

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

June 26, 2014

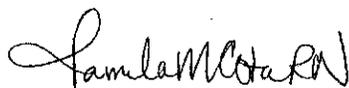
Mr. David Silver, Administrator
Newport Health Care Center
148 Prouty Drive
Newport, VT 05855-9821

Dear Mr. Silver:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 27, 2014**. 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

PC:jl

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

PRINTED: 06/10/2014
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 C 05/27/2014
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 314 SS=G	<p>An unannounced on-site complaint investigation concerning quality of care and treatment was conducted by the Division of Licensing and Protection on 5/27/14. The following regulatory violations were identified:</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to ensure that a resident who enters the facility with a pressure ulcer receives the necessary treatment and services to promote healing, prevent infection and prevent new sores from developing for 1 of 3 sampled residents with pressure ulcers (Resident #1). The findings include: Per 5/27/14 record review, Resident #1 was admitted to the facility on 4/14/14 post hospitalization. The initial nursing assessment dated 4/14/14 identified the resident as having a stage II pressure ulcer on the left buttock measuring 4 cm x 4 cm with a round dark area in the center measuring 1 cm. Pressure ulcers are staged from I-IV with Stage I being the least</p>	F 314	Please see attached plans of correction.		

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

TITLE

(X6) DATE

Administrator

06/18/14

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 314	<p>Continued From page 1</p> <p>serious. On the admission assessment dated 4/14/14, a pressure ulcer risk evaluation tool identified Resident #1 as at high risk for skin breakdown (Resident #1 scored 12 on the risk assessment; a score of 8 or higher is considered high risk).</p> <p>Per review of the 4/26/14 MDS (Minimum Data Set), Resident #1 was documented as having one stage II pressure ulcer on admission; no unstageable pressure ulcers were identified. The above MDS entry was confirmed by the MDS nurse on 5/27/14 at 10:25 AM; s/he stated s/he used the initial nursing assessment and progress notes to determine the type of ulcer the resident had to complete the entry.</p> <p>On 5/27/14 at approximately 10:00 AM, the facility nursing supervisor stated that orders were obtained for a Physical Therapy wound consultation when Resident #1's ulcer did not appear to be healing. Per review, the Physical Therapist (PT) evaluated the pressure ulcer on 5/7/14 and identified the ulcer as being at Stage III and identified a suspected DTI (Deep Tissue Injury). S/he further identified a large area of firmness superior (above) the DTI and wrote that it "needs to be monitored for potential further breakdown." The PT made recommendations to change the wound treatment protocol and added recommendations that the resident "Needs pressure relief: air mattress, air cushion for chair-[multiple]/frequent position changes."</p> <p>Per 5/27/14 review, the facility procedure for the prevention of pressure ulcers (procedure 550, p.2) states to "Use pressure reducing or relieving devices as necessary." Per direct observation on 5/27/14 and confirmed by the staff nurse who was providing wound treatment, the resident had a scoop mattress on the bed and not an air mattress.</p>	F 314		

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F 314	Continued From page 2 On 5/27/14 at 9:45 AM, the DON (Director of Nursing) confirmed that the PT recommended an air mattress for pressure relief on 5/7/14 and that one was not in place as of 5/27/14, twenty days after the recommendation had been made. The DON stated that "it is the facility's responsibility to provide" the air mattress. The DON confirmed that the resident was provided with a pressure relieving cushion for his/her chair but stated that she was not aware that the air mattress had been recommended by the PT and that all residents in the facility have gel mattresses. Per 5/27/14 review of the weekly pressure ulcer progress report, on 5/15/14, Resident #1 was identified as now having 2 pressure ulcers on his/her buttock. On 5/26/14, the original ulcer measured 5 cm x 4 cm (an increase of 1 cm in width from admission) and the second ulcer measured 1.5 cm x 1.5 cm. Per observation on 5/27/14 during wound care, the second ulcer was located distal (below) the first ulcer. The increase in size for the original ulcer and the development of a second ulcer was confirmed by the DON on 5/27/14 at 9:45 AM. On 5/27/14 at 10:38 AM, the staff nurse who provided wound care during the observation, reported that the actual open area of the original ulcer appeared to be improving, but that the intact skin surrounding the ulcer appeared to be a darker red. The facility obtained an air mattress for the resident on the day of the survey.	F 314			
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete;	F 514			

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F 514	<p>Continued From page 3</p> <p>accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to document notification of family regarding a significant change in medical condition for one of six residents in the sample group. (Resident #4). Findings include: Per medical record review on 5/27/14, Resident #4 was admitted to the facility on 9/19/13 with diagnoses of end stage kidney disease and other chronic medical conditions. Per review, Resident #4 had refused dialysis and had an Advance Directive indicating a desire for comfort care and no life prolonging measures. On 10/28/13, the nursing progress notes documented that Resident #4 was alert and denied pain, was assisted to eat and drink and made needs known by yelling. On 10/29/13 during the 7-3:00 PM shift, Resident #4 was documented as "non-verbal and nonresponsive before breakfast." Oxygen saturation (O2 sat) was 86%" and s/he was given oxygen by nasal cannula. Per notes, the resident was not responding to voice or other stimuli. S/he refused medications, lunch and fluids; when awake after lunch, the resident was noted to be "grabbing at air" ..."continue to monitor." On 10/30/13 at 4:15 AM, Resident #4 was pronounced by the facility's RN (Registered</p>	F 514			

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F 514	Continued From page 4 Nurse) and the on call physician and family were notified. On 5/27/14 at 1:40 PM, the Director of Nursing (DON) confirmed that Resident #4 had a significant change in condition on 10/29/13 and family should have been notified; the DON stated, s/he could not tell from the nurse's progress notes whether Resident #4's family had been notified on 10/29/13 of the change prior to the resident expiring on 10/30/13. On 5/27/14 at 1:45 PM, the staff nurse who evaluated Resident #4 on 10/29/13 stated s/he could not remember contacting the family about Resident #4's change in condition, and confirmed that a notification should have been made and documented. * Oxygen saturation measures the amount of oxygen in the blood; normal readings range from 95-100%; values under 90% are considered low(www.mayoclinic.com/health/hypoxemia/MY00219).	F 514			

Newport Health Care Center
148 Prouty Drive
Newport VT 05855
Provider ID# 475026

Plan of Correction for Survey on May 27, 2014

F 314

All recommendations such as PT, OT etc. will be reviewed with the primary care physician and approved.

An In-service is scheduled on 6/16/14 with nursing staff-they will be reminded that all recommendations and orders must be followed as written. If there are any questions they should notify the physician to get them clarified. An in-service on pressure ulcers will also be held on that same date. Completed 6/16/14

F314 POC accepted 6/19/14 SDennis RN/AMC

F 514

Nursing will notify physician and family regarding any change of condition including changes in medications and treatments as soon as possible. Also the supervisor and/or the Director of Nursing should be notified immediately. All nursing staff was reminded of this on an individual basis when this became known at the survey on 5/27/14. It will also be reviewed again at the meeting on 6/16/14.

F514 POC accepted 6/19/14 SDennis RN