

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

May 28, 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 **May 5, 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

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  05/05/2015
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NAME OF PROVIDER OR SUPPLIER  NEWPORT HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 148 PROUTY DRIVE NEWPORT, VT 05855
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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

The Division of Licensing and Protection conducted an unannounced onsite annual recertification survey 5/4/15 - 5/5/15. The following regulatory deficiencies were cited as a result.

F 252 483.15(h)(1)  
SS=B SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT

F 252

The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.

SEE ATTACHED

This REQUIREMENT is not met as evidenced by:  
Based on observation and staff interview, the facility failed to maintain a safe, clean, comfortable and home like environment in the East and West wing Bath/Shower Rooms. The findings are as follows:

Per observation on 05/05/2015 at 9:21 AM, the West wing bath/shower room had a tub and shower unit for resident use. Additionally, stored in the room were 3 wheelchairs, 1 reclining Geri-chair, a box containing wheelchair leg and foot rest attachments, 7 foldable walkers, 2 large rubbish bins filled with soiled laundry (one of the bins had bedding overflowing from the top and there was a unpleasant odor noticeable in the room), 1 spare Hoyer lift (a mechanical lift device that was not in current use); there were also 2 shower chairs and 1 merry walker (a large walking assistance device made of PVC pipes with an attached seat) stored in the shower stall

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>D. J. S. Sweeney</i>	TITLE ADMINISTRATOR	(X6) DATE 5/22/15
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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 252	Continued From page 1 filling the space.  On 05/05/2015 at 9:28 AM, the East bath/shower room was observed to have a tub and shower unit for resident use. Additionally stored in this room, were 3 full laundry bins (that were in process of being emptied by housekeeping staff), 1 large trash bin; 5 wheelchairs, 1 spare Hoyer lift (not currently in use), 5 foldable walkers and 2 commodes; there was also 1 reclining Geri-chair and 2 shower chairs that filled the shower stall.  The Director of Nursing (DNS) was present during the tour and confirmed the above observations and that residents use both of the rooms for bathing and showering. S/he also confirmed that the rooms have the appearance of storage rooms. S/he confirmed that the rooms did not have a home like appearance.	F 252		
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure 2 of 15 applicable residents were free from accident hazards (Residents #33, 49). Findings include:	F 323		

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F 323	<p>Continued From page 2</p> <p>1. Per observation on 5/4/15, Resident #49 was seated in a wheelchair with a seatbelt on, the type that must be released by a staff person, not self-releasing. The lap belt was ordered by the physician on 2/13/14, with orders to release the belt at least every 2 hours, as well as during meals and for toileting care. There is also an order for the use of a Merry Walker, which is a device that has a seat with a PVC pipe cage around that and functions as a walker for unsteady residents who like to ambulate.</p> <p>Per the documentation, the resident climbed out of the Merry walker by lifting a leg over the center belt, and climbing under the piping. This occurred on 10/10/14 and 4/17/15. On 12/7/14, Resident #49 went outside the facility and fell over sideways in the Merry Walker. The record also showed that the resident had been seated their wheelchair with the seatbelt fastened, and was able to lift the wheelchair off the ground still seated, and fell backwards, and sometimes sideways still attached to the chair. These specific type of falls occurred on 5/8/14, 6/2/14, and 6/24/15. The most recent was a fall backwards from the wheelchair after attempting to stand with the seatbelt fastened on 4/27/15. There were also numerous incidents documented where Resident #49 had attempted to stand up in the wheelchair however staff were able to get to the resident in time to prevent a fall.</p> <p>Per review of the record, the Fall Risk evaluation was completed for this resident on 12/2/14, 12/12/14, 4/3/15, and 4/20/16, which all gave a score of over 10 denoting a high risk of falls. Other than the list of falls on the plan of care, there was no evidence that the plan of care was updated with new interventions. The wheelchair is</p>	F 323		

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F 323	Continued From page 3 light and the resident repeatedly fell by being able to pick up the weight of the chair with their legs. Per interview on 5/5/15 at 1:55 PM, the Director of Nursing confirmed that a further Fall Risk Evaluation had not been completed at each of the falls, and that the resident was still at risk of falling in the wheelchair when the seat belt is fastened. The DNS also confirmed that Physical Therapy had not evaluated the safety of the resident in the seat-belted wheelchair, or the Merry Walker, and that no interventions had been added to the plan of care regarding these falls and how to prevent them.  2. Per record review on 5/5/15 at 11:03 AM, Resident # 33 was not assessed for fall risk after falling. Per interview with the Director of Nurses (DON) and record review, Resident # 33 fell on 4/11/15 and again on 4/20/15. There is no evidence in the clinical record that fall risk assessments were done after either fall. During interview on 5/5/15 at 11:40 AM, the DON stated that fall risk assessments are to be conducted after each fall to determine if changes need to be made to the plan of care. The DON confirmed that fall risk assessments were not done after the 4/11/15 and 4/20/15 falls.	F 323		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  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.	F 431		

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F 431	<p>Continued From page 4</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> <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 observations and staff interview, the facility failed to store medication in a way to ensure expired medications were not kept on units, available for use. Findings include:</p> <p>Per observation in the Medication Storage room on 05/04/2015 at 3:10 PM, a multi-dose vial of Pneumovax (a vaccine indicated for the prevention of pneumococcal disease) had a manufacturer's printed expiration date of 2/25/15 on the package. A staff nurse confirmed that the</p>	F 431		

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F 431	<p>Continued From page 5</p> <p>vaccine was outdated and removed it from stock. Per several interviews with the Director of Nursing (DNS) on 5/5/15, s/he was unable to provide a Pneumovax administration tracking log to determine when the Pneumovax had been administered to residents/or if the any resident had received an outdated dose. According to the manufacturer, all vaccine must be discarded after the expiration date.</p> <p><a href="https://www.merckvaccines.com/Products/Pneumovax/Pages/storageandhandling/tab/2">https://www.merckvaccines.com/Products/Pneumovax/Pages/storageandhandling/tab/2</a></p>	F 431		
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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

May 21, 2015

Plan of Correction for Survey on May 5, 2015

F252 The East and West Wing bathrooms will be made more homelike rather than like a storage room. All equipment including wheelchairs, walkers, laundry bins etc have been inventoried and checked for usage. Laundry bins have been cleaned. Extra equipment is being moved to a storage area that does not interfere with resident flow and care. Extra laundry bins will be kept in the dirty utility room rather than the bathrooms. Room sanitizer/fresher will be available in the bathrooms to help with odors. Weekly checks will be made to avoid this occurring again. Completed by: May 29, 2015

*F252 POC accepted 5/28/15 RTremblay RN | PML*

F323 Fall risks evaluations will be done after every fall. The nurse on duty at the time of the fall is responsible to do this. He/she will also document the fall on the care plan as well as any intervention needed. A fall risk committee has been initiated and every fall will be reviewed to try to find the root cause and any interventions will be documented. On resident #49 a physical therapy evaluation was ordered and completed. Suggestions were made regarding how to keep him from lifting the wheelchair. Maintenance is trying to accommodate the suggestion. The resident will be ambulated by staff more frequently therefore minimizing the use of the merry walker. If he is in the merry walker there will be closer observation. Staff will also be made to review the fall risk policy. Fall risks evaluations will be audited by the Director of Nursing after the fall and as needed. Completed by: May 25, 2015

*F323 POC accepted 5/28/15 RTremblay RN | PML*

F431 Pneumovax vial was immediately disposed of when the outdated vial was found on May 5, 2015. Multi-dose vials such as the pneumovax will be checked for outdates on a daily basis when the refrigerator temperature is checked and will be documented on the log. A log of all vaccines given will be maintained. Completed by: May 21, 2015

*F431 POC accepted 5/28/15 RTremblay RN | PML*