



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

103 South Main Street, Ladd Hall
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Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
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June 16, 2011

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

Dear Ms. Mayhew:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on May 18, 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,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



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

PRINTED: 05/31/2011
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 05/18/2011
NAME OF PROVIDER OR SUPPLIER BELAIRE QUALITY 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 371	<p>Continued From page 1</p> <p>bottom of table. Both the FSD and the Regional Food Service Manager (RFSM) confirmed, during interview at 11:17 AM on 5/16/11, that the table had not been cleaned in four days.</p> <p>3. A crock pot containing unlabeled and undated food for resident consumption was found in the refrigerator in the ice room. Per interview, on 5/17/11, an occupational therapy staff member stated that the food was made "last Thursday and should be labeled or discarded." This was confirmed by the FSD on 5/17/11 at 11:00 AM.</p> <p>4. A popcorn popper used for residents contained old cooking oil and food particles. During interview, on 5/16/11 at 10:44 AM, the Activities Director confirmed that, per policy, the popcorn machine should be cleaned after each use. S/he further stated that Activity staff had cleaned the popper 4 days prior to the observation but, "someone must have used it after that and didn't clean it".</p> <p>5. There was widespread lime scale build up on the outside of the ice machine used for residents. The observation was confirmed at that time by the FSD and RFSM. In addition, during a subsequent inspection, on 5/17/11 at 10:45 AM, there was mold throughout the condenser of the same ice machine. Interview with the Maintenance Director at this time confirmed that although the complete ice machine is cleaned quarterly, the condenser was not thoroughly cleaned this past February.</p>	F 371			

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F 371	Continued From page 2	F 371			
F 431 SS=D	<p>6. Per observation on 5/16/11 at 12:28 PM, liquid hand sanitizer was observed dripping from a dispenser onto a plate used for residents' food. The plate was stacked on a plate-warming cart located directly beneath the dispenser in the facility's main dining area. Per interview with the Kitchen Supervisor on 5/16/11 at 12:30 PM s/he confirmed the presence of the hand sanitizer liquid on the plate, and confirmed that the plates should not be located underneath the dispenser.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p>	F 431			

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F 431	<p>Continued From page 3</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to secure all drugs and biologicals in a manner that would prevent accessibility by residents or visitors. Findings include:</p> <p>1. Per observation, during the initial tour on 5/16/11 at 10:48 AM, the medication cart in the B Wing hallway was unlocked and unattended. Per staff interview, on 5/16/11 at 10:50 AM, the Respiratory Therapist on B Wing confirmed that the cart was unlocked and that the nurse was in resident room #20 with the door closed. Per interview with the Director of Nursing on 5/18/11 at 4:00 PM it is her expectation that the medication cart be locked by staff when unattended.</p>	F 431	<p><u>F 431</u></p> <p>The staff nurse has been reeducated on the proper procedure for locking the medication cart. All license staff have received re education regarding the storage of medications.</p> <p>Random checks will be done weekly x 3 then monthly x 3, then quarterly by DNS or Designee. Results to be reported at CQI. Oversight by the Administrator.</p> <p><i>POC for F431 accepted 6/15/11 Bonnie Howe EV</i></p>	6/15/11
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