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

Jamela McotaRN

Pamela M. Cota, RN Licensing Chief

Enclosure

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND PLAN OF CORRECTION			(X2) MULTIPLE A. BUILDING 0 B. WING		(X3) DATE SURVEY COMPLETED
	ROVIDER OR SUPPLIER	475033			06/07/2021
NAME OF PI	RUNDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE	
RESCEN	IT MANOR CARE CTRS			12 CRESCENT BLVD ENNINGTON, VT 05201	
(X4) ID		ATEMENT OF DEFICIENCIES	di	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	REGULATORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
K 000 K 211	on June 7, 2021. The and the Administrator	Safety completed an Life Safety Code inspection e Environmental Inspector accompanied the Inspector facility. The following fied.	K 000 K 211	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.	
SS=D	CFR(s): NFPA 101 Means of Egress - Ge Aisles, passageways exit locations, and ac with Chapter 7, and tl continuously maintair full use in case of em 18/19.2.2 through 18/	eneral , corridors, exit discharges, cesses are in accordance ne means of egress is ned free of all obstructions to ergency, unless modified by '19.2.11.		In regards to Life Safety Code K211 Means of Egress-Aisles, passageways corridors, exit discharges, exi 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:	,
К 223	by: Based on observatio facility failed to ensure obstructions. The fine Per observation on Ju accompanied by the I Administrator, inspect	is not met as evidenced n on June 7, 2021, the e corridors are kept free of dings include the following: une 7, 2021, and Environmental Director and tion revealed that s are stored in the basement	K 223	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.	
SS=D	CFR(s): NFPA 101		r 223	Date of compliance: 06/17/21	u aut l
RATORY	Doors in an exit pass or horizontal exit, smo area enclosure are se closed position, unles device complying with	ageway, stairway enclosure, ageway, stairway enclosure, oke barrier, or hazardous lif-closing and kept in the s held open by a release of 7.2.1.8.2 that automatically SUPPLIER REPRESENTATIVE'S SIGNATURE		K211 accepted 7/2/2021/ <b>S.Du</b>	(X8) DATE

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

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION IDENTIFICATI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3 01	(X3) DATE SURVEY COMPLETED	
		475033	B. WING		06/07/2021	
NAME OF P	ROVIDER OR SUPPLIER		·	STREET ADDRESS, CITY, STATE, ZIP CODE		
CRESCENT MANOR CARE CTRS		312 CRESCENT BLVD BENNINGTON, VT 05201				
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
K 223 K 300 SS=D	throughout the smol facility upon activati * Required m * Local smoke detect smoke passing thro smoke detection sys * Automatic s and * Loss of power 18.2.2.2.7, 18.2.2.2 This REQUIREMEN Based on observati failed to ensure doo closed unless held of findings include the 1. Per observa accompanied by the Administrator, inspecievel door was held 2. Per observa accompanied by the Administrator, inspecievel door was held 2. Per observa accompanied by the Administrator, inspecievel storage room of Protection - Other CFR(s): NFPA 101 Protection - Other List in the REMARK and 19.3 Protection addressed by the pr This information, ake	anual fire alarm system; and ctors designed to detect ugh the opening or a required stem; and sprinkler system, if installed;  8, 19.2.2.2.7, 19.2.2.2.8 IT is not met as evidenced by: ion on June 7, 2021, the facility rs are self-closing and kept open by a release device. The following: ation on June 7, 2021, and e Environmental Director and ction revealed that the basement open by a wedge. ation on June 7, 2021, and e Environmental Director and ction revealed that the basement door was held open by a wedge. S section any LSC Section 18.3 requirements that are not ovided K-tags, but are deficient. ong with the applicable Life PA standard citation, should be	К 22	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 K223 accepted 7/2/2021 <i>S.Dumon</i>		

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/11/2021 FORM APPROVED

AR N	S	0938-	.0391

CENTE	RS FOR MEDICA	<b>RE &amp; MEDICAID SERVICES</b>			OMB	NO. 0938-0391				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
				· · · · · · · · · · · · · · · · · · ·						
		475033		EET ADDRESS, CITY, STATE, ZIP CODE	06/07/20	21				
NAME OF	PROVIDER OR SUPPL	JEK		CRESCENT BLVD						
CRESC	ENT MANOR CARE	CTRS		BENNINGTON, VT 05201						
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	(X5) COMPLETION DATE					
K 300 K 311 SS=D	evidenced by: Based on obset facility failed to a rings are proper with NFPA-13 a include the follow Per observation accompanied by and Administrati the basement le escutcheon ring allowing conden the sprinkler hea Vertical Opening CFR(s): NFPA Vertical Opening 2012 EXISTING Stairways, eleva ventilation shaft openings betwe construction hav at least 1 hour. An atrium may I 19.3.1.1 through If all vertical ope enclosed with c least a 2-hour fi check this box. This REQUIRED evidenced by: Based on obse facility failed to between floors	IENT is not met as rvation on June 7, 2021, the ensure that escutcheon ly secured in accordance nd NFPA-25. The findings wing: on June 7, 2021, and y the Environmental Director or, inspection revealed that evel walk-in freezer was not properly secured, isation to form and freeze to ads. gs - Enclosure 101 gs - Enclosure ator shafts, light and s, chutes, and other vertical een floors are enclosed with ving a fire resistance rating of the used in accordance with 8.6.	К 300 К 311	In regards to Life Safety Coo Protection- Escutcheon rings are proper To correct the deficien contracting company for spri has been contacted and sch 06/23/21 in facility. No other areas were identified affected by this deficient p ensure the deficient practic reoccur along with monthly inspection of sprinkler hea	de K300 ly secured: int practice inkler heads neduled for ed as being practice. To be does not dusting an ads will be preventative					
	1. Per observat	ion on June 7, 2021, and								

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPI	(X3) DATE SURVEY COMPLETED	
			A, BUILDING		
			B, WING	····	
		475033	1		06/07/2021
NAME OF PR	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
CRESCEN	T MANOR CARE CTR	8		312 CRESCENT BLVD BENNINGTON, VT 05201	
				PROVIDER'S PLAN OF CORREC	TION (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETIC
K 311 K 920 SS=D	Administrator, insper Wing linen storage r ceiling. 2.Per observation or accompanied by the Administrator, inspe Central Wing medica the ceiling. 3.Per observation or accompanied by the Administrator, inspe Central Wing electric has penetrations in the Administrator, inspe kitchen hallway and penetrations in the of 5.Per observation or accompanied by the Administrator, inspe kitchen hallway and penetrations in the of 5.Per observation or accompanied by the Administrator, inspe Dementia Wing elect in the ceiling. 6.Per observation of accompanied by the Administrator, inspe Dementia Wing elect in the ceiling. 6.Per observation of accompanied by the Administrator, inspe boiler room has pen Electrical Equipmen CFR(s): NFPA 101	Environmental Director and ction revealed first level W- oom has penetrations in the a June 7, 2021, and Environmental Director and ction revealed first level al room has penetrations in a June 7, 2021, and Environmental Director and ction revealed first level cal room and nurses station the ceiling. a June 7, 2021, and Environmental Director and ction revealed first level cal room and nurses station the ceiling. a June 7, 2021, and Environmental Director and ction revealed first level emergency water closet has ceiling. a June 7, 2021, and Environmental Director and ction revealed first level emergency water closet has ceiling.	K 31	In regards to Life Safety Code K Vertical Openings - Enclosure - Stairways, elevator shafts, light ventilation shafts, chutes, and of vertical openings between floors enclosed with construction havin fire resistance rating of at least hour. To correct the deficient practice vertical openings between floors penetration holes, and/or ceil tiles were repaired or replaced a enclosed with appropriate ratings. No other areas were identified being affected by this defici practice. To ensure the defici practice does not reoccur audits be performed weekly for 2 we biweekly for 2 weeks, then mont Then added to monthly preventa maintenance check list. Date of compliance: 06/11/21 K311 accepted 7/2/2021 <i>S. Du</i>	and ther s are ng a 1 all and fire as ient ient will eks hly. tive

#### **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/ IDENTIFICATION NUMBER: PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION A. BUILDING 01 B. WING 06/07/2021 475033 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 312 CRESCENT BLVD **BENNINGTON, VT 05201** CRESCENT MANOR CARE CTRS (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 920 K 920 Continued From page 4 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 gualified 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 In regards to Life Safety Code K920 (outside of vicinity) meet UL 1363. In non-patient Electrical Equipment - Power Cords and care rooms, power strips meet other UL Extension Cords- Power strips in a standards. All power strips are used with general patient care vicinity are only used precautions. Extension cords are not used as a for components of movable substitute for fixed wiring of a structure. patient-care-related electrical equipment Extension cords used temporarily are removed (PCREE) assembles that have been immediately upon completion of the purpose for assembled by qualified personnel. which it was installed and meets the conditions of 10.2.4. To correct the deficient practice all 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 Power Cords and Extension Cords-(NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 upon observation were removed at the This REQUIREMENT is not met as time of inspection. evidenced by: Based on observation on June 7, 2021, the No other areas were identified as facility failed to ensure extension cords are used in accordance with regulatory requirements. being affected by this deficient practice. To ensure the deficient Findings include the following: practice does not reoccur audits will be performed weekly for 2 Based on observation on June 7, 2021, the facility weeks biweekly for 2 weeks, then failed to ensure that vertical openings between monthly. Then added to monthly floors are enclosed with appropriate fire ratings. preventative maintenance check Findings include the following: list. 1. Per observation on June 7, 2021, and Date of compliance: 06/07/21 accompanied by the Environmental Director and Administrator, inspection revealed the first level K920 accepted 7/2/2021 S. Dumont / Wehmeyer rehabilitation room uses extension cords to power a refrigerator and a microwave.

### PRINTED: 06/11/2021 FORM APPROVED

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				NG 0	)1		
			B. WING				
		475033				06/	07/2021
NAME OF P	ROVIDER OR SUPPLIER		L	S	STREET ADDRESS, CITY, STATE, ZIP CODE	<b>I</b> .	
				3	12 CRESCENT BLVD		
CRESCEN	IT MANOR CARE CTRS			E	BENNINGTON, VT 05201		
- AV 40 10		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFD	х	(EACH CORRECTIVE ACTION SHOULD B	E	COMPLETION
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
K 920	Continued From page 5		K	920			
	2. Per observation on June 7, 2021, and						
	accompanied by the Environmental Director and						
	Administrator, inspection revealed the first level						
		uses extension cords to					
	power a refrigerator a	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 u	unit.					
	4. Per observat	ion on June 7, 2021, and					
	4. Per observation on June 7, 2021, and accompanied by the Environmental Director and						
		tion revealed the basement					
		fice, and in-service room uses					
		wer a refrigerator and A/C					
1	unit.						