



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

December 1, 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 **November 14, 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: 11/28/2023
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 11/14/2023
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 The Division of Licensing and Protection conducted an onsite, unannounced complaint investigation in conjunction with a facility reported incident (intakes #22414 and #22285) on 11/13 - 11/14/2023 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency was identified:	F 000			
F 726 SS=F	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able	F 726	F-726-Competent Nursing Staff I. The following actions were accomplished for the residents identified in the sample: There were no residents identified in the sample. All residents had the potential to be impacted by the deficient practice. Upon review, there were zero residents impacted by the deficient practice. II. The following corrective actions will be implemented to identify other residents who may be affected by the same practice: The Staff Training/Education and Competencies section of the Facility Assessment was reviewed without revision. The Staff Educator was replaced. The Staff Training/Competency program was revised.		

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

TITLE

(X6) DATE

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 726	<p>Continued From page 1</p> <p>to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, staff education record review, and the facility assessment, the facility failed to ensure that licensed nurses were assessed for competency and skill sets to provide care and respond to each resident's individualized needs. This has the potential to affect all residents.</p> <p>The facility assessment, last reviewed by the facility on 4/2023, states on page 11 that "All staff attend general orientation as well as departmental training and associated competencies required for their position." Included in the list of staff competencies are Wound Care/Treatment Administration, and Specialized Care (ostomy care, catheter management/insertion, blood glucose testing, oxygen administration, dialysis care, tube feeding).</p> <p>Per interview with the North Unit Registered Nurse Manager (UM) on 11/14/23 at 1:00 PM there are two Residents on the North Unit who have extensive pressure ulcers that require dressing changes. The UM confirmed that the nursing staff provide wound care.</p> <p>Per review of 5 sampled employee education records, 2 contracted Licensed Practical Nurses (LPNs) and 2 Registered Nurses did not have documentation of the above-listed competency evaluation to demonstrate that they had the necessary skills to provide care needed.</p>	F 726	<p>III. The following system changes will be implemented to assure continuing compliance with regulations:</p> <p>Licensed Nurses will complete the competencies required for their position.</p> <p>Documentation of the completed competencies will be maintained in the employee's education file.</p> <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 Licensed Nurses have documentation of the completed competencies required for their position.</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: 12/11/2023</p> <p>Responsibility: Director of Nursing</p> <p>Tag F 726 POC accepted on 12/1/23 by S. Freeman/P. Cota</p>		

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F 726	Continued From page 2 Per interview on 11/14/23 at 1:13 PM with the Staff Educator each nurse has a Medication Pass competency completed by the nurse who is orienting them. However, s/he has not been completing any competency evaluations during orientation or annually. At 2:58 PM the Staff Educator confirmed that the 2 LPNs and 2 RNs reviewed had not been assessed for competency in the skills needed to provide care based on the Resident care needs and the facility assessment.	F 726		