

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<a href="http://www.dail.vermont.gov">http://www.dail.vermont.gov</a>
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

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Licensing Chief



### PRINTED: 03/28/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C 475033 B. WING 03/14/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 312 CRESCENT BLVD CRESCENT MANOR CARE CTRS BENNINGTON, VT 05201 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 000 INITIAL COMMENTS F 000 The following constitutes the Facility's response to the findings An unannounced on-site investigation of 2 Of the Department of Licensing and anonymous complaints was conducted on Does not constitute an admission of 3/14/18 by the Division of Licensing and Guilt or agreement of the facts alleged or Protection. There were no regulatory violations conclusions set for the summary statement identified for the 2 anonymous complaints; of deficiencies however, there were other regulatory violations identified. Drug Regimen Review, Report Irregular, Act On F 756 F 756 CFR(s): 483.45(c)(1)(2)(4)(5) SS=E §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,

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

action has been taken to address it. If there is to be no change in the medication, the attending

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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 tays 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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pharmacist.

that Resident #2 had as needed orders for

2. Per record review Resident #3 had a

psychotropic drugs that were not reported by the

DON, Medical Director

F756 POC accepted 4/6/18 pwideavaluers/PM

# 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:	(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED		
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	physician's order was "Xanax (medication tablet by mouth up needed." The phase medication regime 2/21/18. There was documented as pase medication regime limit for PRN orde. Per interview on 3 DNS, s/he confirm needed order for a reported by the phase from Unneeded.	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. Free from Unnec Psychotropic Meds/PRN Use		F758  Resident #2 and #3 affected by deficient practice have been see #2 rationale provided for need, # medication discontinued  All residents that have the potent effective by this deficient practic been audited and seen as needed DON discussed with pharmacist education provided on important evaluating resident's on Psycho	n by MD, #3  htial to be ce have I by MD  t and re- ice of re- tropic	
SS=E	§483.45(e) Psyche §483.45(c)(3) A ps affects brain activi processes and be but are not limited categories: (i) Anti-psychotic; (ii) Anti-depressan (iii) Anti-anxiety; a (iv) Hypnotic Based on a compresident, the faciliti §483.45(e)(1) Respsychotropic drug unless the medica specific condition in the clinical reco	otropic Drugs. sychotropic drug is any drug that ties associated with mental havior. These drugs include, to, drugs in the following at; and the following assessment of a sy must ensure thatsidents who have not used are not given these drugs ation is necessary to treat a as diagnosed and documented		Meds/PRN per federal regulation requirement. Administrator has new consultant  DON met with Medical director education provided on important evaluating resident's on Psycho Meds/PRN per Federal Regulation requirement.  DON or designee will audit resimedications to assure completion regulation x 1 week through 4/2  Then weekly times 4 weeks through 4/2  Then Monthly times 3 months.  Report provided at Monthly QA meetings are composed of the N DON, Medical Director	requested  rs and Re- nce of re- ptropic ion  idents' on per 25/2018  ough	

#### PRINTED: 03/28/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 03/14/2018 475033 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 312 CRESCENT BLVD CRESCENT MANOR CARE CTRS BENNINGTON, VT 05201 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES m (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX

(X5) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 758 | Continued From page 3 F 758 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

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARÉ & MEDICAID SERVICES

PRINTED: 03/28/2018 FORM APPROVED OMB NO. 0938-0391

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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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