

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

July 8, 2021

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

Provider #: 475033

Dear Mr. Rivers:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **June 7, 2021**. Please post this document in a prominent place in your facility.

We will 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

Enclosure

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

PRINTED: 06/11/2021  
FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/07/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CRESCENT MANOR CARE CTRS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 CRESCENT BLVD BENNINGTON, VT 05201</b>
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(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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K 000	INITIAL COMMENTS  The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on June 7, 2021. The Environmental Inspector and the Administrator accompanied the Inspector during the tour of the facility. The following violations were identified.	K 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.	
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101  Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation on June 7, 2021, the facility failed to ensure corridors are kept free of obstructions. The findings include the following:  Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed that combustible materials are stored in the basement level corridor.	K 211	In regards to Life Safety Code K211 Means of Egress-Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency:  To correct the deficient practice the basement level corridor is free of obstructions.  No other areas were identified as being affected by this deficient practice. To ensure the deficient practice does not reoccur audits will be performed weekly for 2 weeks biweekly for 2 weeks, then monthly. Then added to monthly preventative maintenance check list.  Date of compliance: 06/17/21  K211 accepted 7/2/2021/S.Dumont/T Wehmeyer	
K 223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101  Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically	K 223		

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

*Nice Rivers*

TITLE

*Administrator*

(X6) DATE

*6/18/21*

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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K 223	Continued From page 1 closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation on June 7, 2021, the facility failed to ensure doors are self-closing and kept closed unless held open by a release device. The findings include the following:  1. Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed that the basement level door was held open by a wedge.  2. Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed that the basement level storage room door was held open by a wedge.	K 223	In regards to Life Safety Code K223 Doors with Self-Closing Devices- Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device:  To correct the deficient practice all wedges upon observation were removed at the time of inspection.  No other areas were identified as being affected by this deficient practice. To ensure the deficient practice does not reoccur audits will be performed weekly for 2 weeks biweekly for 2 weeks, then monthly. Then added to monthly preventative maintenance check list.  Date of compliance: 06/07/21	
K 300 SS=D	Protection - Other CFR(s): NFPA 101  Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	K 300	K223 accepted 7/2/2021 <i>S.Dumont/T.Wedemeyer</i>	

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K 300	Continued From page 2  This REQUIREMENT is not met as evidenced by: Based on observation on June 7, 2021, the facility failed to ensure that escutcheon rings are properly secured in accordance with NFPA-13 and NFPA-25. The findings include the following:  Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed that the basement level walk-in freezer escutcheon ring was not properly secured, allowing condensation to form and freeze to the sprinkler heads.	K 300	In regards to Life Safety Code K300 Protection- Escutcheon rings are properly secured:  To correct the deficient practice contracting company for sprinkler heads has been contacted and scheduled for 06/23/21 in facility.  No other areas were identified as being affected by this deficient practice. To ensure the deficient practice does not reoccur along with monthly dusting an inspection of sprinkler heads will be added to monthly preventative maintenance check list.  Date of correction:06/23/21	
K 311 SS=D	Vertical Openings - Enclosure CFR(s): NFPA 101  Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Based on observation on June 7, 2021, the facility failed to ensure that vertical openings between floors are enclosed with appropriate fire ratings. Findings include the following:  1. Per observation on June 7, 2021, and	K 311	K300 accepted 7/2/2021 <i>S. Dumont/T Wehmeyer</i>	

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K 311	Continued From page 3 accompanied by the Environmental Director and Administrator, inspection revealed first level W-Wing linen storage room has penetrations in the ceiling.  2.Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed first level Central Wing medical room has penetrations in the ceiling.  3.Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed first level Central Wing electrical room and nurses station has penetrations in the ceiling.  4.Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed first level kitchen hallway and emergency water closet has penetrations in the ceiling.  5.Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed first level Dementia Wing electrical room has penetrations in the ceiling.  6.Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed basement level boiler room has penetrations in the ceiling.	K 311	In regards to Life Safety Code K311 Vertical Openings - Enclosure - Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour.  To correct the deficient practice all vertical openings between floors, all penetration holes, and/or ceiling tiles were repaired or replaced and enclosed with appropriate fire ratings.  No other areas were identified as being affected by this deficient practice. To ensure the deficient practice does not reoccur audits will be performed weekly for 2 weeks biweekly for 2 weeks, then monthly. Then added to monthly preventative maintenance check list.  Date of compliance: 06/11/21	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101  Electrical Equipment - Power Cords and Extension Cords	K 920		

K311 accepted 7/2/2021 *S. Dumont / T. Wehmayer*

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K 920	<p>Continued From page 4</p> <p>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation on June 7, 2021, the facility failed to ensure extension cords are used in accordance with regulatory requirements. Findings include the following:</p> <p>Based on observation on June 7, 2021, the facility failed to ensure that vertical openings between floors are enclosed with appropriate fire ratings. Findings include the following:</p> <p>1. Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed the first level rehabilitation room uses extension cords to power a refrigerator and a microwave.</p>	K 920	<p>In regards to Life Safety Code K920 Electrical Equipment - Power Cords and Extension Cords- Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel.</p> <p>To correct the deficient practice all Power Cords and Extension Cords- upon observation were removed at the time of inspection.</p> <p>No other areas were identified as being affected by this deficient practice. To ensure the deficient practice does not reoccur audits will be performed weekly for 2 weeks biweekly for 2 weeks, then monthly. Then added to monthly preventative maintenance check list.</p> <p>Date of compliance: 06/07/21</p> <p>K920 accepted 7/2/2021 <i>S. Dumont</i> / <i>T. Wehmeyer</i></p>		

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K 920	Continued From page 5  2. Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed the first level social services room uses extension cords to power a refrigerator and A/C unit.  3. Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed the first level therapy office uses extension cords to power a refrigerator and A/C unit.  4. Per observation on June 7, 2021, and accompanied by the Environmental Director and Administrator, inspection revealed the basement level maintenance office, and in-service room uses extension cords to power a refrigerator and A/C unit.	K 920			