



AGENCY OF HUMAN SERVICES
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

March 16, 2023

Ms. Shannon McHale, Administrator
Crescent Manor Care Ctrs
312 Crescent Blvd
Bennington, VT 05201-0170

Dear Ms. McHale:

Enclosed is a copy of your acceptable plans of correction for the investigation survey conducted on **February 17, 2023**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

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

Sent via email to Pam Cota
3/13/23
870

PRINTED: 03/08/2023
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 02/17/2023
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
F 000	INITIAL COMMENTS	F 000		
F 557 SS=D	<p>An unannounced on-site investigation of three facility reported incidents was conducted by the Division of Licensing and Protection on 2/16 - 2/17/2023. There were regulatory violations identified as a result of this investigation.</p> <p>Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2)</p> <p>§483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§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 1 of 4 residents (Resident #1) in the applicable sample were treated with dignity and respect related to refusal of care.</p> <p>Per record review Resident #1 was admitted to the facility on 1/12/2023 with diagnoses that include dementia with behavioral disturbance. Progress notes reveal that the Resident is combative, which includes hitting, kicking, biting, spitting, scratching, screaming, and swearing at staff during episodes of care.</p> <p>A care plan initiated on 2/3/2023 and revised on 2/15/2023 states "[Resident] is resistive to care at times and can become physically aggressive r/t Dementia." The stated goal reflects "[Resident]</p>	F 557	<p><u>F-557 – Respect, Dignity/Respect to have Prsnl Property</u></p> <p>I. The following actions were accomplished for the residents identified in the sample:</p> <p>The care plan for Resident #1 was reviewed and updated. Kardex was updated. Staff providing direct care were re-educated on the updated plan of care.</p> <p>II. The following corrective actions will be implemented to identify other residents who may be affected by the same practice:</p> <p>All residents had the potential to be impacted by the deficient practice.</p> <p>A care plan audit was conducted to review all care plans for residents with potential for combative or resistant behavior when providing care.</p> <p>A documentation audit was conducted to ensure all residents exhibiting combative or resistant behavior had an appropriate care plan in place.</p> <p>The Resistance to Care Policy was reviewed and found to be in compliance.</p> <p>The Catastrophic Reactions Policy was reviewed and found to be in compliance.</p> <p>The Resident Abuse Policy was reviewed and found to be in compliance.</p>	

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



TITLE

Administrative

(X6) DATE

3/15/23

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 will cooperate with care through next review date." Interventions include "At times I may injure myself during times of increased agitation as I kick, swing my arms, and hit at others." Interventions implemented on 2/3/23 reflect "[Resident] resists with ADLs [activities of daily living], reassure resident, leave and return 5-10 minutes later and try again. Give clear explanation of all care activities prior to and as they occur during each contact. Provide [Resident] with opportunities for choice during care provision as [S/he] is able." Review of Progress Notes reveals that staff continued to assist the resident while S/he was combative and resistive to care after these care plan interventions were implemented on 2/3/2023. Interventions documented in the progress notes include holding the Resident's hands while providing care and 2 -3 staff members assisting during times of combativeness. A progress note written on 2/5/2023 at 12:36 AM states "Resident was noted walking in the hallway, writer approached resident noted [S/he] needed change. Writer assisted resident to the bathroom to provide peri care [washing of the genitals and surrounding area]. While writer attempted to take resident's brief off, [S/he] took a washcloth and smacked writer. Writer called for help. While aide held residents' hands, while writer tried to take [her/his] brief off, [S/he] hit writer in the mouth with [her/his] elbow. It took 3 staff to successfully help resident with peri care." Another progress note written on 2/7/2023 at 1:07 PM states "Writer assisted 2 LNAs to toilet, change and provide peri care for resident. While performing task resident kept hitting and spitting on care givers. [S/he] went as far as biting one of the LNAs while trying to pull up [her/his] brief. "	F 557	<p>III. The following system changes will be implemented to assure continuing compliance with regulations:</p> <p>All direct care staff were re-educated on updated care plans.</p> <p>All direct care staff were re-educated on the Resistance to Care Policy.</p> <p>All direct care staff were re-educated on the Catastrophic Reactions Policy.</p> <p>All Direct Care Staff were re-educated on the Resident Abuse Policy.</p> <p>IV. The facility's compliance will be monitored utilizing the following quality assurance system:</p> <p>A care plan audit will be conducted to review all care plans for residents with potential for combative or resistant behavior when providing care weekly x 4 weeks and monthly x 3 months to ensure appropriate and updated care plans are in place.</p> <p>A documentation audit will be completed weekly x 4 weeks and monthly x 3 months to identify any incidents of combative and/or resistive behavior while providing care to ensure an appropriate care plan is in place.</p> <p>Results of the audit will be reviewed in the QAPI committee meeting x 4 months for further resolution if needed.</p> <p>Completion Date: 03/29/2023</p> <p>Responsibility: Director of Nursing</p>		

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F 557	<p>Continued From page 2</p> <p>Per review of the 30 day behavior monitoring task sheet for 1/19- 2/16/2023 of the 59 shifts that were documented 25 of them listed behaviors including grabbing, hitting, kicking, pushing, physical aggression towards others, scratching, accusing, cursing, frustration/anger, screaming, threatening, spitting, agitated and anxious.</p> <p>Per interview with an agency Licensed Practical Nurse (LPN) on 2/16/2023 at approximately 4:15 PM, S/he stated that the Resident can be very aggressive with care. S/he also stated that there have been times when several staff members are needed to assist with her/his care.</p> <p>During an interview on 2/16/23 at approximately 4:30 PM with a Licensed Nurse Assistant (LNA) who is assigned to the North Unit and is familiar with the Resident S/he stated that the Resident is difficult with care. The LNA confirmed that it has taken up to 5 staff members to get the Resident changed at times, and that staff continue to provide care even when the Resident is resistive and combative.</p> <p>During interview with the facility Administrator and Director of Nursing on 2/26/23 at 5:15 PM the Administrator stated that staff have received education related to dementia care, difficult behaviors, and refusal of care. The Administrator confirmed that Resident #1 is combative, and that S/he has a right to refuse care.</p>	F 557	Tag F 557 POC accepted on 3/16/23 by S. Freeman/P. Cota		