

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

April 15, 2021

Ms. Rose Mary Mayhew, Administrator
Bel Aire Center
35 Bel-Aire Drive
Newport, VT 05855-4953

Dear Ms. Mayhew:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 29, 2021**. 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
Licensing Chief

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

PRINTED: 04/06/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/29/2021
NAME OF PROVIDER OR SUPPLIER BEL AIRE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 35 BEL-AIRE DRIVE NEWPORT, VT 05855	
(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 656 SS=D	<p>An unannounced on-site complaint investigation was conducted on 3/25/21 and 3/29/21 by the Division of Licensing and Protection. The following regulatory violations were identified:</p> <p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p>	<p>F 656</p> <p>Bel-Aire Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law.</p> <p>F656 Resident #1 no longer resides at the center</p> <p>An audit of dietary assessments were conducted by senior RD to ensure timely completion at the time of admission, annually and with any changes of nutritional status.</p> <p>Education with the center RD and staff involved in care planning process has been completed.</p> <p>An audit will be completed weekly x4 then monthly x 3 by CED or designee. Results of the audits will be reviewed at QAPI for further recommendations</p> <p>Oversite by CED</p> <p><i>F656 POC accepted 4/13/21 M.Bertrand, RD PMU</i></p>	04/24/2021	

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

TITLE

(X6) DATE

Rose Mary Mayhew

CED

4-12-21

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 656	<p>Continued From page 1</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to develop a person-centered comprehensive care plan for 1 of 5 residents reviewed (Resident #1). The comprehensive care plan is developed to meet the resident's preferences, goals and addresses the resident's medical, physical, mental, and psychosocial needs. The findings include the following:</p> <p>Review of the electronic medical record (EMR) identifies that Resident #1 was admitted to the facility in 2021 with diagnoses to include but not limited to Dementia, Depressive disorder, Neuropathy, Gastroesophageal reflux disease, Acute Urinary Tract Infection, Edema of the lower extremities, Paresthesia, Dysphagia, and closed reduction of a fractured left hip.</p> <p>Per review of the admission Minimum Data Set (MDS), a standard assessment tool for long term care residents was completed on 1/28/21 and signed by the Registered Nurse (RN). The assessment identifies that the resident had a BIMS score (Mental Status Interview) that was unable to be calculated due to severe cognitive deficit, and s/he had a functional status requiring extensive assistance of one staff member for</p>	F 656		

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F 656	<p>Continued From page 2</p> <p>eating. Resident #1 had a height of 61 inches and a weight of 136 pounds on the day the assessment was completed.</p> <p>Per review of the Care Area Assessment Summary (CAAS) included in the MDS, identifies that ["Nutrition Status triggered and the decision to care planning has been noted by and "X" see nutritional assessment 1/22"].</p> <p>Per review of the Nutritional Assessment, completed and signed by the Registered Dietician (RD) on 1/22/21 identifies hospital weights as: 1/13/21 at 138 pounds and 1/14/21 at 147 pounds. The resident was receiving two diuretics, Torsemide and Spironolactone, daily and a daily prophylactic antibiotic (Cipro) for chronic urinary tract infections. His/her food intake varied, and over a week's time averaged at 33%. The resident was being fed by others initially on admission but progressed to self-feeding. His/Her BMI is 21.4; slightly overweight, but acceptable and was receiving a regular as tolerated diet. Assessment identified that the RD would continue to monitor, appears to be improving and add interventions if it remains inadequate to meet needs.</p> <p>The RD identifies that the nutritional status will be addressed on the care plan. Per review of the care plan initiated on admission and throughout her/his stay, there is no problem on the care plan related to food/nutrition/hydration and weight loss.</p> <p>Per interview with the RD on 3/25/21 at approximately 2:30 PM, when asked if s/he was aware of the burn Resident #1 suffered on 3/5/21, the ER transfer on 3/11/21, and the return on palliative care on 3/11/21, the RD responded that</p>	F 656			

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F 656	Continued From page 3 s/he worked both 3/5/21 and 3/11/21 but could not confirm any recollection of all that had transpired. S/he was then asked as the RD what initiatives were put in place to ensure that the resident received fluids/foods to maintain his/her weight and avoid further weight loss? The RD confirms during this interview that ["I should have done a full assessment"]. A full assessment would have triggered a care revision per MDS manual. Per review of the facility "Food and Nutrition Services" policy dated as revised on 10/27/21 identifies the following: - "Nutritional assessment is completed by the Dietitian or the non-dietitian designee upon admission, annually, and with changes in nutritional status." - "The Dietitian completes a comprehensive or further assessment for any patients/residents determined to be of nutrition concern." - "Patients/Residents with a nutritional concern are monitored at least monthly. Progress note is written when deemed necessary." - "Care plans are evaluated and updated a minimum of quarterly or as scheduled according to established policies".	F 656		
F 692 SS=G	See F 692. Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must	F 692		

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F 692	Continued From page 4 ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that 1 of 5 sampled residents (Resident #1) maintained adequate parameters of nutritional status. Resident #1 experienced a significant unplanned weight loss and an electrolyte imbalance. Specifically, the facility failed to identify an unplanned significant weight loss and failed to follow the facility's policy of assessing and implementing increased monitoring and implementation of nutritional interventions to maintain weight/nutritional status. The findings are as follows: Review of the electronic medical record (EMR) identifies that Resident #1 was admitted to the facility in 2021 with diagnoses to include but not limited to Dementia, Depressive disorder, Neuropathy, Gastroesophageal reflux disease, Acute Urinary Tract Infection, Edema of the lower extremities, Paresthesia, Dysphagia, and closed reduction of a fractured left hip.	F 692	F 692 Resident #1 no longer resides at the center An audit of weight has been completed to identify weight loss A seperate audit was completed to identify any resident for possible electrolyte imbalance. Rph audited for residents recieving diuretics as part of this audit. Nursing staff were re-educated on the process to monitor weights and labs. An interdisciplinary team has been re established to identify customers at risk. the CNE or designee will audit weights and labs every week x 4 then monthly x 3. Results of these audits will be reviewed at QAPI for further recommendations. Oversite by CNE <i>F692 POC accepted 4/13/21</i> <i>MBertrand pd pml</i>	04/24/2021

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F 692	<p>Continued From page 5</p> <p>Reviewed the admission Minimum Data Set (MDS), completed on 1/28/21 and signed by the Registered Nurse (RN), which is a standard assessment tool for long term care residents. The assessment identified that the resident had a BIMS score (Mental Status Interview) that was unable to be calculated due to severe cognitive deficit, s/he had a functional status of requiring extensive assistance with one staff member for eating and had a height of 61 inches with a weight of 136 pounds on the day the assessment was completed.</p> <p>Per review of the Care Area Assessment Summary (CAAS) included in the MDS, identifies that ["Nutrition Status triggered and the decision to care planning has been noted by and "X" see nutritional assessment 1/22"].</p> <p>The documented weight sheet in the EMR identifies the following weights: -147.3 pounds on 1/15/21 -135.6 pounds on 1/22/21 -127.4 pounds on 1/27/21 -130.4 pounds on 1/29/21 -124.6 pounds on 2/4/21 -121.6 pounds on 2/11/21 -121.6 pounds on 2/23/21 -113.2 pounds on 3/9/21</p> <p>Per review of the Nutritional Assessment, completed and signed by the Registered Dietician (RD) on 1/22/21 identifies hospital weights as: 1/13/21 at 138 pounds and 1/14/21 at 147 pounds. The resident was receiving two diuretics, Torsemide and Spironolactone, daily and a daily prophylactic antibiotic (Cipro) for chronic urinary tract infections. His/her food intake varied, and over a week's time averaged at</p>	F 692		

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F 692	<p>Continued From page 6</p> <p>33%. The resident was being fed by others initially on admission but progressed to self-feeding. His/Her BMI is 21.4; slightly overweight, but acceptable and was receiving a regular as tolerated diet. Assessment identified that the RD would continue to monitor, appears to be improving and add interventions if it remains inadequate to meet needs.</p> <p>The RD identifies that the nutritional status will be addressed on the care plan. Per review of the care plan on 3/25/21, initiated on admission and throughout his/her stay, does not identify any care plan related to food/nutrition/hydration and weight loss.</p> <p>Progress note written by the RD on 1/28/21 identifies a significant weight loss of -13.5%. Some weight loss was anticipated as edema resolved. The Residential Care Home (RCH) that s/he resided at reported weight fluctuated 128-131pounds over the fall and December. Variable intake depending on mood. According to the RCH manager s/he loves grapes, peeled apples, popcorn, candy bars, ginger ale, and cookies. The resident reports s/he does not like milk but is OK with cheese and yogurt. Average intake for one week is 54% which is improved. Will continue with small portions, add super cereal in the AM based on preferences, monitor weight, intake and additions interventions as needed (PRN). RD will be notified on any significant change's.</p> <p>The weekly weights for Resident #1 documented identify that on 1/29/21 s/he weighs 130.4 pounds and lastly on 3/9/21 s/he weighs 113.2 pounds. There are no further RD progress notes after the last note dated 1/28/21 identifying another</p>	F 692			

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F 692	<p>Continued From page 7 significant weight loss.</p> <p>Per review of the EMR, documentation identifies that the resident was sent to the Emergency Room for evaluation on 3/11/21 due to abnormal lab values specifically a critical elevation level of potassium, elevated BUN, a low sodium level and an elevated white blood count.</p> <p>Per interview with the RD on 3/25/21 at approximately 2:30 PM, s/he was asked if s/he was aware of the burn Resident #1 suffered on 3/5/21, the ER transfer on 3/11/21, and the return on palliative care on 3/11/21. The RD responded that s/he worked both 3/5/21 and 3/11/21 but could not confirm any recollection of all that had transpired. S/he was then asked as the RD what initiatives were put in place to ensure that the resident received fluids/foods to maintain his/her weight and avoid further weight loss? The RD confirms during this interview that ["I should have done a full assessment but did not"]. A full assessment would have triggered a care plan revision per MDS manual.</p> <p>Per interview on 3/29/21 at approximately 11 AM the Speech/Language Pathologist identifies that Resident #1 was seen on 1/15/21 and treated until 2/3/21. S/he had a diagnosis of oral dysphagia and tolerated a regular diet with thin liquids. The resident progressed after being removed from quarantine, eating in the dining room and self-feeding. Staff instruction was to minimize the risk of malnutrition/weight loss and to enhance the resident's quality of life.</p> <p>Per review of the facility "Food and Nutrition Services" policy dated (revised) 10/27/21 identifies the following:</p>	F 692			

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