

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 27, 2014

Mr. Dovid Glenn, Administrator
Crescent Manor Care Ctrs
312 Crescent Blvd
Bennington, VT 05201-0170

Dear Mr. Glenn:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 21, 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

PC:jl

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

PRINTED: 02/04/2014
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 01/21/2014
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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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F 000	INITIAL COMMENTS	F 000		
F 250 SS=B	<p>On unannounced on-site complaint investigation was conducted on 1/21/14 by the Division of Licensing and Protection. There were regulatory findings identified. The findings include;</p> <p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>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 each resident for 2 of 5 residents identified (Resident #2, #4). The findings include;</p> <p>1. Per record review, Resident #2 was admitted to the facility on 9/2/13. The medical record indicates that the family indicated the stay was for respite care with a possibility of long term care placement. Per review of the medical record on 9/13/13, Resident #2 was admitted to the dementia unit for long term care placement.</p> <p>Per review of the comprehensive care plan titled "Discharge planning" initiated on 9/12/13, indicates that "resident will remain in the facility to maintain safety per family wishes." A second discharge care plan, dated also on 9/12/13 titled "Resident will be discharged back to the</p>	F 250	<p>F250</p> <p>Resident #2 is no longer in facility.</p> <p>An attorney for Resident #4 is in the process of attaining state appointed guardianship. Every effort is being made to find proper placement.</p> <p>All care plans have been audited and updated for proper discharge planning.</p> <p>SW will review and sign discharge plans quarterly.</p> <p>DNS will audit 5 charts monthly to insure plans are clear, accurate and up to date</p> <p>Completion date 1/11/14 Per phone call with the Administrator on 2/11/14 at 2:45 PM, Completion Date: 2/11/14 Pmcotarn FASD PDL accepted 2/11/14 Pmcotarn</p>	2/11/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i> Administrator	TITLE	(X8) DATE 1/21/14
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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 250	<p>Continued From page 1 community safely as able."</p> <p>Per review of the medical record, an entry dated 11/15/13 indicates that Resident #2's family called the facility requesting medical records be sent to another facility. The family member was referred to speak to the facility social worker and Resident #2's family refused. The entry indicates will begin transfer referral paperwork." The Social Services notes dated 11/26/13 indicate that Resident #2 was transferred to another facility, family to pick Resident #2 up. Report given to other facility.</p> <p>Per interview with the facility Social Service Worker on 1/21/14, he/she indicated he/she had started their employment at the facility on 11/11/13. The SSW indicated his/her responsibilities for discharging a resident, begin at admission and include arranging services from outside agencies when going home on discharge.</p> <p>Per interview, the SSW reviewed the medical record of Resident #2 and confirmed that Resident #2 was admitted originally for respite care with the possibility of long term care placement. The SSW also confirmed that Resident #2 was discharged to another facility on 11/26/13. Per review of the comprehensive care plan initiated on 9/12/13, the SSW confirmed that the care plan was confusing because it indicated the discharge plan was to remain in the facility long term and also to be discharged to the community. The SSW confirmed that the care plan (s) had not been reviewed or revised since 9/12/13 and did not accurately reflect the resident's status for discharge. Per interview on 1/21/14, the SSW reviewed the medical record and confirmed that there was no documentation that indicated why Resident #2 was going to be</p>	F 250			

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F 250	<p>Continued From page 2</p> <p>discharged and why Resident #2 was going to another facility for long term care. The SSW indicated that he/she had "no idea" why resident #2 was leaving the facility.</p> <p>Per interview with the SSW, he/she was unaware of the federally regulations for "Medically related social services" and was unaware that he/she was to be involved in discharge planning with the family, the resident and facility staff. The SSW indicated he/she was unaware that he/she was responsible for anything more than making arrangements for services to home upon discharge. That is what he/she was told his/her job responsibilities were.</p> <p>2. Per record review, Resident #4 received periodic updates of the second stage of h/her Pre-Admission Screening and Resident Review [PASARR] in order to determine if the resident required the level of services provided by the nursing facility. Per record review, Resident #4's PASARR Determination notice dated 9/9/13 records Resident #4's "developmental needs cannot be met in [the] nursing facility and [Resident #4] cannot remain [in the facility] based upon resident review". Per record review and confirmed by staff interview on 1/21/14, Resident #4 was currently residing at the facility, and was identified by the facility as requiring or receiving PASARR services.</p> <p>Per record review of an order dated 11/13/13 from Probate Court - "it is in [Res.#4]'s best interest to move from [the facility] to h/her father's home, subject to the conditions of discharge established by the Social Services staff at [the facility]."</p> <p>Per record review and confirmed by the facility's</p>	F 250			

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F 250	Continued From page 3 Social Worker, there were 5 conditions of discharge as recorded by the court order, and documented in Resident #5's plan of care. As of the date of this investigation, 1/21/14, only one of the 5 conditions had been met: the evaluation of the home, and that had been completed over 2 months prior. Per interview with the Social Worker [SW] on 1/21/14 at 3:03 P.M. the SW had given the father a deadline of 12/5/13 for completion of the conditions. The SW stated that since the deadline had passed h/she had had no contact with the father, and that the father "won't speak with me..." The SW further stated h/she had no way to confirm when or if the conditions of the court order had been fulfilled, and that the facility had no alternative plan in place if the conditions were not met. Per the interview on 1/21/14 at 3:03 P.M. the SW also confirmed that Resident #4's PASARR Determination notice dated 9/9/13 "means [h/she]'s not supposed to be here", and stated that the services the facility provided to the resident were "room and board".	F 250	F285 Resident # 5 does not require a level 2. Resident #6 -case being reviewed by PASRR coordinator Resident # 7 will have a level 2 evaluation done by the state scheduled for 2/19/14 Resident #8 has a level 2 completed All resident records have been audited for PASRR. No resident will be admitted without PASARR level 1 and level 2 when necessary. Admissions director will insure all screens are in place Completion date 1/11/14 An attorney for Resident #4 is in the process of attaining state appointed guardianship. Every effort is being made to find proper placement for resident.	
F 285 SS=B	483.20(m), 483.20(e) PASARR REQUIREMENTS FOR MI & MR A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort. A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental illness as defined in paragraph (m)(2) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the	F 285		2/18/14

Per phone call with the Administrator on 2/26/14 at 2:45 PM, Completion Date: 2/18/14
pmcotarw

F285 PDC accepted 2/26/14 pmcotarw

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F 285	<p>Continued From page 4</p> <p>State mental health authority, prior to admission;</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>(ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission--</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>For purposes of this section:</p> <p>(i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1).</p> <p>(ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon interview and record review, the facility failed to ensure a Pre-Admission Screening And Resident Review was completed on 4 of 14 residents sampled [Residents #5, #6, #7, & #8] in order to determine if the residents required the level of services provided by a nursing facility, and continued admittance for 1</p>	F 285			

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F 285	Continued From page 5 resident [Resident #4] of 1 sampled after screening determined that the needs of the resident could not be met by the facility. Findings include: 1). Per record review, of 1 residents sampled that were designated as having a diagnosis of Mental Illness by the facility, 4 residents' [Residents #5, #6, #7, & #8] Pre-Admission Screening And Resident Reviews [PASARR] indicated that a second screening was required to determine if the resident was qualified for nursing home placement and specialized services. Per interview with the facility's Admissions Coordinator on 1/21/14 at 3:00 P.M. the Admissions Coordinator confirmed that the 4 residents' PASARR forms documented that a second stage of the PASARR was necessary, and that the facility was required to notify the proper State Agency regarding this. The Coordinator stated this had not been done, and confirmed that without the stage 2 forms completed, h/she would be unable to determine if the 4 residents met the admission requirements and/or were receiving the specialized services they may need. 2). Per record review, Resident #4 received periodic updates of the second stage of h/her Pre-Admission Screening and Resident Review [PASARR] in order to determine if the resident required the level of services provided by the nursing facility. Per record review, Resident #4's PASARR Determination notice dated 9/9/13 records Resident #4's "developmental needs cannot be met in [the] nursing facility and [Resident #4] cannot remain [in the facility] based upon resident review". Per record review and confirmed by staff interview on 1/21/14, Resident	F 285			

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F 285	<p>Continued From page 6</p> <p>#4 was currently residing at the facility, and was identified by the facility as requiring or receiving PASARR services.</p> <p>Per record review of an order dated 11/13/13 from Probate Court - "it is in [Res.#4]'s best interest to move from [the facility] to h/her father's home, subject to the conditions of discharge established by the Social Services staff at [the facility]."</p> <p>Per record review and confirmed by the facility's Social Worker, there were 5 conditions of discharge as recorded by the court order, and documented in Resident #1's plan of care. As of the date of this investigation, 1/21/14, only one of the 5 conditions had been met: the evaluation of the home, and that had been completed over 2 months prior. Per interview with the Social Worker [SW] on 1/21/14 at 3:03 P.M. the SW had given the father a deadline of 12/5/13 for completion of the conditions. The SW stated that since the deadline had passed h/she had had no contact with the father, and that the father "won't speak with me..." The SW further stated h/she had no way to confirm when or if the conditions of the court order had been fulfilled, and that the facility had no alternative plan in place if the conditions were not met. For the interview on 1/21/14 at 3:03 P.M. the SW also confirmed that Resident #4's PASARR Determination notice dated 9/9/13 "means [h/she]'s not supposed to be here", and stated that the services the facility provided to the resident were "room and board".</p>	F 285			