



Department of Disabilities, Aging and
Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

April 20, 2026

Ms. Joanna Stevens, Administrator
Bel Aire Center
35 Bel-Aire Drive
Newport, VT 05855

Provider ID #: 475049

Dear Ms. Stevens:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **April 1, 2026**. 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

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

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475049		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/01/2026	
NAME OF PROVIDER OR SUPPLIER Bel Aire Center				STREET ADDRESS, CITY, STATE, ZIP CODE 35 Bel-Aire Drive , Newport, Vermont, 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
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite investigation of two complaint reports #2727664 and #2695235 on 4/1/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiencies were identified:			F0000	This plan of correction is written to comply with state and federal guidelines and is not an admission of noncompliance. However, it is the facility commitment to demonstrate compliance.		
F0657 SS = G	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.			F0657	F657 – Care Plan Timing and Revision (SS=G) Resident #1 is no longer in the facility. A comprehensive review of the resident's clinical course was conducted by the interdisciplinary team (IDT). Full house audit was conducted of 100% of current residents receiving: Compression therapy (including Unna boots) Wound care treatments Vascular-related conditions This audit included review of physician orders, Treatment Administration Records (TAR), and care plans to ensure all treatments and interventions are accurately reflected. The interdisciplinary team (IDT) will review new treatments to ensure care plan accuracy. Nursing staff will be re-educated on updating and revising care plan requirements related to compression therapy, wound care treatments and vascular related conditions. The Director of Nursing (DON) or designee will audit 5 residents per week for 4 weeks, Then 5 residents monthly for 3 months to verify that new treatments are reflected in care plans as appropriate. The results of the audits will be forwarded to the Quality Assurance and Performance Improvement (QAPI) Committee for further review and or recommendations		5/6/2026

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 reverse for further 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 <i>Joanna L. Stevens</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/20/2026</i>
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F0657 SS = G	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to ensure care plans were updated with a new intervention for 1 of 3 residents sampled (Resident #1). As a result, the resident sustained a necrotic ulcer on his/her right foot related to improper application of an Unna boot (compression dressing impregnated with healing agents) requiring admission to the hospital which later resulted in a below the knee amputation. Findings include: Per record review, Resident #1 had a BIMS (Brief Interview of Mental Status) of 14, indicating no cognitive impairment. Resident #1's medical diagnoses include peripheral vascular disease (PVD) (a disorder of blood vessels that affects blood flow to the limbs), type 2 diabetes mellitus with diabetic neuropathy, and a history of peripheral artery disease (PAD; a disorder of blood vessels that affects blood flow to the limbs) with revascularization (surgical procedure performed to restore blood flow to the leg). Per record review of care plan Resident #1 is at risk for skin breakdown related to advanced age, fragile skin, DM (diabetes mellitus), created on 9/24/24. Per record review, a 1/13/26 Physician note reveals that Unna boots were applied to Resident #1 in response to increased edema, soreness, and redness. Resident #1 had a physician order for Unna boots starting on 1/13/2026 to be applied to lower extremities 2 times a week. Per review of Resident #1's Treatment Administration Record for January 2026, Unna boots were applied on 1/13/2026 and changed on 1/17/2026 by Nurse #1. Per record review of 1/6/26 and 1/13/26 skin checks, there is no documentation of a wound on Resident #1's right foot prior to application of the Unna boot. Per record review, Resident #1 was transferred to the Emergency Department (ED) on 1/18/2026 for tachycardia (increased heart rate) and chest pain. Per review of Hospital Emergency Department notes dated 1/18/2026, Resident #1 had Unna boots applied the day before (1/17/2026) and reported increasing leg pain. S/he denied having any ulcers, blisters or redness on her right foot prior to application of Unna boots. Per review of the Hospital Admission History and Physical Report dated 1/18/2026, bilateral Unna boots were removed in the ED, and a "large" wound measuring 4 cm (centimeters) x 3 cm was found on the right dorsal			F0657	Tag F0657 POC accepted on 4/20/26 by C. Howard/S. Stem		

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F0657 SS = G	Continued from page 2 (upper) foot that was "very painful" for Resident #1. Per review of a Hospital Physician note dated 1/20/2026, "[Resident #1] was being treated with Unna boots in the nursing home, and it seems [s/he] might have had one that was too tight and caused [him/her] pressure injury." Per review of the Hospital Discharge Summary dated 1/24/2026, it was noted that "tight" Unna boots were placed on Resident #1 by the Skilled Nursing Facility. On arrival to the Emergency Department s/he had a large necrotic ulcer on his/her right dorsal foot that was likely ischemic (condition of blood flow being blocked or reduced) in nature and complained of "severe pain." Surgical debridement (removal of nonviable tissue) was performed on 1/23/2026, and it was determined that the wound was unlikely to heal due to the extent of the ulcer and comorbidities. Resident #1 was being transferred to a tertiary center for "management of this ischemic ulcer and likely associated osteomyelitis [bone infection]. Likely to require an amputation." Per interview with Resident Representative #1 on 4/1/2026 at 10:03 AM, Resident #1 was transferred to another hospital on 1/24/2026 for a below-the-knee amputation, which occurred on 1/25/2026. The resident was scheduled for a second surgery to amputate above the right knee but died before that could occur. Per interview with the Facility Medical Director on 4/1/2026 at 1:18 PM, she stated that "the hospital" notified her that (Resident #1's) Unna boot was applied incorrectly. Per record review of Resident #1's care plan, his/her care plan was not updated to include the application and management of Unna boots. Per the facility's Skin Integrity and Wound Care Management policy, staff will monitor and observe the patient for changes and review and revise the care plan as indicated. Per interview with Director of Nursing (DON) on 4/1/2026 at 11:00 AM, he confirmed that all new nursing interventions should be incorporated into the care plan.		F0657				
F0726 SS = H	Competent Nursing Staff CFR(s): §483.35(a)(3)(4)(c) §483.35 Nursing Services		F0726				

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F0726 SS = H	Continued from page 3 The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to provide education and ensure nursing competencies regarding the application and monitoring of an Unna boot (compression dressing impregnated with healing agents) for 3 of 3 nursing staff. As a result, Resident #1 developed a large necrotic ulcer on his/her foot requiring admission to the hospital which later resulted in a below the knee amputation. Findings include: Per record review, Resident #1 had a BIMS (Brief Interview of Mental Status) of 14, indicating no cognitive impairment. Resident #1's medical diagnoses include peripheral vascular disease (PVD) (a disorder of blood vessels that affects blood flow to the limbs),			F0726	F726 – Competent Nursing Staff (SS=H) Corrective Action for Resident(s) Affected: Resident #1 is no longer in the facility. A clinical review was completed to evaluate care provided. Current residents receiving compression therapy or wound care were assessed to ensure treatments are being applied correctly and safely. No negative outcomes were identified during this review. An audit of licensed nursing staff personnel files was conducted to verify competencies related to wound care and compression therapy as well as any resident receiving treatments requiring specialized competency were identified, to ensure only competent staff are providing care. The facility implemented a mandatory wound care competency program for licensed nurses, including: Unna boot application and monitoring Compression therapy principles Identification of complications (e.g., impaired circulation, pressure injury) Licensed nurses will complete education and demonstrate competency via return demonstration, validated by the DON or qualified designee. DON or designee will conduct weekly observation audits x4 weeks and then monthly thereafter for 3 months of 3 nurses performing wound care/compression therapy. The results of the audits will be forwarded to the QAPI committee for further review and or recommendations. Tag F0726 POC accepted on 4/20/26 by C. Howard/S. Stem		5/6/26

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F0726 SS = H	Continued from page 4 type 2 diabetes mellitus with diabetic neuropathy, and a history of peripheral artery disease (PAD; a disorder of blood vessels that affects blood flow to the limbs) with revascularization (surgical procedure performed to restore blood flow to the leg). Per record review of care plan Resident #1 is at risk for skin breakdown related to advanced age, fragile skin, DM (diabetes mellitus), created on 9/24/24. Per record review, a 1/13/26 Physician note reveals that Unna boots were applied to Resident #1 in response to increased edema, soreness, and redness. Resident #1 had a physician order for Unna boots starting on 1/13/2026 to be applied to lower extremities 2 times a week. Per review of Resident #1's Treatment Administration Record for January 2026, Unna boots were applied on 1/13/2026 and changed on 1/17/2026 by Nurse #1. Per record review of 1/6/26 and 1/13/26 skin checks, there is no documentation of a wound on Resident #1's right foot prior to application of the Unna boot. Per record review, Resident #1 was transferred to the Emergency Department (ED) on 1/18/2026 for tachycardia (increased heart rate) and chest pain. Per review of Hospital Emergency Department notes dated 1/18/2026, Resident #1 had Unna boots applied the day before (1/17/2026) and reported increasing leg pain. S/he denied having any ulcers, blisters or redness on her right foot prior to application of Unna boots. Per review of the Hospital Admission History and Physical Report dated 1/18/2026, bilateral Unna boots were removed in the ED, and a "large" wound measuring 4 cm (centimeters) x 3 cm was found on the right dorsal (upper) foot that was "very painful" for Resident #1. Per review of a Hospital Physician note dated 1/20/2026, "[Resident #1] was being treated with Unna boots in the nursing home, and it seems [s/he] might have had one that was too tight and caused [him/her] pressure injury." Per review of the Hospital Discharge Summary dated 1/24/2026, it was noted that "tight" Unna boots were placed on Resident #1 by the Skilled Nursing Facility. On arrival to the Emergency Department s/he had a large necrotic ulcer on his/her right dorsal foot that was likely ischemic (condition of blood flow being blocked or reduced) in nature and complained of "severe pain." Surgical debridement (removal of nonviable tissue) was performed on 1/23/2026, and it was determined that the			F0726			

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F0726 SS = H	Continued from page 5 wound was unlikely to heal due to the extent of the ulcer and comorbidities. Resident #1 was being transferred to a tertiary center for "management of this ischemic ulcer and likely associated osteomyelitis [bone infection]. Likely to require an amputation." Per interview with Resident Representative #1 on 4/1/2026 at 10:03 AM, Resident #1 was transferred to another hospital on 1/24/2026 for a below-the-knee amputation, which occurred on 1/25/2026. The resident was scheduled for a second surgery to amputate above the right knee but died before that could occur. Per interview with the Facility Medical Director on 4/1/2026 at 1:18 PM, she stated that "the hospital" notified her that (Resident #1's) Unna boot was applied incorrectly. Per review of facility training records, no Unna boot training or competency, including how to apply or monitor the use of, was found for 3 of 3 nurses (Nurses #1, #2, and #3) prior to Resident #1 being transported to the ED on 1/18/2026. Nurse #1 who applied Resident #1's Unna boots on 1/13/2026 and 1/17/2026, did not have record of wound care competencies. Per interview with the DON and Facility Administrator on 4/1/2026 at approximately 12:50 PM, they both confirmed there is no wound care or Unna boot training or competencies on record for Nurse #1. They failed to provide documentation of training on Unna boot application and monitoring for any nursing staff prior to 1/21/2026.			F0726			
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:			F0880			

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F0880 SS = D	Continued from page 6 §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which 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; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.			F0880	IF880 – Infection Prevention & Control (SS=D) Resident #2's care was immediately reviewed. Staff involved received re-education on Enhanced Barrier Precautions (EBP), including proper use of personal protective equipment (PPE). Full House audit conducted to ensure Residents requiring Enhanced Barrier Precautions (e.g., wounds, wound vacs, indwelling devices) were identified. Observations were conducted to ensure proper PPE use during care. Any deficiencies were corrected immediately. Nursing staff will receive re-education on the facility's Infection Prevention and Control Program related to EBP requirements. Clear signage was placed outside resident rooms requiring EBP to prompt appropriate PPE use. PPE availability was reviewed and ensured at point of care. Enhanced Barrier Precautions policy reinforced with emphasis on compliance expectations and accountability. DON or designee will conduct weekly audits for 4 weeks then monthly for 3 months to include compliance with gown and glove use during wound care. The results of the audits will be forwarded to the QAPI committee for further review and or recommendations. Tag F0880 POC accepted on 4/20/26 by C. Howard/S. Stem		5/6/2026

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F0880 SS = D	Continued from page 7 §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to implement infection control policies regarding Enhanced Barrier Precautions (EBP; staff use of gown and gloves during high contact care) for 1 of 1 sampled residents. Findings include: Per the facility's Enhanced Barrier Precautions policy, reviewed on 4/1/2026 at 2:00 PM, patients with "wounds or indwelling medical devices," regardless of multidrug-resistant organism colonization status, should be on EBP. Per observation on 4/1/2026 at 1:45 PM, the Wound Care Specialist failed to put a gown on before changing Resident #2's wound vac (a device that uses negative pressure to promote wound healing) and performing wound care. When interviewed immediately after wound care, she stated she felt she did not need to wear a gown. Per interview on 4/1/2026 at 2:10 PM, the Director of Nursing (DON) confirmed that Resident #2 should be on EBP due to wound status/presence of a wound vac, and that the nurse providing wound care should have worn a gown to prevent cross-contamination between the wound and clothing.			F0880			