
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

May 14, 2018

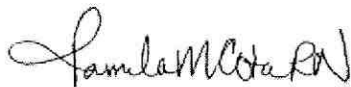
Mr. Mike Rivers, Administrator
Crescent Manor Care Ctrs
312 Crescent Blvd
Bennington, VT 05201-0170

Dear Mr. Rivers:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 12, 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: 04/23/2018
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 04/12/2018
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)

F 000 INITIAL COMMENTS

An unannounced on-site investigation of an anonymous complaint was conducted on 4/11/18 through 4/12/18 by the Division of Licensing and Protection. The following regulatory violation was identified.

F 684 Quality of Care
SS=D CFR(s): 483.25

§ 483.25 Quality of care
Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:

Based on observation, interview and record review the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice for 1 of 7 residents in the applicable sample regarding implementing physician's orders (Resident #7). Findings include:

Per observation on 4/11/18 at 11:26 AM, Resident #7 was sitting in his/her recliner chair grimacing and crying out as a Licensed Nursing Assistant (LNA) was transporting him/her to the dining room for lunch. The LNA informed the nurse assigned to Resident #7 that s/he was in pain. The physician's order for Resident #7 read, "Morphine concentrate 20 milligram/milliliter (narcotic medication for pain) oral syringe, give 10 milligrams (0.5 milliliters) every 4 hours,

F 000

F 684

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

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

TITLE

(X6) DATE

Mike Rice

Administrative

4/22/18

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

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(X5) COMPLETION DATE			

F 684 Continued From page 1
comfort care, pain." Per review of the Controlled Substance Register at that time, there was no dose signed out at 7:00 AM on 4/11/18 for Resident #7. Per review of the Medication Administration Record (MAR) for Resident #7, there was no dose administered for 7:00 AM on 4/11/18. Per interview on 4/11/18 at 11:41 AM with the Registered Nurse who worked the early morning shift, s/he confirmed that s/he did not administer the 7:00 AM dose of Morphine for Resident #7.

Lippincott Manual of Nursing Practice (9th Ed.) Wolters Kluwer Health/Lippincott Williams & Wilkins, pg. 17.

F 684

1. Resident #7 affected by the deficient practice, Nurse immediately assessed patient and medicated per order. Nurse from earlier shift completed a medication error form, and notified MD, and re-educated on hour of administration times and omissions reports
 2. All residents that have the potential to be effective by this deficient practice have been audited, no other errors identified
 3. ADON/Educator will re-educate all nursing staff on hour of administration times and omissions reports.
 4. DON or designee will audit residents' medications to assure completion per hour of administration x 1 week through 4/21/2018
Then weekly times 4 weeks through 5/21/2018
Then Monthly times 3 months.
- Results of these audits will be reported by the Director of Nursing at the QI meetings. These meetings are composed of the Nursing Home administrator, Director of Nursing, and Medical Director.
- Date of Compliance 5/9/2018

F604 POC accepted 5/14/18 DwidawakerN/Pme