



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

September 7, 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 complaint investigation conducted on **August 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

Enclosure

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

PRINTED: 09/01/2023
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 08/17/2023
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 609 SS=D	<p>The Division of Licensing and Protection conducted an unannounced onsite complaint investigation of intake number #22168 on 08/17/2023 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory violation was identified as a result:</p> <p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified</p>	F 609	<p><u>F-609- Reporting of Alleged Violations</u></p> <p>I. The following actions were accomplished for the residents identified in the sample:</p> <p>There were no residents identified in the sample.</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>Upon review, there were zero residents impacted by the deficient practice.</p> <p>III. The following system changes will be implemented to assure continuing compliance with regulations:</p> <p>The Director of Nursing was re-educated to ensure that all allegations of abuse, neglect, exploitation, or mistreatment are reported to the State Survey Agency as required.</p>	

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


TITLE
Administrator

(X6) DATE
9/5/23

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 609	<p>Continued From page 1 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to ensure that an allegation of staff to resident abuse was reported to the State Survey Agency as required. Findings include:</p> <p>Per interview on 8/17/2023 at approximately 9:00 AM with the Director of Nursing (DNS), a note that was left by a Licensed Nurse Assistant (LNA) who had been orienting to the facility was found on the morning of 8/14/2023. Per the DNS the note stated that residents had been abused and s/he should be ashamed of her/himself by the way things are run.</p> <p>Review of the note revealed that the LNA had alleged staff to resident abuse and neglect. The note that was signed by the LNA and dated 8/13/2023 stated "You should be ashamed of how this place is run. I have seen abuse and neglect like I have never seen! Shame on you all!"</p> <p>Per interview on 8/17/2023 at approximately 3:30 PM the DNS stated that an internal investigation had been conducted on 8/14/2023 by interviewing staff who had worked with the orienting LNA however, the interviews had not been documented. The DNS stated that based on the information provided, and the interviews conducted s/he was unable to substantiate abuse or neglect. The DNS confirmed that the allegation of abuse and neglect had not been reported to the State Survey Agency.</p>	F 609	<p>IV. The facility's compliance will be monitored utilizing the following quality assurance system:</p> <p>An audit will be conducted weekly x 4 weeks and monthly x 3 months to ensure any allegation of abuse, neglect, exploitation, or mistreatment is reported to the State Survey Agency as required.</p> <p>Results of the audits will be reviewed in the QAPI committee meeting x 4 months for further resolution if needed.</p> <p>Completion Date: <u>09/07/2023</u></p> <p>Responsibility: <u>Administrator</u></p> <p>Tag F 609 POC accepted on 9/7/23 by S. Freeman/P. Cota</p>	