

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

March 26, 2012

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

Provider #: 475017

Dear Mr. Gruber:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 29, 2012**. 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, MS
Licensing Chief

PC:ne

Enclosure



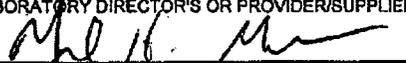
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2012
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 02/29/2012
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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	F 000		
F 241 SS=E	<p>An unannounced, on-site recertification survey was conducted by the Division of Licensing and Protection from 02/27/2012 to 02/29/2012. The following deficiencies were identified.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide for 4 of 47 residents sampled (Residents #19, #43, #91 and #113) an environment in the main dining room and Namaste dining room on the Dementia unit, that maintains or enhances each residents dignity and respect. Findings include:</p> <p>1. Per observation on 02/27/2012 at 4:50 PM in the day room dining area of the Dementia Unit, Resident #43 was seated at a table with three other residents. During the observation, the other three residents at the table were observed with food and drink while Resident #43 had no food or drink and watched the others at the table eat for greater than 20 minutes. During the observation, two of the residents pointed out to two surveyors that, though the resident was seated first, they had all gotten their food before Resident #43. Two of the residents had finished their meals before Resident #43 was served. When served, Resident # 43 independently ate the food stating,</p>	F 241	<p>To promote dining with dignity on the Memory Care Neighborhood a host/hostess model will be adopted to ensure residents seated at the same table receive their meals within a reasonable time. The staff member filling this role will have the following duties:</p> <ol style="list-style-type: none"> 1. Assist residents in finding a comfortable seat. 2. Provide the resident with a beverage, silverware, and a clothing protector if desired by the resident. 3. Oversee meal service ensuring a short wait time between being seated and being served. 4. Provide refills of beverages. 5. Provide additional portions of food as desired by residents. 6. Cue and encourage residents to eat as needed. Alert staff to residents needing assistance with feeding. 7. Bus tables and record intake as residents complete thier dining experience. <p>A job description relative to this new role will be created allowing any member within the organization to participate in the spirit of Culture Change.</p> <p>The Nurse Manager of the MCN will conduct observation audits monthly for the next three months of all three meals to confirm that each residents' dignity was maintained.</p> <p>F241 POC accepted 3/16/12 GcolemanRN PmCotRN</p>	03-31-2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administration	(X6) DATE 3/22/12
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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.

pmc

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F 241	<p>Continued From page 1 "I'm hungry".</p> <p>2. Per observation on 02/27/2012 at 4:50 PM in the day dining area of the Dementia Unit, and per staff interview in another portion of the dining area, Resident #91 was seated at a table with two other residents. The other two residents received their meals and drinks while Resident #91 watched without any food or drink for greater than 20 minutes. After all the other trays were served, Resident #91 was served and assisted to eat. The other residents at the table had finished eating and one resident left the table.</p> <p>In an interview at 5:45 PM on 02/27/2012, the Activities Aide who works in Dining area stated that there is no prescribed order for serving residents and that food and drinks are usually served to each resident at the same time. S/he also stated that residents needing to be fed or needing assistance are not usually all seated at one table and are not served until someone is available to assist them. S/he acknowledged that Residents #43 and #91 were seated at tables where other residents were served and eating while those residents had not been served.</p> <p>3. Per observation of the lunch meal on the dementia unit in the main dining room on 2/27/12 at 11:58 AM, 3 residents were seated at one table. One resident was served at the table and eating his/her meal at 11:58 AM, the second resident, Resident #113 at the table was served and eating his/her meal at 12:07 PM. It was observed that Resident #113 sat with no food or drink for 9 minutes while the first resident was</p>	F 241			

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F 241	<p>Continued From page 2</p> <p>served and ate his/her meal. The third resident, Resident #19 was served his/her meal at 12:23 PM. It was observed that Resident #19 sat at the table for 25 minutes with no food or drink while the other residents at the table had been served and eating their meals. Per interview on 2/27/12 at 12:17 PM with the Unit Manager (UM), s/he indicated that Resident #19 usually goes into another dining room for meals and chose to be in Dementia Unit main dining room. The UM indicated that Resident #19's meal ticket went to the wrong dining area and the staff was waiting for the meal ticket to arrive so Resident #19 could be served.</p> <p>Per interview with Resident #19 on 2/27/12 at 12:21 PM, s/he indicated that s/he had utilized the Dementia Unit dining room because the other dining room was too cold and Resident #19 confirmed that s/he has to frequently wait for her meals and does not like it because s/he has to watch others eat while s/he waits for the food. Per interview with the Director of Nursing Services on 2/27/12 at 5:30 PM, s/he indicated that his/her expectation is that residents at a table are to be served their meals all together and that no one should be waiting without food or drink while other residents at the table are eating.</p> <p>4. Per observation of the supper meal on the Dementia unit in the Namaste dining room on 2/27/12 at 4:49 PM, one resident, seated at a table for 2, received his/her meal at 5:10 PM. The other resident, Resident #113 was not served his/her meal until 5:26 PM. It was observed that Resident #113 sat at the table for 16 minutes with no food or drink while the other resident at the table was served and had eaten his/her supper</p>	F 241		

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F 241	Continued From page 3 meal. Per interview with the DNS at 5:30 PM on 2/27/12, s/he confirmed that Resident #113 had not been served his/her meal at the same time as the other resident at the table and the the DNS's expectation is that residents at a table are to be served their meals all together and that no one should be waiting without food or drink while other residents at the table are eating.	F 241			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 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. 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. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to revise the care plan to reflect the current needs of 1 of 3 residents	F 280	The care plan for Resident #45 was revised to reflect the current need and status of a healing stage 2 pressure area on the posterior right calf. The area on the left buttock has healed. Additionally, interventions and treatments have been added to the care plan. Through the use of the Electronic Health Record (EHR) we will query all those residents who currently have an open wound and revise their care plan to include current status, interventions and treatments. The EHR has been customized in such a way that when a pressure ulcer is documented the EHR will automatically open the resident's care plan for revision. Weekly a nurse from each unit will be taken off the floor and assigned to review their care plans.	03-31-2012	

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F 280	Continued From page 4 identified in the sample. (Resident #45) The findings include: Per record review on 2/29/12, Resident #45 was admitted on 10/10/08 with a history of developing pressure areas. Per the nurses notes dated 11/01/11, Resident #45 was noted to have developed a Stage 2 pressure area on the left buttock. Per the nursing notes dated 11/03/11 an open area was noted on the posterior side of Resident #45's right calf, (possible diagnosis of a spider bite.) Per review on 2/29/12 of the plan of care labeled "Impaired skin integrity" and initiated on 4/24/11, there was no documentation of the Stage 2 pressure area on the left buttock, or the open lesion on the posterior right calf. Upon review of the plan of care there were no specific interventions or treatments noted for these areas. Per observation on 2/29/12 at 12:10 PM, there was a healing Stage 2 pressure area noted on Resident #45's left buttock. Per interview with the Director of Nursing Services (DNS) on 2/29/12 at 12:20 PM, s/he reviewed the plan of care labeled "Impaired Skin Integrity" and confirmed that the plan of care initiated on 4/24/11 addressed an open area on Resident #45's sacrum that had healed on 6/18/11 and did not reflect the open areas identified on 11/01/11 and 11/03/11 on Resident #45's left buttock and posterior right calf. The DNS also confirmed that there were no resident specific interventions and treatments for these areas reflected on the current plan of care.	F 280	Continued from page 4 Each month the nurse manager of each neighborhood will review every resident's care plan who has a current pressure ulcer to ensure it reflects the current need, status, interventions and treatments. F280 POC accepted 3/26/12 G.Coleman RN P.McIntyre	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and	F 441	A policy regarding table hygiene for the units with resident pets will be created. This policy will be put onto our web-based competency training program to ensure all staff working on units with a resident pet have read the policy and met the minimum	03-31-2012

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F 441	<p>Continued From page 5 to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe, sanitary and comfortable</p>	F 441	<p>Continued from page 5 competency requirement.</p> <p>The location of the kitty litter and the cat food will be changed to an area that is not next to tables used for dining.</p> <p>The nurse manager of the unit with the resident pet will conduct observation audits monthly for the next three months for all three meals to confirm compliance with the policy. If deficiencies in practice are found, the staff member will receive on the spot correction and be reassigned the web-based education program.</p> <p>F441 POC accepted 3/26/12 G. Coleman RN / P. Mota RN</p>	

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F 441	<p>Continued From page 6</p> <p>environment by failing to sanitize a contaminated over-bed table prior to use by a resident during meal time. The findings include:</p> <p>Per observation on 2/27/12 at 4:54 PM, the facility cat was observed sitting and laying on top of an over-bed table located in the hallway just outside the Namaste dining room. It was also observed that the over-bed table was located approximately 2 feet away from the facility cat's litterbox and food dish. At 5:00 PM it was observed that the cat jumped off the table and wandered away. Per observation on 2/27/12 at 5:35 PM, a facility LNA (licensed nursing assistant) took the tray table from the hallway and placed a resident's food tray on the table without sanitizing the surface. Per interview with the aide on 2/27/12 at 5:35 PM the LNA indicated that s/he "assumed" that the tray was clean when s/he went to utilize it and had no way of knowing that it had been contaminated prior to use.</p> <p>Per interview with the Director of Nursing Services (DNS) on 2/27/12 at 5:30 PM, s/he confirmed that s/he had visualized the cat laying on the over-bed table. The DNS also confirmed that his/her expectation is that the tables be cleaned prior to use. The DNS also confirmed that no formal education had been provided to staff and that the facility had no policy or procedure addressing how to maintain proper infection control practices in a facility where an animal resides.</p>	F 441		

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 that any deficiencies exist or were cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

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