VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

September 24, 2025

Ms. Shannon McHale, Administrator
Crescent Manor Care Ctrs
312 Crescent Blvd
P.O. Box 170
Bennington, VT 05201

Provider ID #: 475033

Dear Ms. McHale:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **September 8, 2025.** 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, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475033	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Manor Care Ctrs	**312 Crescent Blvd P.O. Box 170, Bennington, Vermont, 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
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite investigation of 1 complaint and 2 facility reported incidents, including reports # 2595573, 2595540, & 154705 on 9/8/25 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency was identified:	F0000		
F0600 SS = D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by another resident for 1 of 3 residents sampled [Resident #2]. Findings include: Per record review, Resident #1's diagnoses include unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance, Anxiety, and cognitive communication deficit. Resident #2's diagnoses include Alzheimer's and dementia. Both residents had a BIMS score (Brief Interview for Mental	F0600	**F-600- Free from Abuse and Neglect** **I. The following actions were accomplished for the residents identified in the sample:** The care plan for Resident #1 was reviewed and revised. The care plan for Resident #2 was reviewed and revised. **II. The following corrective actions will be implemented to identify other residents who may be affected by the same practice:** All residents on North unit had the potential to be impacted by the deficient practice. Upon review, there were zero additional residents impacted by the deficient practice. Nursing Staff assigned to North Unit were educated on the revised Care Plan for Resident #1. Nursing Staff assigned to North Unit were educated on the revised Care Plan for Resident #2. The facility's Resident Abuse policy was reviewed without revision. **III. The following system changes will be implemented to assure continuing compliance with regulations:** All direct care staff were re-educated on the Resident Abuse policy with return demonstration of understanding.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
LNHA	Administrator	09/22/2025

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F0600 SS = D	Continued from page 1 Status) of 99, which indicates they were unable to answer questions to determine their cognitive functional level. Per regulation guidelines "Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions... it is important to remember that abuse includes the term "willful". The word "willful" means that the individual's action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm. An example of a deliberate ("willful") action would be a cognitively impaired resident who strikes out at a resident within his/her reach." Per review of the facility's investigation of the resident-to-resident incident on 8/18/25, A Licensed Nursing Assistant [LNA] saw Resident #1 standing over Resident #2's bed. When the LNA asked Resident #1 what s/he was doing, Resident #1 turned to Resident #2 and made contact with Resident #2's forehead with a closed fist. Resident #1 was immediately re-directed to another area. Resident #2 is unable to speak h/her needs. Per facility report the allegation was verified, as it was witnessed to have occurred by a staff Licensed Nursing Assistant. An interview was conducted with the facility's Director of Nursing [DON] on 9/8/25 at 12:46 PM. The DON confirmed that the facility failed to ensure Resident #2 was free from physical abuse when Resident #1 struck Resident #2 on 8/18/25.	F0600	The education emphasized the regulation guidelines "Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions", explanation of the term "willful", and the importance of immediate redirection of residents when appropriate to ensure the safety of residents. **IV. The facility's compliance will be monitored utilizing the following quality assurance system:** Observations of staff on the Dementia Care Special Unit will be conducted weekly x 4 weeks and monthly x 3 months to ensure proper redirection of residents is being provided. Results of the audits will be reviewed in the QAPI committee meeting x 4 months for further resolution if needed. **Completion Date: ____09/26/2025_____** **Responsibility: Director of Nursing** **Tag F 600 POC accepted on 9/23/25 by T. Dougherty/S. Stem**	