VERMONT

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

May 2, 2024

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 **April 2, 2024.** 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,

Pamela M Cota RN
Pamela M. Cota, RN
Licensing Chief

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475033	A. BUILDING _____ B. WING _____	C 04/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT MANOR CARE CTRS	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 investigation of two facility reported incidents #22864 and #22889 on 4/2/2024 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. There were regulatory deficiencies identified as a result of the investigations.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that a resident was assessed for injuries and complications in accordance with professional standards and per facility policy after sustaining a fall for 1 of 6 residents in the sample (Resident #1). Findings include: Per record review Resident #1 was admitted to the facility on 1/31/24 with a history of falling at home. On 3/24/2024 Resident #1 reported to a licensed nursing assistant (LNA) that they had an unwitnessed fall. The LNA then reported the fall to a nurse working on the unit. The nurse asked the LNA to report it to the Registered Nurse (RN) who was assigned to Resident #1's care, as the RN could assess. Per statement given by the RN, s/he had not been informed that the resident had reported a fall. Because the RN was not aware, Resident #1 had not been assessed for injury or	F 658	**F-658-Services Provided to Meet Professional Standards** **I. The following actions were accomplished for the residents identified in the sample**: There was one resident identified in the sample. Upon discovery of an injury, Resident #1 was assessed and sent to SVMC for imaging. The resident returned with pain management interventions in place with continued monitoring. 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. **II. The following corrective actions will be implemented to identify other residents who may be affected by the same practice:** All residents had the potential to be impacted by the deficient practice. Upon review, there were zero additional residents impacted by the deficient practice. The Accident/Incident Report policy was reviewed and found in compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 05/01/24

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 658	Continued From page 1 complications on 3/24/24 after reporting that they had fallen. A nursing progress note dated 3/29/2024 indicates that Resident #1 was noted to have a large bruise of unknown origin on the back of their head. Review of the facility incident report includes witness statements that reflect that although the resident reported having a fall, nursing staff did not complete an assessment of their condition. A witness statement provided by the LNA on 3/29/24 that states "When I went in to [Resident #1's] room [s/he] was sitting on the side of [her/his] bed. [S/he] told me that [s/he] had fallen and said [her/his] neck and head hurt. I had not seen [her/him] fall or on the floor at all. I notified my nurse right away." A statement completed by the nurse on 3/29/24 states "LNA came to me to about resident reporting that resident told [her/him] [s/he] had a fall. I asked [the LNA] to tell the patients nurse as [s/he] is a RN (registered nurse) and can complete RN assessment. I was working on upper end of hallway and had not seen [Resident #1] yet that morning." The RN statement written on 3/30/24 states "I did not receive a report that the resident fell." The facility procedure titled Accident/Incident Reports states: 1. All accidents and incidents must be reported and completed in point click care. 2. All accidents and incidents should be reported immediately to the RN Supervisor for assessment... Per interview with the Director of Nursing (DON) on 4/2/24 at 4:10 PM, during the facility investigation of the bruise of unknown origin	F 658	**III. The following system changes will be implemented to assure continuing compliance with regulations:** The LPN to whom the fall was reported was re-educated on the Accident/Incident Report policy, and her responsibility as the charge nurse to attend to the resident immediately upon report of a resident incident or injury, to ensure timely assessment, treatment, and follow-up. All licensed nursing staff were re-educated on the Accident/Incident Report policy including the required prompt assessment of the resident at the time an incident or injury is reported. **IV. The facility's compliance will be monitored utilizing the following quality assurance system:** An audit will be conducted weekly x 4 weeks and monthly x 3 months to ensure residents are assessed by an RN promptly at the time of a reported incident/injury. Results of the audits will be reviewed in the QAPI committee meeting x 4 months for further resolution if needed. **Completion Date:** **___05/03/24_____** **Responsibility: Director of Nursing** **Tag F 658 POC accepted on 5/1/24 by S. Freeman/P. Cota**	

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F 658	Continued From page 2 identified on 3/29/24 it was discovered that on 3/24/24 Resident #1 had reported to a LNA that s/he had fallen. The RN who was assigned to Resident #1 reported that s/he was not aware of the fall. The DON confirmed that the resident should have been assessed at the time of the fall and was not. Sandr M. Nettina, MSN, ANP-BC, ed.2019. Lippincott Manual of Nursing Practice- 11th Ed. Philadelphia, PA. Lippincott Williams & Wilkins	F 658		