

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 11, 2018

Mr. Mike Rivers, Administrator
Crescent Manor Care Ctrs
312 Crescent Blvd
Bennington, VT 05201-0170

Dear Mr. Rivers:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 14, 2018**. 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: 03/28/2018
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 03/14/2018
--	--	--	---

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 on-site investigation of 2 anonymous complaints was conducted on 3/14/18 by the Division of Licensing and Protection. There were no regulatory violations identified for the 2 anonymous complaints; however, there were other regulatory violations identified.

F 756 Drug Regimen Review, Report Irregular, Act On SS=E CFR(s): 483.45(c)(1)(2)(4)(5)

§483.45(c) Drug Regimen Review.
§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

§483.45(c)(2) This review must include a review of the resident's medical chart.

§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.
(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.
(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.
(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending

F 000

The following constitutes the Facility's response to the findings Of the Department of Licensing and Does not constitute an admission of Guilt or agreement of the facts alleged or conclusions set for the summary statement of deficiencies

F 756

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

TITLE

(X6) DATE

[Signature]

[Signature]

4/15/18

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: 03/28/2018
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 03/14/2018
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 756	Continued From page 1 physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility pharmacist failed to report drug irregularities for 2 of 3 residents in the applicable sample (Resident#2 and Resident#3). Findings include: 1. Per record review Resident #2 had a physician's order written on 1/19/18 that read, "Lorazepam (medication for anxiety) one tablet by mouth every 4 hours as needed for anxiety/dyspnea (trouble breathing)." Another physician's order for Resident #2 written on 12/14/17 read, "Haloperidol LAC (medication used for agitation, acute psychosis) 2 milligrams/milliliters (mg/ml) 0.5 ml orally or sublingually every 6 hours as needed." The pharmacist reviewed Resident #2's medication regimen on 12/6/17, 1/23/18, and 2/21/18. There were no irregularities documented as part of the pharmacist's medication regimen review, regarding the 14 day limit for PRN orders for psychotropic medications. Per interview on 3/14/18 at 5:45 PM with the DNS, s/he confirmed that Resident #2 had as needed orders for psychotropic drugs that were not reported by the pharmacist. 2. Per record review Resident #3 had a	F 756	<p>F756 Resident #2 and #3 affected by the deficient practice have been seen by MD, #2 rationale provided for need, #3 medication discontinued</p> <p>All residents that have the potential to be effective by this deficient practice have been audited and seen as needed by MD</p> <p>DON discussed with pharmacist and re-education provided on importance of re-evaluating resident's on Psychotropic Meds/PRN use per federal regulation requirement. Administrator has requested new consultant</p> <p>DON met with Medical directors and Re-education provided on importance of re-evaluating resident's on Psychotropic Meds/PRN per Federal Regulation requirement.</p> <p>DON or designee will audit residents' medications to assure completion per regulation x 1 week through 4/25/2018</p> <p>Then weekly times 4 weeks through 5/25/2018</p> <p>Then Monthly times 3 months.</p> <p>Report provided at Monthly QAPI These meetings are composed of the NHA, DON, Medical Director</p> <p><i>F756 POC accepted 4/6/18 DWideawake POC/PWA</i></p>	

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

PRINTED: 03/28/2018
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 03/14/2018
--	--	--	---

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 756

Continued From page 2
physician's order written on 8/15/17 that read, "Xanax (medication used for anxiety) 0.5 mg tablet by mouth up to three times a day as needed." The pharmacist reviewed Resident#3's medication regimen on 12/6/17, 1/23/18, and 2/21/18. There were no irregularities documented as part of the pharmacist's medication regimen review, regarding the 14 day limit for PRN orders for psychotropic medications. Per interview on 3/14/18 at 5:45 PM with the DNS, s/he confirmed that Resident #3 had an as needed order for a psychotropic drug that was not reported by the pharmacist.

F 756

F758

Resident #2 and #3 affected by the deficient practice have been seen by MD, #2 rationale provided for need, #3 medication discontinued

F 758
SS=E

Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)

§483.45(e) Psychotropic Drugs.
§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:
(i) Anti-psychotic;
(ii) Anti-depressant;
(iii) Anti-anxiety; and
(iv) Hypnotic

F 758

All residents that have the potential to be effective by this deficient practice have been audited and seen as needed by MD

DON discussed with pharmacist and re-education provided on importance of re-evaluating resident's on Psychotropic Meds/PRN per federal regulation requirement. Administrator has requested new consultant

DON met with Medical directors and Re-education provided on importance of re-evaluating resident's on Psychotropic Meds/PRN per Federal Regulation requirement.

DON or designee will audit residents' medications to assure completion per regulation x 1 week through 4/25/2018

Then weekly times 4 weeks through 5/25/2018

Then Monthly times 3 months.

Report provided at Monthly QAPI These meetings are composed of the NHA, DON, Medical Director

Date of compliance 4/9/2018

Based on a comprehensive assessment of a resident, the facility must ensure that---

§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;

§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and

F758 POC accepted 4/6/18 onwde.../mca

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

PRINTED: 03/28/2018
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 03/14/2018
--	--	--	---

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 758

Continued From page 3
behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;

§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and

§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.

§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility failed to ensure that residents drug regimens were free from unnecessary psychotropic drug use for 2 of 3 residents in the applicable sample (Resident#2 and Resident#3). Findings include:

1. Per record review Resident #2 had a physician's order written on 1/19/18 that read, "Lorazepam (medication for anxiety) one tablet by mouth every 4 hours as needed for anxiety/dyspnea (trouble breathing)." Another physician's order for Resident #2, written on 12/14/17 read, "Haloperidol LAC (medication

F 758

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

PRINTED: 03/28/2018
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 03/14/2018
--	--	--	---

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 758

Continued From page 4
used for agitation, acute psychosis) 2 milligrams/milliliters (mg/ml) 0.5 ml orally or sublingually every 6 hours as needed." The pharmacist reviewed Resident #2's medication regimen on 12/6/17, 1/23/18, and 2/21/18. There were no irregularities documented as part of the pharmacist's medication regimen review; and the physician did not provide any rationale in the record for indication of use beyond the 14 day period. Per interview on 3/14/18 at 5:45 PM with the DNS, s/he confirmed that Resident #2 had as needed orders for psychotropic drugs that were not reported by the pharmacist; and there was no rationale documented by the physician that indicated use of the drugs beyond the 14 day period.

2. Per record review Resident #3 had a physician's order written on 8/15/17 that read, "Xanax (medication used for anxiety) 0.5 mg tablet by mouth up to three times a day as needed." The pharmacist reviewed Resident#3's medication regimen on 12/6/17, 1/23/18, and 2/21/18. There were no irregularities documented as part of the pharmacist's medication regimen review; and the physician did not provide any rationale in the record for indication of use beyond 14 day period. Per interview on 3/14/18 at 5:45 PM with the DNS, s/he confirmed that Resident #3 had an as needed order for a psychotropic drug that was not reported by the pharmacist; and there was no rationale documented by the physician that indicated use of the drug beyond the 14 day period.

F 758