

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

August 21, 2015

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 **July 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: 08/06/2015
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 07/29/2015
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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)	(X5) COMPLETION DATE
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<p>F 000</p> <p>F 250 SS=E</p>	<p>INITIAL COMMENTS</p> <p>An unannounced on site investigation of 4 facility self reports was conducted by the Division of Licensing and Protection on 7/29/15. The following regulatory deficiencies were identified: 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: Based on observation and medical record review the facility failed to provided medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being for 2 of 6 applicable residents. (Resident #1 and #3.) The findings include the following:</p> <p>1. Per medical record review Resident #3 was admitted on 4/13/15 with diagnoses to include Dementia with behaviors, Anxiety, and Acute Confusion.</p> <p>Interdisciplinary Care Plan identifies that Resident #3 has a problem identified as, Increased Behaviors related to altered thought process. Resident #3 is at risk for abuse by other residents and/or staff related to agitated/physically aggressive/intrusive wandering behaviors. The problem also documents resident to resident altercations on 5/21, 6/17, 7/4, 7/13, 7/18 and</p>	<p>F 000</p> <p>F 250</p>	<p>F250</p> <p>Resident #3 care plan was updated to meet the specific needs and interventions that will help resident #3 with his aggressive behaviors and potential needs.</p> <p>Residents who have aggressive behaviors and/or are the victim of physical aggression by other residents are identified as having the potential to be affected.</p> <p>Education has been provided to social services and nursing on updating care plans, interventions and follow up for residents who have aggressive behaviors and/or are involved in resident to resident physically aggressive altercations.</p> <p>An audit tool has been developed to ensure social service follow up, staff interventions and care plan updates are completed. Audits will be completed by the DNS weekly x 4 and monthly x 4. Results will be reported to QAPI.</p> <p>Date of compliance: August 18th 2015</p> <p>Responsible: DNS, Nurse Managers and Social Services</p> <p>FASO POC accepted 8/20/15 MBEhrndrnl PML</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Urbady</i>	TITLE Administrator	(X8) DATE 8.17.15
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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</p> <p>7/27/15. The problem was initiated on 4/24/14 and updated on 6/24/15. Care plan initiatives identify approaches from Social Services as attempt to remove to quiet area if resident becomes agitated or aggressive.</p> <p>Social Service (SS) Progress notes identify documentation on 4/9/15 related to admission, 4/10/15 relates to Emergency Room transfer, 4/13/15 related to possible Hospice Services, 4/28/15 related to care plan meeting, 5/1/15 related to Medicaid application, 5/7/15 related to financial concerns voiced by the resident's spouse, 7/7/15 related to care plan meeting with discussion to palliative care orders and 7/19/15 related to the incident that occurred on 7/18/15.</p> <p>Interview with the Nursing Home Administrator confirms that the documentation of 7/18/15 was provided from the Social Service office, from accumulated medical documentation that needs to be filed. There were no other documents provided identifying that SS has met the requirements of the care plan as identified, nor has there been consistent follow-up from previous incidents that have occurred since admission.</p> <p>2. Per medical record review Resident #1 was admitted on 12/6/13 with diagnoses to include Persistent Mental Disorder with Behaviors, Diverticulosis of the Colon and Hearing Loss.</p> <p>Interdisciplinary care plan identifies that Resident #1 has a problem of Violence, related to risk for physical aggression towards others. The problem also documents resident to resident altercations dated 3/4, 6/22, 6/29 and 7/18/15. The problem was initiated on 12/4/14 and updated on 5/28/15.</p>	F 250			

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F 250	Continued From page 2 There are multiple approaches listed on the care plan that are the responsibility of the Social Service (SS) department. SS progress notes identify documentation related to 1 altercation that occurred on 3/4/15. Documentation identifies that SS will continue to monitor and offer support. 5/28/15 SS note identifies a care plan meeting. Interview with the Nursing Home Administrator confirms that the documentation dated 7/13/15 was provided from the SS office, from accumulated medical documentation that needs to be filed. The SS incident report identifies that SS will follow-up by 7/22/15 and will also continue to offer support. There were no other documents provided identifying that SS has met the requirements of the care plan as identified nor has there been consistent follow-up from previous incidents that have occurred since admission.	F 250			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 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. 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,	F 280			

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F 280	<p>Continued From page 3</p> <p>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 observation, medical record review and confirmed by staff interview the facility failed to update Interdisciplinary Care plan for 1 of 6 applicable residents. (Resident #3.) The findings include the following:</p> <ol style="list-style-type: none"> 1. Per medical record review Resident #3 was admitted on 4/13/15 with diagnoses to include Dementia with behaviors, Anxiety, and Acute Confusion. <p>Interdisciplinary Care Plan identifies that Resident #3 has a problem regarding Increased Behaviors related to altered thought process. Resident #3 is at risk for abuse by other residents and/or staff related to agitated/physically aggressive/intrusive wandering behaviors. The problem also documents resident to resident altercations on 5/21, 6/17, 7/4, 7/13, 7/18 and 7/27/15. The problem was initiated on 4/24/14 and updated on 6/24/15. There are no new initiatives evidenced on the care plan, dated for any other incidents documented. Nor is there any evidence that a care plan review took place. Interventions are consistent with the date the care plan was initiated.</p> <p>Per interview with Licensed Practical Nurses</p>	F 280	<p>F280</p> <p>Resident #3 care plan was updated to meet the specific needs and interventions that will help resident #3 with his aggressive behaviors.</p> <p>Residents who reside at the center 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 behavior management interventions and resident to resident altercations.</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: August 18th 2015</p> <p>Responsible: DNS and Nurse Managers</p> <p><i>F280 POC accepted 8/20/15 M.Bertrand RN/PMC</i></p>	

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F 280	Continued From page 4 (LPN) and a Licensed Nurses Aide (LNA), confirm numerous initiatives that they utilize in caring for Resident #3 that are not included on the Interdisciplinary Care Plan. Per interview with the Director of Nurses, initiatives that are non-pharmacological, as discussed with direct care staff, are not documented on the care plan.	F 280	F323 Resident #3 care plan was updated with interventions utilized that will help resident #3 with his aggressive behaviors.	
F 323 SS=E	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. This REQUIREMENT is not met as evidenced by: Based on medical record review and confirmed by staff interview the facility failed to ensure that 1 of 6 applicable residents was adequately supervised to prevent resident to resident altercations perpetrated by Resident #3. The finding include the following: Per medical record review Resident #3 was admitted on 4/13/15 with diagnoses to include Dementia with behaviors, Anxiety, and Acute Confusion. Per medical record review the following Resident to Resident incidents occurred: 5/21/15: Resident #3 was pulling a chair with a resident sitting on it and as s/he began to yell, Resident #3 hit the sitting resident in the	F 323	Residents with behaviors who reside at the center are identified as having the potential to be affected. An interdisciplinary behavior team will be formed to address and discuss interventions to attempt to prevent further accidents. Care plans will be updated specifically for the behavior management interventions in relationship to resident behaviors and resident to resident altercations. Care plan audits will take place weekly x4 and then monthly x4 with results reported through the QAPI process. Date of correction: August 18 th 2015 Responsible: DNS and Nurse Managers <i>F323 POC accepted 8/20/15 mBertrand RN/PMC</i>	

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F 323	Continued From page 5 forehead. No injury resulted. 6/17/15: staff witnessed Resident #3 hitting another resident in the back of the head. No injury resulted. 7/4/15: Resident #3 was sitting in the hall in a chair, when another resident ran over his/her toes. Resident #3 then hit the seated resident in the lap. No injuries resulted to either resident. 7/13/15: Resident #3 struck an employee in the chest. As s/he attempted to hit the employee a second time, struck another resident who was in close proximity. No injuries resulted. 7/18/15: Resident #3, with a picture frame in his/her hands, approached another resident and broke the frame on the resident's head. Resident #3 was then punched by the resident who had been hit in the head. No injuries resulted in to either resident. 7/27/15: While in the activity room, Resident #3 began hitting another resident in the head and then Resident #3 tripped on the wheel chair and fell to the floor. No injuries resulted for to either resident. Refer also to F250 & F280.	F 323	The attached 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.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESAH
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFS AND NPs	PROVIDER # 475033	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 7/29/2015
NAME OF PROVIDER OR SUPPLIER CRESCENT MANOR CARE CTRS	STREET ADDRESS, CITY, STATE, ZIP CODE 312 CRESCENT BLVD BENNINGTON, VT		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 274	<p>483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE</p> <p>A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview the facility failed to conduct a significant change assessment for 1 of 6 applicable residents after a physical and/or mental condition improvement or decline, for Resident #3. The findings include the following:</p> <p>Per medical record review, Resident #3 was admitted on 4/13/15 with diagnoses to include Dementia with behaviors, Anxiety, and Acute Confusion.</p> <p>Minimum Data Set (MDS) admission assessment, which is a comprehensive resident assessment tool, dated 4/20/15, completed by the Registered Nurse (RN), identifies that Resident #3 presents with physical/verbal/invasive behavior towards others and resists care 4-6 days a week. The resident requires Extensive Assistance of 2 staff members with bed mobility, transfer, ambulation, dressing, toilet use and personal hygiene.</p> <p>MDS quarterly assessment dated 6/25/15 completed by the RN, identifies that Resident #3 presents with physical symptoms directed towards others 4-6 days a week, no verbal behavioral symptoms towards others (which is an improvement from the last assessment), is invasive towards others and resists care daily (which is a decline since the previous assessment). The resident requires Limited Assistance of 2 staff members with bed mobility, transfer and ambulation (which is an improvement from the last assessment). For toilet use and personal hygiene Resident #3 still requires Extensive Assistance with 2 staff members.</p> <p>A significant change reassessment is indicated, instead of the abbreviated quarterly assessment, when a resident is identified as having a decline or improvement in 2 or more areas related to ADL's and behaviors.</p> <p>Nurses notes identify 6 incidents that Resident #3 was involved in a resident to resident altercation on the following dates: 5/21, 6/17, 7/4, 7/13, 7/18, and 7/27/15. Nurses notes identify 4 falls dated: 4/27, 5/5, 6/28, 7/3 and 7/27/15.</p> <p>Medication adjustments were made to antidepressant and antipsychotic medication on several occasions and the resident has received injectable antipsychotic medication on 9 occasions in the month of April, 6 occasions in the month of May, 8 occasions in the month of June and 11 occasions in the month of July.</p>

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The above isolated deficiencies pose no actual harm to the residents

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AH
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFS AND NFS	PROVIDER # 475033	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 7/29/2015
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 274	<p>Continued From Page 1</p> <p>The resident presented with multiple unstable conditions and required interdisciplinary review or/or revision of the care plan indicating a significant change assessment should of been completed.</p> <p>*This is an "A" level citation.</p>
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