

Division of Licensing and Protection
103 South Main Street
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

January 19, 2016

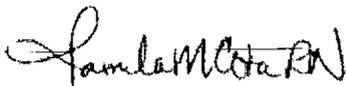
Ms. Wendy Beatty, Administrator
Crescent Manor Care Ctrs
312 Crescent Blvd
Bennington, VT 05201-0170

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 29, 2015**. 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



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

PRINTED: 01/07/2016
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 R 12/29/2015
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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)	(X6) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}	The following constitutes the facility's response to the findings of the Department of Licensing and Protection and does not constitute an admission guilt or agreement of the facts alleged or conclusions set for the summary statement of deficiencies.	
{F 241} SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.	{F 241}	F241	
	This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to promote care for 8 of 32 residents, in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Residents #38, 42, 64, 67, 100, 101, 102 and 103. Findings include: At 9:45 AM, during an accompanied tour of the North Unit, with the Registered Nurse (RN) Unit Manager, it was found that Residents #38, 42, 64, 67, 100, 101, 102 and 103 had personal information regarding care plans, activity of daily living and other personal information posted in their shared bathrooms. At 9:55 AM the RN stated that the bathrooms are frequented by a variety of staff members and the bathrooms are used by a number of residents and that the information was not supposed to be kept in the bathrooms.		All PHI was removed from bathrooms. All residents are identified as having the potential to be affected. Education has been provided to nursing to utilize the care tracker system for PHI information. An audit tool has been developed to ensure there is no patient info in bathrooms. Audits will be completed by the DNS weekly x 4 and monthly x 4. Results will be reported to QAPI. Date of compliance: January 18, 2016 Responsible: DNS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

NHA

(X6) DATE

1.18.16

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 279} SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment 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 staff interview and record review, the facility failed to develop comprehensive care plans for 2 of 6 residents, Residents #15 regarding respiratory condition changes and Resident # 65 regarding wound care following surgical procedure. Findings include:</p> <p>1. Review of the medical record for Resident #15 presented him/her to have a new diagnosis of Upper Respiratory Infection (URI) and s/he has Chronic Obstructive Pulmonary Disease (COPD). Resident is currently on antibiotics, Augmentin 875 mg started by mouth (po) twice a day (BID)</p>	{F 279}	<p><i>F279 POC accepted 1/15/16 BB/AR/PM</i></p> <p>F279</p> <p>Resident #15 and #65 care plans were updated to reflect usage of condition changes.</p> <p>Residents who have had condition changes and surgical procedures have a potential to be affected.</p> <p>Education will be provided for the center staff on utilizing immediate needs care plans for respiratory condition changes and surgical procedures.</p> <p>Care plan audits will take place weekly x 4 and then monthly x4 with results reported through the QAPI process.</p> <p>Date of compliance: January 18, 2016</p> <p>Responsible: DNS and Nurse Managers</p> <p><i>F279 POC accepted 1/15/16 BB/AR/PM</i></p>	

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{F 279}	<p>Continued From page 2</p> <p>for 10 days with Clindamycin 300 mg po three times a day (TID) for 10 days which were started 12/22/15. S/he also has orders for Duoneb aerosol treatments via nebulizer. Listed under a care plan titled Special Nutrition Concerns related to Huntington's, there is a listing of his/her antibiotics. There is no evidence to show that the resident has a comprehensive care plan that lists the problem regarding his/her COPD and current URI. Per interview with the Registered Nurse at 12:53 PM s/he stated that there was no evidence of a care plan and that there should at least be an intermediate care plan in place and at 12:59 PM began to formulate an intermediate care plan for the resident.</p> <p>2. Review of the medical record for Resident #65 presented that s/he had been transferred to the local hospital on 12/11/15 and was then transferred to Albany Medical Center where s/he underwent surgery to have a monitoring device placed in his/her brain after the discovery of a subdural hematoma and blood was drained to relieve pressure on the brain. Upon the return of Resident #65 on 12/18/15, there were surgical staples in place. There was no evidence of a comprehensive care plan to address the recent surgery and care for the scalp wound. During an interview with the Minimum Data Set (MDS) nurse at 11:23 AM, s/he stated that an immediate needs care plan should have been put in the resident's chart regarding the staples and confirmed that there was no evidence of a care plan being in place. At 2:50 PM the MDS nurse stated that the resident was not considered a new admission, but was a readmission and the nurses would be working off the old care plans and new ones would not be developed as if s/he were a new admission.</p>	{F 279}		
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{F 280} SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to revise care plans for 1 of 6 residents, Resident #15 regarding falls. Findings include:</p> <p>1. Review of the medical record presents that Resident #15 has a diagnosis of Huntington's Chorea disease. It was recorded that s/he slid from chair on 12/18/15 with small abrasion on left temple. S/he has a care plan regarding falls dated 4/7/15 and listed as last fall being 5/15/14. A facility review presents that resident slid from chair after noted seatbelt had come unfastened.</p>	{F 280}	<p>F280</p> <p>Resident #15 care plan was updated to reflect fall with an abrasion.</p> <p>Residents who reside at the center and have had falls are identified as having the potential to be affected.</p> <p>Education will be provided for the center staff on reviewing and revising resident care plans specifically for falls and interventions.</p> <p>Care plan audits will take place weekly x 4 and then monthly x4 with results reported through the QAPI process.</p> <p>Date of compliance: January 18, 2016</p> <p>Responsible: DNS and Nurse Managers</p> <p><i>F280 POC accepted 1/15/16 BB/ARL R/P/ML</i></p>	
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{F 280}	Continued From page 4 and sustained a small abrasion to the left side of forehead with an action plan/recommendations to double check security of seat belt latch appropriately. Per interview with the Registered Nurse at 12:53 PM the procedure for a resident with a fall is to insure that the care plan is updated and interventions are put in place. S/he further stated that if there is an injury, then monitoring of the injury is done. S/he confirmed at this time that there was no evidence of the care plan being revised to reflect that there was a fall, nor that the abrasion had been monitored.	{F 280}		