

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

September 17, 2014

Mr. Bruce Bodemer, Administrator
Helen Porter Healthcare & Rehab
30 Porter Drive
Middlebury, VT 05753-8422

Dear Mr. Bodemer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 25, 2014**. 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

PC:kc

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/27/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/25/2014
NAME OF PROVIDER OR SUPPLIER HELEN PORTER HEALTHCARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 30 PORTER DRIVE MIDDLEBURY, VT 05753		
(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	
F 000	INITIAL COMMENTS	F 000			
F 280 SS=D	<p>The Division of Licensing and Protection conducted an unannounced onsite investigation of two facility self reports on 8/25/14. A regulatory violation was cited as a result. 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment, prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative, and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to revise the plan of care for 1 of 5 sampled residents (Resident #1). Findings include: Per record review on 8/25/14 at 10:00 AM, the</p>	F 280	<p>Corrective Action- Care plan was corrected immediately to reflect resident's #1's level of functioning and support needed.</p> <p>How will we identify other residents at risk- 105 residents are at potential risk.</p> <p>Systemic Changes-</p> <ul style="list-style-type: none"> - Implement a mechanism into the electronic charting system that will alert the nurse manager of each applicable unit/ neighborhood and the Rehabilitation department if a resident/patient is having a change in level of function. The manager will then follow up with assuring the care plan reflects the appropriate level of care required for that resident. - Implement procedure of LNA reporting off on each resident/ patient they were assigned to that shift at the end of their shift to the charge nurse which will include changes of status and level of functioning. - Create/Implement "end of shift report form" to be used by charge nurses to obtain information from LNA staff, prior to the end of their shift, related to resident/patient changes of status and level functioning. 	8/19/14 8/19/14 8/19/14	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:			TITLE		(X6) DATE

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 280	Continued From page 1 care plan for Resident # 1 was not revised to reflect actual needs related to transfers. Per review of Minimum Data Sets (MDS) with reference dates of 4/3/14, 4/15/14, 5/8/14 and 6/27/14, Resident #1 required extensive assist of two staff for transfers. The current care plan for impaired physical mobility indicated that the resident was a 1 assist with transfers. Review of Licensed Nursing Assistant (LNA) documentation indicated the resident did indeed require 2 person assist for transfers. On 8/25/14 at 10:20 AM, the Director Of Nurses (DNS) confirmed that the resident did require two assist for transfers and that the care plan had not been revised to reflect this need.	F 280	How Corrective Measures Will Be Monitored: - Unit Manager will collect and review "end of shift report forms" daily and assure that the resident/patient's care plan reflects an appropriate level of care and assure that a screen has been submitted to the Rehabilitation department if appropriate <i>F280 POC accepted 9/9/14 Pmcitarn</i>	Ongoing	
			This plan of correction constitutes our written allegation of compliance effective 09/18/2014 for the deficiencies cited. However submission of this plan of correction is not an admission that any deficiencies exist or were cited correctly. This plan of correction is submitted to meet requirements by state and federal law.		