



**Department of Disabilities, Aging and
Independent Living**
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
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AGENCY OF HUMAN SERVICES

June 18, 2025

Mr. Anthony Trujillo, Administrator
Bel Aire Center
35 Bel-Aire Drive
Newport, VT 05855-4953

Dear Mr. Trujillo:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **May 28, 2025**. 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,

A handwritten signature in dark ink that reads "Pamela M. Cota RN".

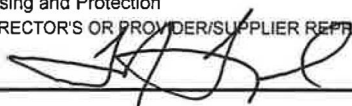
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

Division of Licensing and Protection

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 C 05/28/2025
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
S 000	Initial comments On 5/28/25 the Division of Licensing and Protection conducted an unannounced on-site investigation of one facility reported incident and two complaints. The following regulatory deficiency was identified:	S 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiency. It is prepared and executed as evidence of the center's continued compliance with applicable law. No resident was identified in this state staffing citation. All residents could be affected by this alleged deficient practice. The center has reviewed staffing for the past thirty days. Staff have been educated on the state minimum requirement of three hours per day direct care and a minimum of two hours per day of standard LNA care by an LNA or equivalent staff.	
S320 SS=F	7.13 (d)(1) QUALITY OF CARE - STAFFING LEVELS 7.13 (d)(1) The facility shall maintain staffing levels adequate to meet resident needs. 1. At a minimum, nursing homes must provide: i. no fewer than three (3) hours of direct care per resident per day, on a weekly average, including nursing care, personal care and restorative nursing care, but not including administration or supervision of staff; and ii. of the three hours of direct care, no fewer than two (2) hours per resident per day must be assigned to provide standard LNA care (such as personal care, assistance with ambulation, feeding, etc.) performed by LNAs or equivalent staff and not including meal preparation, physical therapy or the activities program. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to maintain the required minimum staffing levels to allow for 2.0 hours of direct care and personal care per resident per day [PPD] on a weekly average by LNAs [Licensed Nursing Assistants] for 2 of 4 weeks. Findings include:	S320		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

NHA

(X6) DATE

06/14/2025

Division of Licensing and Protection

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S320	Continued From page 1 A review of the daily PPD hours shows that the average direct PPD by LNAs was below the minimum of 2.0 per day during the following weeks in April 2025: 4/1/25-4/7/25= 1.81 4/8/25-4/14/25 = 1.84 On 5/28/2025 at 12:10 PM the Director of Nursing confirmed the PPD was below 2.0 for these dates and that the facility did not meet the 2.0 hours required.	S320	A new scheduler has been hired by the center and will be educated on state staffing requirements. A labor meeting will be held weekly to review staffing, new hires, terminations of staff, and anticipated admissions/discharges of residents. The schedule will be adjusted accordingly to meet or exceed the state staffing standard. The administrator and or designee will complete an audit of staffing weekly x 4 and monthly x 4 to ensure compliance. Audits will be reviewed at QAPI for further recommendations DOC 7/12/25 Tag S320 POC accepted on 6/18/25 by C. Howard/S. Stem	