

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

October 15, 2015

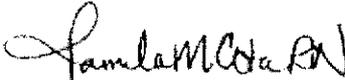
Ms. Wendy Beatty, Administrator
Crescent Manor Care Ctrs
312 Crescent Blvd
Bennington, VT 05201-0170

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 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: 10/01/2015
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 09/29/2015
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 387	Continued From page 1 notes on 7/14/14, 10/18/14, 3/11/15, 6/3/15, 9/8/15; Resident # 3 - Admitted 9/27/10. MD progress notes 10/18/14, 3/11/15, 6/9/15; Resident # 4 - Admitted 10/8/14. MD progress notes 12/3/14, 3/11/15, 6/30/15; Resident #6 - Admitted on 4/24/14. MD progress notes 7/4/14, 9/10/14, 12/3/14 and 3/1/15; Resident #9 - Admitted on 12/6/13. MD progress notes 10/5/14, 12/3/14 and 3/1/15. The above findings were confirmed by the North Unit Manager on 9/29/15 at 10:25 AM. Resident #10 - Admitted on 10/29/13. MD progress notes 12/18/13, 2/19/14, 6/25/14, 10/5/14 and 5/2/15. The resident was seen 8/2015, three months after the required visit. South Unit Manger confirmed the untimely visit on 9/29/15 at 11:15 AM.	F 387	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.	
F 520 SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require	F 520	F520 1. Medical Director participated in QA 10/13/2015. 2. No residents are affected by this deficient practice. 3. QA is been changed to a day that the Medical Director is available to participate quarterly. 4. Sign in sheets will verify compliance. Results will be reported to the QAPI committee by the Administrator for 3 months. 5. Corrective action completed October 13, 2015.	

F520 POC accepted 10/15/15 M.Bertrand RN / DWL

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F 520	<p>Continued From page 2</p> <p>disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview with the Nursing Home Administrator and confirmed by attendance records, the facility failed to assure that a designated physician attended the quality assurance (QA) committee meeting that is required to meet quarterly.</p> <p>Per interview with the Licensed Nursing Home Administrator on 9/29/15 at approximately 11 AM, confirmation was made that the Medical Director who is a member of the QA committee, has not been in attendance in any of the following meetings: 8/14, 11/14, 12/14, 1/15, 4/15 and 5/15. Attendance records show that there has not been any physician presence at any of the meetings noted above.</p>	F 520			