

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Bel Aire Center		STREET ADDRESS, CITY, STATE, ZIP CODE 35 Bel-Aire Drive Newport, VT 05855	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>46135</p> <p>Based on staff interviews and record review, the facility failed to ensure that an allegation of staff to resident abuse was reported to the State Licensing Agency as required. Findings include:</p> <p>Per interview on 4/24/24 at approximately 11:30 AM, a Licensed Nursing Assistant stated that a few weeks ago, Resident #14 reported to him/her that the night aide had ripped her necklaces off of him/her and broke them. S/He explained that s/he had reported this to the Director of Nursing (DON).</p> <p>Record review reveals that Resident #14 was assessed on 3/13/2024 to have a BIMS of 14 (brief interview for mental status, indicating cognitive intactness). Per interview on 4/24/24 at 11:52 AM, Resident #14 explained that a couple weeks ago a staff member had ripped off his/her necklaces because they were mad at me.</p> <p>A review of the investigation of this incident did not include evidence that this allegation of abuse was reported to the State Licensing Agency.</p> <p>Per interview at on 4/24/24 at approximately 2:30 PM, the DON explained that s/he was unaware that s/he was required to report the allegation to the State Licensing Agency but has been educated and understands that s/he should have reported the allegation to the State Licensing Agency.</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 correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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