

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

January 6, 2020

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 **November 26, 2019**. 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: 12/21/2019
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 11/26/2019
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
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F 000 INITIAL COMMENTS

An unannounced onsite investigation of a facility reported incident was completed in conjunction with a complaint by the Division of Licensing and Protection on 11/26 - 11/27/2019. There were regulatory findings as a result of these investigations.

F 557 Respect, Dignity/Right to have Prsnl Property
SS=D CFR(s): 483.10(e)(2)

§483.10(e) Respect and Dignity.

The resident has a right to be treated with respect and dignity, including:

§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review the facility failed to ensure that a resident's right to be treated with dignity and respect was honored for one (1) of three sampled residents (Resident #1). Findings include:

Per record review, on 9/11/2019 during the dinner meal, the Licensed Practical Nurse (LPN) Unit Manager (UM) observed Resident #1 upset that s/he did not have her/his headphones on. The Licensed Nursing Assistant (LNA) who was present stated that s/he was not going to give them to the resident because s/he had scratched her/him."

On 11/27/2019 at 3:20 PM the LNA confirmed that s/he knew Resident #1 was upset because

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 557

F557

1. Resident #1 was affected by this deficient practice. LNA involved with resident # 1 re-educated and discipline per facility policy.
2. All patients have the potential to be affected by this deficient practice. No further concerns identified.
3. The DON/Educator will re-educate all staff of resident Respect, dignity/right to have personal property
4. The DON/Designee will audit random shift and times for compliance of following the policy and procedure 4 times a week x3 months.

Results of these audits will be reported by the DON at the QI meetings. These meetings are composed of the Nursing Home administrator, Director of Nursing, and Medical Director.

Date of Compliance 1/8/2020

F557 POC accepted 1/3/20 S Freeman RN/PML

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

Mike Rives

TITLE

Adm.

(X6) DATE

12/30/19

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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F 557	Continued From page 1 s/he did not have her/his headphones. The LNA also confirmed that the reason that the resident didn't have them on was because s/he had grabbed the LNA's glasses off her/his face. On 11/27/2019 at 3:35 PM the UM confirmed that Resident #1 was tearful during the dinner meal. When the UM asked why the resident was upset the LNA stated "oh s/he wants her/his headphones but s/he's not getting them because s/he scratched me". The UM also confirmed that the LNA violated the resident's right to dignity and respect.		F 557		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.		F 757	<p>F757</p> <ol style="list-style-type: none"> 1. Resident #2 was affected by this deficient practice. The IDT reviewed and revised the AIMS assessment as clinically indicated 2. All patients have the potential to be affected by this deficient practice. The IDT reviewed and revised all AIMS assessments as clinically indicated 3. The DON/Educator will re-educate all clinical staff complete an AIMS assessment when clinically indicated. 4. The DON/Designee will audit the AIMS weekly x3 months. <p>Results of these audits will be reported by the DON at the QI meetings. These meetings are composed of the Nursing Home administrator, Director of Nursing, and Medical Director.</p> <p>Date of Compliance 1/8/2020</p>	

F757 POC accepted 1/8/20 SFreeman RN/rmc

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F 757	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that one (1) of three (3) residents (Resident #2) in the applicable sample was adequately monitored for adverse drug reactions. Findings include: Per record review Resident #2 had Physician's orders for an atypical antipsychotic "Quetiapine" 50 milligrams(mg) daily and 25 mg twice daily. The resident's care plan initiated 3/5/2018 and revised on 7/19/2019 states "Administer medications as ordered by physician. Monitor for side effects and effectiveness" and "Monitor/document/report PRN (as needed) any adverse reactions of Psychotropic medications: unsteady gait, tardive dyskinesia (movement disorder) EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps, vomiting, behavior symptoms not usual to the person". The facility's Medication Monitoring Policy states "Tools are available for monitoring adverse medication consequences such as the Abnormal Involuntary Movement Scale (AIMS), Dyskenesia Identification System (DISCUS), and other behavioral interventions monitoring tools and flow records. The nursing care center assures that residents are being adequately monitored for adverse consequences". AIMS tests had been completed on 4/16/2018 and 6/5/2018, however there was no evidence in the record that an AIMS or any other monitoring tool had been completed since 6/5/2018.	F 757		

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F 757	Continued From page 3 On 11/27/2019 at 4:10 PM the Director of Nursing (DON) confirmed that there was no documented evidence that the resident had been monitored for adverse consequences related to Antipsychotic use since 6/5/2018.	F 757		