

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

September 21, 2011

Rosemary Mayhew, Administrator  
Bel-Aire Quality Center  
35 Bel-Aire Drive  
Newport VT 05855

Dear Ms. Mayhew:

Enclosed is a copy of your acceptable plans of correction for the unannounced complaint investigation on **August 4, 2011**. 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, BS  
Licensing Chief

Enclosure: As noted above.



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

RECEIVED  
Division of  
AUG 7 11

PRINTED: 08/11/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475049</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BELAIRE QUALITY CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>35 BEL-AIRE DRIVE NEWPORT, VT 05855</b>
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(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
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F 000	INITIAL COMMENTS	F 000		
F 315 SS=D	<p>An unannounced, onsite complaint investigation was conducted by the Division of Licensing and Protection on 8/4/11. The following regulatory violation was identified.</p> <p><b>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</b></p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to assure that 1 applicable resident with an indwelling catheter received appropriate services and treatment to prevent urinary tract infection (Resident #1). Findings include:</p> <p>Per observation on 8/4/11 at 2:15 PM in a bathroom shared by four residents, there was a Foley catheter bag hanging on the trash receptacle with the end of the tubing lying inside the trash receptacle, touching the bottom of the receptacle where trash was present. Per interview with an LNA (Licensed Nursing Assistant) who was in the adjoining room, s/he observed the catheter bag in the bathroom, and</p>	F 315	<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><b>F 315</b></p> <p>The LNA has been individually reeducated on proper care of residents with catheters. LNA's have also been reeducated on the care of catheters. Hooks have been installed in bathrooms of all residents with catheters to facilitate proper storage of catheter bags when not in use. Weekly random audits x 4 will be conducted by the DNS or designee; results will be reported to the CQI committee. Oversight by the Administrator</p> <p><b>F315 POC Accepted 8/25/11</b> <b>K. Campos RN / Administrator</b></p>	9/6/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rosemary McGowan</i>	TITLE <i>Administrator</i>	(X6) DATE <i>8-23-11</i>
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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 315	Continued From page 1 told me it belonged to Resident #1, and named an LNA who had cared for the resident earlier in the day. Per interview on 8/4/11 at 2:25 PM, the LNA who provided care to the resident earlier in the day, when shown the catheter bag, stated that s/he had brought the resident to the bathroom that morning, and changed the large Foley bag to the leg bag that the resident wears during the day. The LNA then stated that s/he hung the bag in the trash can because it was dripping urine, and had intended to come back and rinse out the overnight bag with vinegar and hang it to dry per facility protocol, but became busy and forgot to come back. The LNA also stated that s/he knew that this was poor infection control practice to hang the bag on the trash receptacle, and should have hung it in a clean spot after rinsing it. Per interview at 3:40 PM, the Administrator confirmed that the LNA "knows better", did not follow facility policy, and would be re-educated on catheter care.	F 315		