VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

July 10, 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 **June 18, 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

PRINTED: 06/27/2014
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	475033		C 06/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT MANOR CARE CTRS	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)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
	An unannounced on-site investigation of a complaint was conducted by the Division of Licensing & Protection on 6/18/2014. There were no regulatory deficiencies identified as a result of the complaint investigation, however an unrelated deficiency was cited as follows:			
F 323 SS=B	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323	F323 Medications were secured immediately. Discontinued Medications will be stored in the med carts behind the current meds. Nurses have been in-serviced on securing medications. Unit managers will conduct audits for compliance. Weekly X 4, Monthly X 2. Results will be reported at the monthly QAPI meeting. DNS to monitor Completion Date 6/27/14 F323 POC accepted 7/8/14 MHgamsRN/RMC	
	This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to assure that the resident environment remained free of accident hazards. This has the potential to affect multiple residents located in and around the South Unit. Findings include: Per observation at 1 PM on the South Unit Nursing Station, there were medications unsecured on the desk. The medications included Ceftin 250 mg tablets in a partially used bubble pack and a full bottle of Nystatin Powder 100,000 units per Gram. During an observation period of 15 minutes there were three intervals when residents were near the desk and there was no staff in sight. In an interview at 1:16 PM, the Unit Manager confirmed that the medications had been left in an unsecured area and that s/he had			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 6.27.14

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 323	Continued From page 1 not been aware that they were there. The Unit has residents with Dementia, Mental Health issues and Huntington's disease who move freely about the unit as well as staff and visitors.	F 323	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Crescent Manor 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 deficiency6. The facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.	

administrator 6.27.14