



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

October 12, 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 revisit survey conducted on **September 26, 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: 10/10/2023
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 R-C 09/26/2023
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NAME OF PROVIDER OR SUPPLIER CRESCENT MANOR CARE CTRS	STREET ADDRESS, CITY, STATE, ZIP CODE 312 CRESCENT BLVD BENNINGTON, VT 05201
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{F 000}	INITIAL COMMENTS	{F 000}		
{F 609} SS=D	<p>The Division of Licensing and Protection conducted an unannounced, onsite revisit survey at the facility on 9/26/2023. The revisit was for the survey dated 8/17/2023. The following regulatory violation was found to be uncorrected:</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 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced</p>	{F 609}		

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



TITLE

Administrators

(X6) DATE

10/12/23

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</p> <p>by: Based on observation, interview, and record review the facility failed to identify, investigate, and report an injury of unknown origin for 1 of 3 residents in the sample (Resident #1). Findings include:</p> <p>During observations on the Memory Care Unit (North Unit) on 9/26/23 at 9:30 am Resident #1 was sitting in a chair near the entrance to the activity/dining room. He/she was noted to have a large irregular shaped area approximately the size of a half dollar on his/her forehead that was greenish/yellow in color that presented as a healing bruise (Bruises occur when very small blood vessels capillaries break because of trauma to the skin. Green color is the first sign of a bruise healing, a purple to green transformation. If bruises are yellow, this means that they will soon be completely healed. (https://www.newhealthadvisor.org)).</p> <p>During an interview with resident #1 on 9/26/23 at 9:35 am he/she was unable to state how he/she had obtained the bruise.</p> <p>Per record review Resident #1 was admitted to the facility with Frontotemporal Dementia. Review of Resident #1's care plan revealed that his/her activities for daily living and mobility interventions indicate that the resident is independent to move between surfaces, at times requires limited assistance of 1 staff and can walk independently, at times requiring limited assistance by 1 staff member.</p> <p>Per interview on 9/26/2023 at 1:10 PM with a Licensed Nursing Assistant (LNA) s/he was aware of the bruise but was not aware of the</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>The care plan for Resident #1 was reviewed without revision.</p> <p>Resident #1 to work with Rehabilitation Services for strengthening, mobility and ADL's, to improve his safety awareness and mobility to prevent further injury.</p> <p>The Resident Abuse policy was reviewed and revised.</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, Resident #1 was the only resident impacted by the deficient practice.</p> <p>III. The following system changes will be implemented to assure continuing compliance with regulations:</p> <p>All staff will be re-educated on the revised Resident Abuse Policy, with an emphasis on injuries of unknown source. Staff education will include the need to be observant, to identify and report injuries promptly to the Charge Nurse, Supervisor, Director of Nursing or Administrator upon discovery for proper investigation.</p>	

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{F 609}	<p>Continued From page 2</p> <p>cause. The LNA stated that Resident #1 had fallen a while ago and it may be from that.</p> <p>During an interview on 9/26/23 at 1:25 PM the RN Unit Manager (UM) confirmed that resident #1 does have a bruise on his/her head. The UM stated that s/he does not know how the bruise happened.</p> <p>During an interview with a Licensed Practical Nurse on 9/26 at 1:35 PM s/he is unaware of how the bruise happened and s/he just noticed it today.</p> <p>Per interview on 9/26 at 1:40 PM of another LNA, he/she saw the bruise today but is unaware how or when the bruise happened. S/he floats through the facility and does not always care for Resident #1.</p> <p>Further record review revealed that there was no documentation related to head injury or the bruise on the resident's forehead. A skin assessment dated 08/30/23 revealed no new issues. A progress note written on 09/07/23 does reflect that on 9/7/23 Resident # 1 was found sitting on the floor beside his/her recliner at approximately 5:00 AM. The resident had denied hitting his/her head and denied any pain at that time. An incident report 09/07/23 indicated that there were no injuries observed at the time of this fall. The resident was seen by a physician via Tele health (virtual visit) at on 9/7/23 at 5:30 am and was noted to be "stable with no injury and no trauma from the fall." There are no progress notes indicating that a bruise was noted at the time of the fall or at any time leading up to the 9/26/2023 observation of the bruise.</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 all injuries of unknown source or origin are identified, investigated and reported 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: 10/16/23</p> <p>Responsibility: Director of Nursing</p> <p>Tag F 609 POC accepted on 10/12/23 by S. Freeman/P. Cota</p>	

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{F 609}	<p>Continued From page 3</p> <p>Review of the facility policy titled Administrative Policy and Procedure Resident Abuse states: Identification: * The facility will have procedures to identify events such as suspicious bruising of residents, occurrences, patterns and trends that may constitute abuse and determine the direction of investigation. * Assessment/observation triggers will be identified for all types of abuse, neglect, mistreatment and misappropriation of property. * A team approach will be used to detect resident abuse and neglect. The interdisciplinary team can detect signs of abuse more effectively than a single healthcare professional. Care takers should assess for the following:</p> <ol style="list-style-type: none"> 1. Burns (unusual location or type) 2. Injury to the head, scalp or face 3. Hematomas [bruises] (unusual location, in shape of fingerprints, presence or other injuries in different stages of healing) 4. Fractures, falls, or evidence of physical restraint... 5. Injuries of unknown source (the source of the injury was not observed by any person and/or the source of the injury could not be explained by the individual). <p>On 9/26/23 at 12:10 PM during an interview with Director of Nursing (DON) she/he confirmed that resident #1 has an old bruise on his/her head, she/he stated that s/he "just noticed it this morning" and confirmed that it is an "old bruise". She/he also confirmed that staff had not previously identified or reported the bruise of unknown origin to her/him. It had not been identified or investigated because s/he had not been aware of it and had not seen it prior to 9/26/23.</p>	{F 609}		

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