

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
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

April 21, 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 **April 1, 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:jl

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

PRINTED: 04/07/2014  
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  R 04/01/2014
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NAME OF PROVIDER OR SUPPLIER  HELEN PORTER HEALTHCARE & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 30 PORTER DRIVE MIDDLEBURY, VT 05753
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(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 431}	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation, and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can</p>	{F 431}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Quercy Sodenus TITLE: Interim Administrator (X6) DATE: 4/16/14

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 431}	<p>Continued From page 1 be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to assure that all drugs available for use are labeled properly for 1 applicable resident (Resident #1). Findings include the following:</p> <p>1. Per inspection of medication storage conducted by this surveyor and a facility LPN (Licensed Practical Nurse) at 1:30 PM on Waits River Way, it was observed that in the controlled storage unit of the medication cart there were 2 green plastic bottles. Inspection of these bottles presented that one was from Marble Works Pharmacy and not the facility's pharmacy. The LPN stated that they belonged to a resident; Resident #1, that was there for respite care and the family had brought in the medication.</p> <p>On one bottle there was a label that had the resident's name and indicated that the medication was Lorazepam 1mg. Instructions on label indicated to take 1/2 to 1 tablet as needed. Handwritten on the label indicated it was to be used for agitation/restlessness/anxiety. Visual examination of the contents presented that there were 2 different types of medication in the bottle and this was confirmed by the LPN. Per review of the controlled substance reconciliation log, the facility accepted 18 tablets on 3/27/14 and it was corrected on 3/28/14 to indicate there were only 17 1/2 tablets in the bottle.</p> <p>The second bottle only had a handwritten scrap</p>	{F 431}	<p><u>Corrective Action for Individual Residents</u></p> <p>Resident #1 - medications were removed from cart immediately by unit manager, counted and returned to family/POA that day.</p> <p><u>Identifying Other Residents</u></p> <p>The number of residents affected could include 105 residents.</p> <p><u>Systemic Changes</u></p> <p>The following policies will be revised to more clearly define Helen Porter's procedure system:</p>	4/1/14
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{F 431}	Continued From page 2 of paper that stated, Lorazepam 1mg half to one tab as needed agitation/restlessness/anxiety. This bottle also had 2 different medications in it. Confirmation made with the LPN at time of discovery. There was no record in the reconciliation log that the medication had ever been counted and the LPN was unsure how many pills were in the bottle.  Interview with the DNS at 2:00 PM confirmed that the new policy, written 3/21/14, regarding Medications Brought To The Facility by Resident-Responsible Party, was not followed. S/he further confirmed that the educational training was suppose to have been completed by 3/31/14. Confirmation made at this time that the pharmacist did not record that the medications brought into the facility were checked and deemed safe to use. Also that the pharmacist did not alert her/him to the fact that there was no proper labeling for the one pill container.	{F 431}	<p>a.) utilization of patient's own medication 4/10/14</p> <p>b.) medication destruction 4/10/14</p> <p>c.) out-on-pass medication/LOA 4/10/14</p> <p>Silver Chair courses will be assigned to all nursing staff to verify that the above outlined policies and procedures have been read. 4/15/14</p> <p><u>Monitoring</u></p> <p>unit manager or designee will check each unit medication cart daily for policy compliance as it relates to accepting and verifying all medications from outside of the facility X 3 wks, then monthly X 3 wks.</p> <p>initiated 4/10/14 - ongoing</p>	
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F431 POC accepted 4/17/14 B. Bortell RN/PMC