

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 Life Safety Code survey conducted on **February 27, 2012**. Please post this document in a prominent place in your facility.

We will 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: 03/13/2012
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 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2012
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
K 000	INITIAL COMMENTS	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure 1 door latches properly in 1 area of the facility. Findings include: Per observation on 2/27/12, accompanied by the Maintenance Supervisor, the door to the soiled linen room on the Otter Creek wing did not positive latch.	K 029	Door latching issue was corrected during the LSC inspection on 02/27/2012 for the soiled linen room door in question. All soiled linen room door closures will be added to our existing automated preventative maintenance task for Fire Zone. Door inspections to ensure latching speeds and positive latching requirements of NFPA 101, 19.3.2.1 are maintained. K029 POC accepted 3/2/12 FCioffi/AmcotaRN	02/27/2012
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is	K 050	Two day shift drills were conducted during the 3rd quarter of CY2012 in an effort to increase the level of proficiency in the laundry area of the building, an area with several newly assigned staff. Any future proficiency/repetative training drills	02/27/2012

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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K 050	<p>Continued From page 1 assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2.</p> <p>This STANDARD is not met as evidenced by: Based on review of fire drill records, the facility failed to assure that fire drills are held at unexpected times under varying conditions. Findings include:</p> <p>Per review of fire drill records on 2/27/12, accompanied by the Maintenance Supervisor, fire drills are not held at unexpected times on each shift.</p> <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 that any deficiencies exist or were cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.</p> <p><i>NH6</i></p>	K 050	<p>(continued from page 1) will be recorded as remedial and not tallied in meeting the requirements of NFPA 101, 19.7.1.2</p> <p><i>K050 POC accepted 3/16/12 FCioffi / Amestarn</i></p>		