

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

November 24, 2015

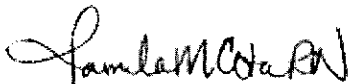
Ms. Wendy Beatty, Administrator  
Crescent Manor Care Ctrs  
312 Crescent Blvd  
Bennington, VT 05201-0170

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 4, 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: 11/16/2015  
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 09/04/2015
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 000	INITIAL COMMENTS  An unannounced onsite investigation was completed by the Division of Licensing and Protection from 8/31/15 through 9/4/15. This investigation included three entity self-reports and four complaints. There were no regulatory violations found related to allegations in the three entity self-reports and three of the four complaints. The following regulatory violation was found related to allegations in one of the complaints.	F 000			
F9999	FINAL OBSERVATIONS  Vermont State Licensing and Operating Rules for Nursing Homes  3.10 Management of Resident's Personal Funds  (a) Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for personal funds of the resident deposited with the facility, as specified in subsections 3.10 (b) through 3.10 (f) of this section.  The regulation was NOT MET as follows:  Based on record review and staff interviews, the facility failed to obtain written authorization from the resident or legal representative prior to transferring payee status from Resident #7 (1 of 7 residents in the sample) to the facility regarding Social Security funds. Findings include:  Per record review on 9/2/15, the admissions paperwork signed by Resident #7 did not include written authorization for the facility to receive deposit payment of the resident's Social Security	F9999			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



NHA

11.24.15

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.

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

PRINTED: 11/16/2015  
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 09/04/2015
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	
F9999	Continued From page 1 check. During a telephone interview on 9/2/15 at 11:45 AM, the business office representative for the facility confirmed that the Social Security check of Resident #7 which was received 8/3/15 was returned to Social Security on 8/12/15, upon notification that Resident #7 was discharged from Crescent Manor on 8/11/15. During a telephone interview on 9/4/15 at 11:50 AM, the representative of the facility's business office confirmed that they could not provide evidence of written authorization from Resident #7 to transfer payee status for his/her Social Security check to the facility.	F9999	<p>F9999</p> <p>Resident #7 was discharged from the facility and funds were returned.</p> <p>All residents who receive income have the potential to be affected.</p> <p>Education has been provided to the Business office regarding written authorization prior to transfer of payee status.</p> <p>Audits will occur to verify compliance. Results will be reported to QAPI.</p> <p>Date of compliance : September 24, 2015</p> <p>Responsible: Admissions, Administrator</p> <p><i>F9999 POC accepted 11/24/15 pncetarn</i></p>		