

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

PRINTED: 01/13/2010
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 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/07/2010
--	--	--	--

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 SPECIFIC)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

K 000	INITIAL COMMENTS	K 000		
	A Life Safety Survey was conducted on January 7, 2010. Accompanying the Inspector on the survey was the Maintenance Supervisor.		K130	
K 130	NFPA 101 MISCELLANEOUS	K 130	Before inspector left building O2 tank was properly secured and stored in the proper cart.	1/07/2010
SS=D	OTHER LSC DEFICIENCY NOT ON 2786		Maintenance Supervisor will audit compliance by daily checks for one month then routine audits monthly when 100 % compliance is achieved. Outcomes will be presented to the CQI committee by the Maintenance Supervisor.	On-going
	This STANDARD is not met as evidenced by: NFPA 99 Section 9.7.2.3 (I) Free standing cylinders shall be properly chained , or supported in a proper cylinder cart or stand.		DNS completed stand-up education to all nursing staff to assure compliance.	
	1. Based on observation on 1/7/10 an oxygen tank was not secured to the wall, or stored in a proper cart as required by NFPA 99 Section 9.7.2.3 (I). The Maintenance Supervisor confirmed the observation at the time of the tour.		2. The Beauty Parlor was recently moved and the outlet was overlooked for GFCI compliance.	1/07/2010
	2. Based on observation on 1/7/10 an AFCI outlet was not installed in the hair salon near the sink as required by NFPA 70-2008. The Maintenance Supervisor confirmed the observation at the time of the tour.		The outlet was changed before the Inspector left the building.	
			Monthly environmental checks by the Maintenance Supervisor now contain GFCI outlets.	On-going

*Poc Accepted
1/27/10
Frank Coffey*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Charles Wynn</i>	TITLE <i>Adm</i>	(X6) DATE 1-21-2010
--	---------------------	------------------------

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.

Crescent Manor Care Centers

Monthly Environmental Checklist

Emergency Lighting		Locations:	<input type="checkbox"/> West Hall Between Rms 44 & 45 <input type="checkbox"/> West Hall Near Exit <input type="checkbox"/> East Hall <input type="checkbox"/> South hall-soiled linen <input type="checkbox"/> Lobby Bathroom <input type="checkbox"/> North soiled linen	<input type="checkbox"/> North hall Between Rms 6 & 8 <input type="checkbox"/> Service hall <input type="checkbox"/> Generator shed
Inspection Date	Initials			
Procedure: Depress the test switch and make sure the lights come on.				
Exit Lights		Locations:	<input type="checkbox"/> (2) West Basement <input type="checkbox"/> (2) West Hall <input type="checkbox"/> (1) East Hall <input type="checkbox"/> (1) Far South <input type="checkbox"/> (1) Lobby	<input type="checkbox"/> (1) South (north end) <input type="checkbox"/> (4) North <input type="checkbox"/> (2) Service Corridor <input type="checkbox"/> (1) Kitchen <input type="checkbox"/> (2) Kitchen Basement
Inspection Date	Initials			
Procedure: Verify signs are properly lite				
Fire Extinguishers		Locations:	<input type="checkbox"/> (1) Maint. Shop <input type="checkbox"/> (1) Van <input type="checkbox"/> (2) West Basement <input type="checkbox"/> (1) West Corridor Exit <input type="checkbox"/> (1) South Nurses Station <input type="checkbox"/> (1) South Soiled Utility Room; (east side of hall) <input type="checkbox"/> (1) Entrance to Main Dining Hall <input type="checkbox"/> (1) North Soiled Utility Room; (east side of hall)	<input type="checkbox"/> (1) North Shower Room <input type="checkbox"/> (1) North Feeder Dining Room <input type="checkbox"/> (1) Entrance to employee break area in the service corridor <input type="checkbox"/> (1) Laundry Room (clean side) <input type="checkbox"/> (2) Kitchen Area <input type="checkbox"/> (1) Kitchen Cellar <input type="checkbox"/> (1) CoGen Room <input type="checkbox"/> (1) Generator Building <input type="checkbox"/> (1) Maint. Office
Inspection Date	Initials			
Procedure: Wipe Extinguisher clean with a rag Visually check to make sure the needle in the gauge is in the green zone. (If the needle is not in the green zone, remove it from service and have it replaced)				
Eye Wash Stations		Locations:	<input type="checkbox"/> Maintenance Shop <input type="checkbox"/> South Nourishment Room <input type="checkbox"/> South Break Room	<input type="checkbox"/> North Shower Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Laundry
Inspection Date	Initials			
Procedure: Inspect for loose or missing parts Ensure caps are in place over eye locations Make sure the unit is unobstructed and nothing is being stored in the units Turn faucet on and pull the pin on the front of the units. The caps should pop off and send to streams of water towards eyes. Note: the eye wash station in the maintenance shop is operated by pushing a paddle.				
GFI Outlets		Locations:	<input type="checkbox"/> West Basement Breakroom <input type="checkbox"/> South Kitchennette <input type="checkbox"/> South Soiled Utility Room <input type="checkbox"/> Kitchen	<input type="checkbox"/> Therapy Kitchen <input type="checkbox"/> North Activities Kitchennette <input type="checkbox"/> North Hair Dressers
Inspection Date	Initials			
Procedure: Push the test button on the outlet and verify that the unit tripped then push the reset.				
Miscellaneous		Location:	<input type="checkbox"/> Defibrillator AED, condition & battery Main Dining Hall, behind right door <input type="checkbox"/> Self-Closing Doors Doors close tight & latch. <input type="checkbox"/> O2 Tanks Secured <input type="checkbox"/> Main Lighting Check for lights not working <input type="checkbox"/> No Extension cords, only Power Strips.	
Inspection Date	Initials			

Crescent Manor Care Center

Oxygen Tank Storage Closet Audit 2010

January	Initials	Chained	Clean	Organized	Comments
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					