

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

December 17, 2014

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 **November 13, 2014**. 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: 11/20/2014
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 11/13/2014
NAME OF PROVIDER OR SUPPLIER CRESCENT MANOR CARE CTRS			STREET ADDRESS, CITY, STATE, ZIP CODE 312 CRESCENT BLVD 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
F 000	INITIAL COMMENTS An unannounced onsite investigation of two complaints was conducted by the Division of Licensing & Protection on 11/13/2014. The following regulatory deficiency was identified as a result of the investigation.	F 000	F164 Corrective Action: Video of resident #1 immediately deleted	
F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.	F 164	What residents have the potential to be affected: All residents have the potential of being affected by this deficient practice Systemic Changes: Staff have received re-education on the importance of following the computer use policy. Monitoring: Audits are ongoing to assure compliance. Results will be reported to the QAPI committee by the DNS for three months. Date Completed: December 3, 2014 <i>F164 POC accepted 12/15/14 mthgimwrl/pmc</i>	

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

TITLE

(X6) DATE

[Signature]

NHA

11.25.14

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 164	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed assure personal privacy is afforded to all residents and failed to contact the legal representative of one resident to acquire consent to take a video of the resident using a staff member's phone (R#1). Findings include: Per observation and record review, R#1 resides in the facility on the Huntington's Disease Unit. S/he was admitted to the facility on 9/16/2013 and had a consent for photographs for publicity, on the bulletin boards, on facility literature and for use of her/his name. This consent was signed by the resident's Legal Guardian upon admission. In an interview at 1:40 PM on 11/13/14 the Huntington Disease Coordinator (HDC) stated that R#1 had been video taped by the Unit Manager (UM), while walking, with her/his personal cell phone, and the resident was shown the video to demonstrate to her/him how unsteady her/his walking has become. The HDC stated that the resident had said yes when s/he was asked if the Unit Manager and HDC could record her/him to show her/him that her/his walking was unsteady. There was no signed consent from either the resident or the Guardian and according to the HDC, and the Legal Guardian was not contacted regarding the plan to tape the resident while walking to show her/him how her/his walking had declined. The HDC also confirmed that an MD had not been contacted regarding this strategy and that s/he had no professional standard or reference to support this strategy. The HDC stated that the UM had since deleted the video from the cell phone and that s/he had witnessed it.	F 164			

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F 164	Continued From page 2 In an interview at 3:40 PM the Administrator and DNS had been informed of the video taping in a morning meeting by other staff and that one of the other nurses had expressed a concern regarding this event. They both stated that the facility was unaware of and did not support this practice. The Administrator confirmed that there was no signed consent for any video taping in the record and that the resident did have a Legal Guardian at the time of the incident. The Administrator confirmed that the HDC stated she had witnessed the UM delete the video from her/his cell phone but that the device was not inspected to assure that the video had been removed. A facility policy regarding electronic devices clearly states that staff is not to use personal devices to photograph or record residents and that if they did the facility had the right to inspect the device. There is no documentation related to this incident found or provided during the investigation, either in the clinical record or the personnel records of staff involved, and the Administrator acknowledged that there was no documentation regarding the incident available.	F 164		