

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

July 23, 2015

Mr. David Silver, Administrator  
Newport Health Care Center  
148 Prouty Drive  
Newport, VT 05855-9821

Dear Mr. Silver:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 10, 2015**. 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: 06/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475028	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 06/10/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  NEWPORT HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 148 PROUTY 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 221  
SS=D  
An unannounced onsite follow up survey was completed by the Division of Licensing and Protection on 6/10/15 to follow up on the deficiencies cited on 4/15/15 and 5/5/15. The following regulatory deficiencies were identified:  
483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS

F 221

*see attached plan of correction*

The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and staff interview, the facility failed to assure 1 resident was free from potential physical restraints not required to treat the resident's medical symptoms. (Resident #22) Findings include:

Per 6/10/15 medical record review, Resident #22 had a physician's order dated from 12/12/14 to present that stated "No belts when in the chair..."  
Per review of nursing progress notes dated 6/7/15, a staff nurse documented that Resident #22 was "Eloping x 1, kicking, hitting, spitting at staff. 'R' put in w/c [wheelchair] with safety belt x 1 [hour]."

On 6/10/15 at approximately 10:00 AM, the facility DNS (Director of Nursing) confirmed the above information. S/he additionally reported that Resident #22 had a history of similar elopement attempts (some days there were multiple attempts) and similar verbal and physical

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE ADMINISTRATOR DATE 7/10/15

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.

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

PRINTED: 06/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

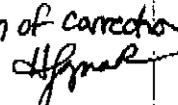
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 06/10/2015
NAME OF PROVIDER OR SUPPLIER  NEWPORT HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 148 PROUTY 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 221	Continued From page 1 behaviors that had previously been managed by staff with behavioral interventions. The DNS confirmed that there was no evidence that other interventions had been utilized to manage the resident's behaviors prior to the use of the lap belt on 6/7/15. The DNS reported that the use of a lap belt restraint had been discussed with the resident's primary care physician who specifically ordered that it not be used. The DNS confirmed that a physician had not been contacted and a new order had not been obtained prior to the belt's use on 6/7/15. The DNS also stated that due to the resident's moderately impaired cognitive status, it could not be assured that the resident could release the lap belt independently and that it was used as a restraint. S/he reported that staff needed and would be re-educated. (Refer F281)	F 221	<i>See attached plan of correction</i> <i>Hjymrk</i>	
F 281 SS=D	483.20(K)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to meet professional standards of practice by failing to follow a physician's order regarding the use of a lap belt restraint for 1 of 3 residents (Resident #22). Findings include:  Per 6/10/15 medical record review, Resident #22 had a physician's order dated from 12/12/14 to present that stated "No belts when in the chair..." Per review of the nursing progress note dated	F 281	<i>see attached plan of correction</i> <i>Hjymrk</i>	

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

PRINTED: 06/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 06/10/2015
NAME OF PROVIDER OR SUPPLIER  NEWPORT HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 148 FROUTY 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 281	<p>Continued From page 2</p> <p>6/7/15, a staff nurse documented that Resident #22 was "Eloping x1, kicking, hitting, spitting at staff, 'R' put in w/c [wheelchair] with safety belt x 1 [hour]."</p> <p>On 6/10/15 at approximately 10:00 AM, the facility DNS (Director of Nursing) confirmed the above information. S/he reported that the use of a lap belt restraint had been discussed with the resident's primary care physician who specifically ordered that it not be used. The DNS confirmed that a physician had not been contacted and a new order had not been obtained prior to the lap belt's use on 6/7/15. The DNS also stated that due to the resident's moderately impaired cognitive status, it could not be assured that the resident could release a lap belt independently. The DNS stated that nursing staff needed and would be re-educated. (Refer F221)</p> <p>Reference: Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams &amp; Wilkins.</p>	F 281	<p>see attached plan of correction</p> 	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESAH  
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM TO RESIDENTS AND STAFF	PROVIDER #  475026	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETE. 6/10/2015
--	--------------------------	---	---------------------------------------

NAME OF PROVIDER OR SUPPLIER  NEWPORT HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 148 FROUTY DRIVE NEWPORT, VT
--	--

EFDC 0	SUMMARY STATEMENT OF DEFICIENCIES
-----------	-----------------------------------

428	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the consultant pharmacist failed to report an irregularity to the attending physician and the Director of Nursing in the drug regimen of 1 of 3 applicable residents taking antipsychotic medications. (Resident #22) Findings include:</p> <p>Per 6/10/15 medical record review, Resident #22 was treated with antipsychotic medications for dementia with hallucinations and psychotic behaviors. On 4/20/15 Resident #22's physician discontinued Abilify (an antipsychotic medication) and started the resident on Seroquel 12.5 mg (an alternative antipsychotic medication) twice daily and on 4/27/15 increased the Seroquel to 25 mg twice daily.</p> <p>Per interview on 6/10/15 at approximately 10:10 AM, the facility Director of Nursing (DNS) reported that the facility performs an AIMS (Abnormal Involuntary Movement Scale) to assess for side effects from antipsychotic medication use based on the recommendation of the consultant pharmacist. S/he also confirmed that there was no monitoring for antipsychotic medication side effects in Resident #22's medical record other than AIMS assessments, the last of which was done on 2/10/15. Per review of the pharmacist consultant's 5/11/15 medication review, s/he noted the 4/20/15 change in antipsychotic medications, but did not identify or notify the facility of an irregularity that a baseline AIMS had not been completed following the initiation of a new antipsychotic medication. The above findings were confirmed by the DNS at the 6/10/15 interview.</p> <p>*This is an "A" level citation.</p> <p style="text-align: right;"><i>See attached plan of correction</i> <i>[Signature]</i></p>
-----	---

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

The above isolated deficiencies pose no actual harm to the residents

Newport Health Care Center  
148 Prouty Drive  
Newport, VT. 05855  
802-334-7321

Department of Licensing and Protection  
103 South Main Street  
Waterbury, VT. 05671

July 10, 2015

Plan of Correction for Complaint Survey on June 10, 2015

F 221

Staff was re-educated regarding the use of restraints. All other interventions need to be utilized before considering a restraint. Only then can a restraint be considered after contacting the physician and obtaining an order. The family is to be notified and request consent from them to restrain. Behaviors and interventions need to be documented. QA Audits will be done to maintain compliance on a weekly basis for one month, then they will be done monthly. Audits will be reviewed at QA meetings quarterly. Completed by June 12, 2015

F 281

All physician orders will be followed as written unless the physician is contacted and the order is changed. QA Audits will be done to maintain compliance on a weekly basis for one month, then they will be done monthly. Audits will be reviewed at QA meetings quarterly. Staff re-educated on the procedure. Completed by June 12, 2015

F 428

Pharmacist will follow the AIM'S schedule as recommended. The DON will be notified to do AIM'S testing at the start of any new anti-psychotic medication. DON will review all new orders at least weekly. Completed June 18, 2015

F221, F281 + F428 POC's accepted 7/22/15 SDennis RN/PMc

*Signature*  
Resubmitted 7/16/15