

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

April 13, 2011

Neil Gruber, Administrator
Helen Porter Healthcare & Rehab
30 Porter Drive
Middlebury, VT 05753

Provider ID #:475017

Dear Mr. Gruber:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on
March 16, 2011.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



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

RECEIVED
Division of

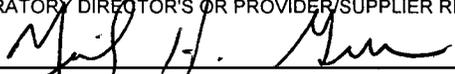
PRINTED: 03/29/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475017	(X2) MULTIPLE CONSTRUCTION <small>APR 11 11</small> A. BUILDING _____ Licensing and B. WING _____ <small>Protection</small>	(X3) DATE SURVEY COMPLETED 03/16/2011
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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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F 000	INITIAL COMMENTS An unannounced on-site annual recertification survey was conducted from 3/14/11 to 3/16/11. The following are violations of regulatory requirements.	F 000		
F 272 SS=D	483.20, 483.20(b) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.	F 272	<p>Resident #78 assessed by Occupational Therapy.</p> <p>Physical Therapy assessment order on Resident #78 was discontinued per MD order.</p> <p>Chart review of all in house residents- both on paper and in the electronic health record to verify presence of PT/OT/ST orders has occurred.</p> <p>PT/OT/ST staff will perform a visual record check on all new admissions to determine if evaluation and treat orders are present. A policy & procedure for such has been implemented.</p> <p>Rehabilitation Director will monitor 5 charts per month of new admissions to verify presence/ absence of PT/OT/ST orders as a QI monitor to ensure compliance.</p>	<p>4/4/11</p> <p>4/4/11</p> <p>4/8/11</p> <p>4/4/11</p> <p>4/4/11</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/08/11
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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 272	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to initially conduct a comprehensive assessment of functional capacity for 1 resident in the stage 2 sample (Resident #78). Findings include: Per record review and interview, the facility failed to conduct an initial physical therapy and occupational therapy assessment for Resident #78, as ordered by the physician on the admission orders of 12/10/09. On 3/16/11 at 9:20 AM, the charge nurse confirmed that the signed admission orders of 12/10/09 for Resident #78 included check marks beside Physical Therapy (PT) Assessment and Treat, and Occupational Assessment (OT) and Treat. On 3/16/11 at 10:30 AM, the Rehabilitation Director confirmed that PT/OT initial assessments were not available in the written or electronic medical records of Resident #78.	F 272	<i>F272 POC Accepted 4/12/11 R.TremblayRN / @McotARN</i>	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and	F 279	The care plan for resident #38 was revised to include measurable goals and interventions to address needs related to the use of psychoactive medications such as side effects, monitoring and gradual dose reductions. Through the use of the Electronic Health Record (EHR) we will query all those residents currently taking a psychoactive medication and revise their care plan as mentioned above.	4/16/11 4/16/11

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F 279	Continued From page 2 psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a comprehensive care plan to meet each resident's medical, nursing, mental and psychosocial needs for 1 resident in the stage 2 sample (Resident # 38). Findings include: Per record review on 3/16/11 at 9:00 AM, Resident #38's care plan did not contain measurable goals and interventions to address needs related to psychoactive medications. The Resident was receiving an anti-psychotic medication and an anti-anxiety medication. The care plan did not address side effects, monitoring, or gradual dose reductions. This was confirmed by the Unit Charge Nurse on 3/16/11 at 9:30 AM and by the Unit Manager on 3/16/11 at 9:52 AM.	F 279	*A policy is being written to outline the specific components that must be included when writing a care plan. *This policy will then be put onto our web-based competency training program to ensure that all nurses have read the policy and met the minimum competency requirement. *A future Nursing Grand Rounds topic will be on care planning and creating measurable goals and interventions. *The EHR care planning section was updated to include a new option for: <i>Potential of adverse medication side effects related to the use of psychotropic medication.</i> The nurse managers will review five charts each month of residents who take a psychoactive medication to ensure their care plan is comprehensive.	4/16/11
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371		4/16/11
			F279 POC Accepted 4/12/11 R. Tremblay RN / P. Moturn	

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F 371	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based upon observation and interview, the facility failed to store foods under sanitary conditions, by not monitoring refrigerated foods to ensure that foods were used by their "use-by-date" or discarded if outdated, in 4 refrigerators. Findings include: Per observation of the Dessert Refrigerator in the kitchen on 3/14/11 at 11:28 AM, the following foods were outdated: 7 puree fruits with an outdate of 3/8/11; 5 dishes of prunes with an outdate of 3/6/11; and 2 ham sandwiches with an outdate of 3/10/11. On 3/14/11 at 11:31 AM, the Director of Nutrition Services confirmed the above listed foods were outdated in the Dessert Refrigerator and should have been discarded. Per interview on 3/14/11 at 11:31 AM, the Director of Nutrition Services stated the facility policy is that perishable foods are considered outdated in 3 days, canned fruit & Jello outdate in 5 days. In addition, the Director of Nutrition Services stated there are no refrigerator monitoring logs to check for outdated foods. On 3/14/11, per review of the facility guidelines for food storage, perishable foods are outdated in 3 days and canned fruit & Jello are outdated in 5 days. Per observation of the Drink Refrigerator in the kitchen on 3/14/11 at 11:45 AM, the following food items were not dated: 2 small salads, a covered dish containing 2 sausage patties and 4 strips of bacon, 2 8 oz.(ounce) glasses of 1/2 & 1/2 not in the original containers, 1 half filled 8 oz glass with a liquid that appeared to be chocolate milk and labeled as tea, 2 4 oz. glasses of 1/2 &	F 371	A daily food labeling checklist will be written and reviewed with all staff to ensure all food and beverages are labeled and dated (including the month) when opened and outdated items are discarded. The facility policy of 3 days for perishable foods and 5 days in the non-perishable foods remains in effect. A list of "use by date" for foods will be made available to Dietary and Nursing staff.	4/10/11

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F 371	<p>Continued From page 4</p> <p>1/2 cream not in the original containers, 49 4 oz. glasses of orange juice; 6 4 oz. glasses of cranberry juice, 5 4 oz. glasses of apple juice, 1 4 oz. glass of grape juice, 1 4 oz. glass of regular chocolate milk, 1 8 oz. chocolate milk, 1 8 oz. ice tea, 3 8 oz. glasses of Lactaid milk; 4 8 oz glasses of regular milk, 1 4 oz. glass of skim milk, 2 4 oz. glass of cranberry juice; 1 4 oz. glass of grape juice, and 1 4 oz. glass of apple juice.</p> <p>Per interview on 3/14/11 at 11:51 AM, the Director of Nutrition Services stated kitchen staff do not date food in the Drink Refrigerator and do not monitor if food is discarded if past the use-by-date. In addition, the Director of Nutrition Services verified on 3/14/11 at 11:51 AM that the above listed items in the kitchen Drink Refrigerator were not dated.</p> <p>Per observation of the Spare Refrigerator in the kitchen on 3/15/11 at 1:51 PM, the following item was not dated when opened: 1 20 oz. opened bottle of Mountain Dew approximately 1/2 filled. Per interview on 3/15/11 at 1:51 PM, the Director of Food Services verified the opened 20 oz. bottle of Mountain Dew approximately 1/2 filled was not dated.</p> <p>Per observation of the Drink Refrigerator in the kitchen on 3/15/11 at 2:01 PM, 5 pasteurized eggs were observed in a covered metal container and neither the eggs or container were dated. On 3/15/11 at 2:13 PM, the Director of Nutrition Services verified 5 pasteurized eggs were in a covered metal container and neither the eggs or container were dated.</p> <p>Per observation of the Dessert Refrigerator on 3/15/11 at 2:04 PM, one opened 20 oz. of Pepsi</p>	F 371	<p>A facility policy has been written to ensure all foods and beverages are labeled when opened with the month and date to discard. This will include food in the snack refrigerators on the neighborhood kitchenettes as well as the main kitchen.</p> <p>A QI audit to monitor the effectiveness of the daily food labeling checklist has been established and implemented to ensure compliance which will be monitored by the dietary manager .</p>	<p>4/10/11</p> <p>4/10/11</p>
			<p><i>F371 POC Accepted 4/12/11 R. Tremblay RN / J. Mota RN</i></p>	

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F 371	Continued From page 5 Max with approximately 1/4 left was not labeled with the date opened and there was a plastic container of outdated prunes with an outdate of 3/6/11. Per interview, on 3/15/11 at 2:14 PM, the Director of Nutrition Services confirmed that the Dessert Refrigerator contained the above listed items, and that the prunes should have been discarded. Per observation of the Otter Creek Snack Refrigerator on 3/15/11 at 3:45 PM, the following opened food and beverages were not labeled with the date opened. One 16 oz. container of Chicken Base, 2 46 oz. grape juice, 1 46 oz. prune juice, 1 64 oz. apple juice, and 1 64 oz. cranberry juice. Per interview on 3/15/11 at 4:34 PM, the Otter Creek charge nurse verified that the above listed items were not labeled with the date opened. Per interview on 3/16/11 at 8:32 AM, the Food Service Director stated there is no facility policy to monitor that opened foods and beverages are labeled in the snack refrigerators.	F 371		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS 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. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the	F 431		

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F 431	<p>Continued From page 6</p> <p>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 be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to assure that medications were stored at the proper temperatures. Findings include:</p> <p>Per observation, the temperature logs for the medication refrigerator in the medication storage room serving Wait's River Unit and Lemon Fair Unit for November 2010 through February 2011 are not available for review. In interviews, the Unit Charge Nurse and the Unit Manager confirmed on March 16, 2011 at 12:20 PM that the temperature logs for November 2010 through February 2011 are not available. The findings were also confirmed in an interview with the Director of Nurses on March 16, 2011 at 12:55</p>	F 431	<p>Temperature logs have been maintained but were inadvertently discarded at month end. Temperature logs will be maintained to provide documentation of the recording of temperatures for a appropriate period of time. The nurse manager for each wing will monitor the proper recording and maintenance of the log.</p> <p><i>F431 POC Accepted 4/12/11 R. Tremblay RN / CPM Costar RN</i></p>	4/10/11

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F 431	Continued From page 7 PM.	F 431	<p>This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However submission of this plan of correction is not an admission than any deficiencies exist or were cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.</p> <p style="text-align: right;">NH6</p>	