

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

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November 1, 2013

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

Provider #: 475026

Dear Mr. Silver:

The Division of Licensing and Protection conducted an onsite complaint investigation on **October 7, 2013**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **October 7, 2013** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure

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

10A 0022412000

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PRINTED: 10/21/2013
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 10/07/2013
NAME OF PROVIDER OR SUPPLIER NEWPORT HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 148 PRUDY 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 An unannounced on-site complaint investigation was completed by the Division of Licensing and Protection on 10/7/13. The following regulatory violations were found:	F 000			
F 279 SS=E	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe 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 §463.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to develop a plan of care that addressed all the identified needs for 3 of 3 residents in the sample. Findings include: 1. Per record review on 10/7/13, Resident #1 was admitted to the facility on 9/19/13 for medical care	F 279	All residents will have an interim care plan completed within 24 hours of admission. The nursing supervisor will ensure that this is completed in the time frame. The Director of Nursing will monitor this as needed through chart audits. A checklist is being used to ensure this requirement. 10/21/13 **The comprehensive care plan for resident #2 was located after the surveyor left. All residents will have a comprehensive care plan completed within the 14-day requirement. Problems will be addressed completely using the Care Area Assessment Summary from the MDS. The nursing supervisor will do this and the Director of Nursing will monitor this as needed through chart audits. A checklist will be used to ensure this requirement. 10/21/13 F279 POC accepted 10/21/13 SDennis APRN/PME		

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

TITLE

Administrator

(X8) DATE

10-31-13

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.

PME

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F 279	<p>Continued From page 1</p> <p>and respite following hospitalization. She/he had the following diagnoses: congestive heart failure, seizures, memory loss, long term anticoagulant use, paresthesias, hyperlipidemia, anemia, diabetes type II, insomnia, hypertension, atrial fibrillation, and pemphigoid. A comprehensive nursing assessment was completed on 9/19/13; however, there was no evidence that an interim care plan had been developed. Per review of the "admission documentation" checklist, the row listed as "Interim care plan implemented by admitting nurse" was not checked, dated or initialed as done. The Director of Nursing confirmed that an interim care plan was not present in the closed record.</p> <p>2. Per record review on 10/7/13, Resident #2 was admitted to the facility on 8/28/13 for rehab and medical care following hospitalization for atypical chest pain and recent onset of seizures. Resident #2 also had developed a significant painful drug rash allergy requiring treatment; additionally he/she had diagnoses of atrial fibrillation with a history of a DVT requiring anticoagulant therapy, a history of protein C deficiency, hypertension, macular degeneration, hyperlipidemia, anxiety and insomnia. An interim care plan was present that addressed fall risk, skin breakdown, pain, and cardiac disease but did not address the full scope of the resident's active diagnoses, care needs or stated plan to return home (per review of social service notes). Per interview on 10/7/13 at 3:00 P.M., the Director of Nursing confirmed that she/he was unable to find the resident's comprehensive care plan and agreed that the interim plan of care in the closed medical record did not address all of the resident's medical diagnoses/care needs.</p> <p>3. Per record review on 10/7/13, Resident #3 was admitted to the facility on 9/5/13 post</p>	F 279		

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F 279	Continued From page 2 hospitalization following a fall at home. Diagnoses included a history of acute and chronic back pain, renal cell cancer, coronary artery disease, a prior stroke, hypertension, gastroesophageal reflux disease, hyperlipidemia, lumbar stenosis, and muscle system atrophy versus Parkinson's disease. On 10/4/13, the resident was identified as having a stage II pressure ulcer. The resident's medical record contained an Interim care plan, but did not have a comprehensive care plan addressing the full scope of the resident's medical issues including the newly developed pressure ulcer. On 10/7/13 at 2:07 P.M., the nursing day supervisor confirmed that a comprehensive care plan had not been developed for this resident to address the full scope of his/her medical issues including the newly diagnosed pressure ulcer.	F 279			
F 356 SS=C	483.3D(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:	F 356	The posted staffing information form is done on a weekly basis based on the schedule. It is reviewed on a daily basis and any changes in staffing will be documented on the form. The posting will be placed on the bulletin board for the on-coming week on Friday and will be adjusted daily. The day supervisor or Director of Nursing will review this Monday through Friday and the East Wing staff nurse will do this on the weekend.	10/7/13	
			F356 POC accepted 10/31/13 SDennis APRN / PMC		

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F 356	Continued From page 3 o Clear and readable format o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post the resident census and staffing on a daily basis as required by regulation. Findings include: Per observation on 10/7/13 at 8:45 A.M., the facility's required daily posting of staffing and resident census was absent. Per interview on 10/7/13 at 3:12 P.M., the facility DNS reported that he/she had been working on the posting in his/her office and though it was now completed, he/she confirmed it was not yet posted on the bulletin board.	F 356			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program	F 441	The Infection Control Program will be updated to include the following: Investigation, controls and prevention of infection. What procedures such as isolation is determined and applied. Documentation of incidents and corrective action maintained. Prohibiting		

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F 441	Continued From page 4 The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and policy review, the facility failed to implement proper infection control measures during an observation of medication administration and blood sugar monitoring. This affected one of three Residents (Resident #4) in the applicable medication administration sample. Findings include;	F 441	employees with communicable diseases or infected skin lesions from having direct contact with residents or resident's food. Hand washing after direct contact with residents. All staff will have proper handwashing reviewed and be re-educated on the prevention of infection such as proper handling of equipment, linens, etc. Licensed Nurses will have the proper use and care of Glucometers reviewed. Nursing supervisor and/or Director of Nursing will periodically monitor this through competency reviews. F441 POC accepted 10/31/13 S Dennis APRN / PML	10/30/13 10/31/13 10/31/13 10/31/13	

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F 441	Continued From page 5 Per observation on 10/7/13 at 3:30 P.M., a medication staff nurse was observed to sanitize her hands and collect the medication and supplies necessary to administer a nebulizer treatment and perform a blood glucose test for Resident #4. The nurse was observed to don disposable gloves that she/he pulled out of his/her pocket, cleanse and pick the resident's finger with a disposable lancet, wipe the first drop of blood with a tissue, and collect the blood specimen on a test strip attached to the glucometer. Without removing gloves or sanitizing his/her hands, the nurse pushed back the resident's privacy curtain to make room to auscultate the resident's lungs with a stethoscope; took a pillow from the resident's bed and positioned it behind the resident's back; removed the nebulizer medication chamber from the unit and turned on the water in the sink to rinse it and then set up the nebulizer treatment. He/she then disposed of the sharps (lancet) at the medication cart, removed his/her gloves and placed the glucometer in its case. When prompted that she/he did not remove her gloves or sanitize her hands while in the resident's room or sanitize the glucometer (which is used for multiple residents) prior to putting it in its case, the nurse stated, "I forgot" and then wiped the glucometer with an alcohol wipe. The staff nurse confirmed the above observations as correct. Per 10/7/13 interview with the Director of Nursing (DNS)/Infection control nurse, she/he confirmed that the observations above were a breach of the infection control policy. He/she also stated that medication nurses were instructed to follow manufacturer's specifications for sanitizing glucometers between residents; this was confirmed per review of the facility's blood glucose monitoring policy given by the DNS at	F 441			

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F 441	Continued From page 6 10/7/13 at 5:35 P.M. Per manufacturer's recommendations at Medline.com, the cleaning and disinfecting guidelines for the EvenCare G2 glucose meter used by the facility are as follows: "To disinfect your meter, clean the surface with Dispatch Hospital Cleaner Disinfectant towels with bleach or Clorox Healthcare Bleach Germicidal Wipes. Wipe all external areas of the meter or lancing device including both front and back surfaces until visibly clean. Avoid wetting the meter test strip holder. Discard used towel in a sealed container where it will not be touched by others." (< http://www.medline.com/media/mkt/pdf/Cleanin-g-and-Disinfecting-Letter-12-19-12.pdf >)	F 441	
F 465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a sanitary/comfortable environment for 18 of 43 residents residing in the facility or using the handrails where mesh door barriers were stored. Findings include: Per observation, on 10/7/13 at 9:00 A.M., the privacy curtains utilized by staff and 18 residents residing in the facility had visible gray soiling at the curtain's outer edge/between the curtain folds or scattered dried brown stains/dark marks affecting 13 of the resident rooms. Additionally, in one room, the privacy curtain was significantly	F 465	All privacy curtains were laundered and a checklist procedure was instituted to provide periodic laundering. Staff will continue to write cleaning slips on an as needed basis. All door barriers were removed and handrails cleaned. Handrails are to be cleaned on a daily basis by housekeeping. F465 POC accepted 10/31/13 SDennis APRN PML

10/08/13

10/08/13

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F 465	Continued From page 7 wrinkled from top to bottom having an unkempt appearance. During the same observation time, the mesh door barriers (draped on the hallway handrails by resident rooms) were observed to have orange and brown stains and gray soiling for rooms 3, 4, 6, 7, 10, 20 and 28. Per observation on 10/7/13 at 3:30 P.M., a medication staff nurse was observed to don disposable gloves, cleanse and pick Resident #4's finger with a disposable lancet, wipe the first drop of blood with a tissue, and collect a blood specimen on a test strip. Without removing gloves or sanitizing his/her hands, the nurse pushed back the resident's privacy curtain with the potentially soiled gloves. Per interview on 10/7/13 at 9:30 A.M., the housekeeping supervisor reported that privacy curtains are washed once per year or if a staff member writes a cleaning slip to have them done sooner. He/she reported that some of the stains on the curtains were permanent from pens or markers. On 10/7/13 at 2:20 P.M., the facility DNS/Infection control nurse confirmed the soiling/stains on the privacy curtains in resident rooms and on the mesh door barriers outside of the resident rooms. She/he was not aware of any scheduled cleaning and reported that housekeeping does it.	F 465			