

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.state.vt.us>
Voice/TTY (802)-241-2345
To Report Adult Abuse: 800-564-1612
Fax (802)-241-2358

January 7, 2009

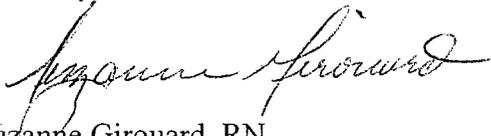
Ms. Rosemary Mayhew, Administrator
Bel Aire Center
35 Bel Aire Drive
Newport, VT 05855

Dear Ms. Mayhew:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **November 24, 2008**. 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.

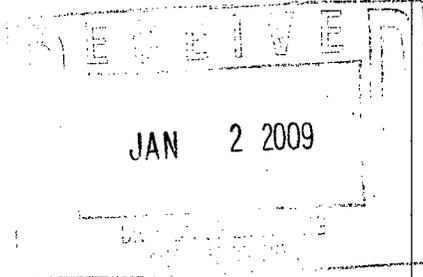
Sincerely,



Suzanne Girouard, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2008
NAME OF PROVIDER OR SUPPLIER BEL AIRE 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) COMPLETE DATE
R100	Initial Comments: An unannounced licensure survey was conducted by the Division of Licensing and Protection on 11/24/08.	R100	 R 145 Resident #1 – Plan of care has been reviewed and a full and complete care plan is in place. Audits of all other residents care plans have been done and are in place. Care plan reviews will be done annually and with any change in resident condition or plan of care. Completion date – 1-7-09 <i>Dec 23 2008 11/24/08 K. Anger #11</i>	1/7/09
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to develop a plan of care that describes the care and services necessary to maintain the independence and well-being of one resident in the sample. (Resident #1) Findings include: 1. Per record review, the Kardex used for the care plan of Resident #1 contained only the following information: the resident's name, the physician's name, room #, bath days, denture status, and "uses walker at all times for ambulation". There was no code status, diet instruction, allergies, or any other instruction regarding the resident's care and services. Per the assessment, the resident requires one assist for bathing, set-up assist for dressing, has a ground food diet, has dementia with behaviors, is on anticoagulant therapy, and has a history of falls both inside and outside of the facility. Per interview on 11/24/08 @2:45 PM, the nurse confirmed that the Kardex was the plan of care	R145		

Division of Licensing and Protection

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

TITLE

Administrator

(X6) DATE

12-31-08

Division of Licensing and Protection

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R145	Continued From page 1 for this resident and did not reflect some of the care needs of this resident.	R145		