oxygen tank stored in the corner of room 12 of the North Wing that was not supported or restrained. All oxygen tanks must be secured per NFPA 99, section 5.3.13.2.2(11).	K 130	K130 NFPA 101 Miscellaneous  The O2 tank was removed immediately. O2 tanks will be checked regularly to assure they are secured at all times. Audits will be completed by Environmental Director to assure compliance for the next 60 days. Audit outcomes will be reported to CQI Committee. Monthly compliance checks were added to the Environmental routine checklist. Nursing staff will be re-educated by SDC and Environmental Director to monitor resident rooms for compliance.  8/19/11  K130 POC Accepted 8/11/11 F. Ciotti / P. Motarn	