

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

February 20, 2013

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

Provider #: 475017

Dear Mr. Darragh:

Enclosed is a copy of your acceptable plans of correction for the revisit to the annual recertification survey conducted on **January 28, 2013**. 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:ne

Enclosure



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

PRINTED: 02/11/2013
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 01/28/2013
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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 282} SS=B	<p>An unannounced on-site revisit to the annual recertification survey was conducted by the Division of Licensing and Protection on 1/28/13. The following is a regulatory finding: 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview the facility failed to assure that services provided for 3 of 6 residents with pressure ulcers reviewed in the revisit sample were provided in accordance with the resident's plan of care. (Residents #62, #63, and #19) Findings include:</p> <p>1. Per record review and staff interview the facility failed to assure that services for Resident #62 were provided in accordance with the resident's plan of care. in record review on 01/28/2013, the resident's care plan for skin integrity calls for turning and repositioning every two hours by the LNA. Additionally the care plan stated that nursing was to develop and monitor a turning/repositioning schedule. In a review of nursing documentation there are daily skin checks monitored in the Treatment Administration Record (TAR), however there is no documentation of the every two hour position changes and/or monitoring of position changes.</p>	{F 282}	<p>Corrective Action for Individual Residents</p> <p>Resident #62: The area of impaired skin integrity has resolved therefore this resident's repositioning schedule has been changed from every two hours to every four. An icon has been placed on the outside of the door to indicate that this resident is on a repositioning schedule. Additionally, a clock is hanging in the resident's room identifying the actual hours this resident is to be repositioned. This resident's care plan has been revised to reflect the specific times repositioning is to occur and the CNA Assignment sheet has been revised to reflect this also.</p> <p>Completed 2/11/13</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	ADMINISTRATOR	2/13/13

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.

PMU

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(F 282)	<p>Continued From page 1</p> <p>In review of the LNA charting, starting on 01/01/2013, in CNA Access, position changes are not consistently documented for the month of January 2013. This was confirmed with the Waits River wing nurse and the Memory Care Charge Nurse on 01/28/2013 at 11:50 AM and 12:30 PM respectively.</p> <p>In interview at 11:50 AM the Waits River wing nurse stated that s/he often observes and/or assists the repositioning of the resident but that nursing does not record the monitoring or observation of repositioning. S/he stated that s/he is not aware of a turning/repositioning schedule for this resident. In an interview on 01/28/2013 the LNA assigned to care for the resident stated that the resident is to be turned every two hours. S/he stated that s/he does not document the repositioning of the resident until the end of his/her shift and does not write note the time at the time she does the task. In an interview on 01/28/2013 the Unit Charge Nurse confirmed that the resident care plan was as documented above and that in review of the LNA documentation, there is not evidence that turning and repositioning was done as required by the plan of care. S/he further stated that s/he monitors the completion of turning by observation of care and review of the LNA documentation. S/he further confirmed that there had not been a turning/positioning schedule developed by the nursing staff for this resident.</p> <p>2. Per interview and record review, the facility failed to assure Resident #63's services were</p>	(F 282)	<p>Resident #63: The area of impaired skin integrity is almost healed. This resident's repositioning schedule was individualized with repositioning occurring every two hours during waking hours and every four during night time hours. An icon has been placed on the outside of the door to indicate that this resident is on a repositioning schedule. Additionally, a clock is hanging in the resident's room identifying the actual hours this resident is to be repositioned. This resident's care plan has been revised to reflect the specific times repositioning is to occur and the CNA Assignment sheet has been revised to reflect this also. Completed 2/11/13</p> <p>Resident #19: The area of impaired skin integrity has resolved (now blanchable). Resident is on an every two hour repositioning schedule that coincides with every two hours toileting. An icon has been placed on the outside of the door to indicate that this resident is on a repositioning schedule. Additionally, a clock is hanging in this resident's room identifying the actual hours to be repositioned. Lastly, the care plan has been revised to reflect the specific times repositioning is to occur and the CNA Assignment sheet has been revised to reflect this also. Completed 2/11/13</p>	

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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 282}	<p>Continued From page 2</p> <p>provided according to the written care plan. Per the revised care plan dated 01/18/13 states "reposition every 2-3 hours, follow turning schedule". An addition to the care plan dated 01/25/13 further directs staff to "assist repositioning every 3-4 hours while in bed during sleep hours per [resident] request". Per the Plan of Correction (POC) e-mail note of 01/02/13 to the Nursing staff from the DNS states "from this point forward anytime turn and reposition, float heels, ted hose on, heel protectors or elbow protectors is selected as an LNA intervention on the care plan it must be activated on the CNA access screen so that there is documentation that these interventions are being performed."</p> <p>Per review on 01/25/12 of the CNA Access Record under skin from 01/02/13 - 01/27/13 staff did not consistently document the intervention for repositioning. The documentation for each of these days was on average of two - three times out of a possible eight to twelve times daily documentation. On 01/23/13 repositioning had been documented five times. Per interview on 01/28/12 at 11:15 a.m. the resident stated s/he gets "changed and repositioned several times a day". Per interview at 2:26 p.m. the DNS confirmed that LNA staff had not documented that the resident had been repositioned as care planned.</p> <p>3. The care plan for Resident #19 reflects that s/he is to be positioned every 2 hours and this was verified by the charge nurse on 1/28/13. The LNA charting does not reflect that the resident has been turned and positioned as indicated by the charge nurse or as outlined in the care plan.</p>	{F 292}	<p>Identifying other Residents</p> <p>A query was made of all residents that are currently on a repositioning schedule (Attachment 1). In doing so Nurse Managers were asked to consider the new Practice Guidelines (Attachment 2) to determine if residents are still appropriate for this intervention and if so, should the interval be adjusted (e.g. Q2, Q3, Q4). Additionally prompts regarding revision of the care plan and of the CNA assignment sheet ensured all components of the process were included. Completed 2/1/13</p> <p>Systematic Changes</p> <p>Step 1: A thorough review of the literature occurred to gain a better understanding regarding best practice relative to repositioning and the use of "schedules".</p> <p>Step 2: Clinical criteria was developed (based on literature) to determine conditions in which a repositioning schedule was required. This ensures consistency throughout the building and evidence based practice.</p> <p>Step 3: A new written documentation tool, called Pass the Clock (PTC), was created to ensure all LNAs know who is on a repositioning program, the schedule prescribed and allows for documentation throughout the shift (see Attachment 3).</p> <p>Step 4: An icon was created to put on the outside of the resident's door along with a clock to put inside the resident's room to again highlight the use of a repositioning intervention (see Attachment 4 & 5 respectively).</p> <p>Step 5: Practice Guidelines were developed summarizing the literature search, clinical criteria and the process for implementing the Pass the Clock program (see Attachment 1)</p> <p>Step 6: The electronic health record (ECS) was revised to include the addition of specific time button words and turning interval (e.g. Q2, Q3, Q4) which are now present on the CNA Assignment sheet.</p>	

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{F 282}	Continued From page 3 This was confirmed by the charge nurse during review of documentation on 1/28/13. There were 25 out of 111 opportunities where more than 2 hours had elapsed between turning or positioning, sometimes with an entire shift without documentation, per care plan, and 6 times with no time indicated for positioning. The time frames were inconsistent over all three (3) shifts.	{F 282}	<p>Step 7: A mandatory training was provided to educate staff regarding the Pass the Clock program (see Attachment 6 & 7)</p> <p>Step 8: The program roll out occurred on Monday, February 11th</p> <p style="text-align: right;">All steps completed by 2/11/13</p> <p>Monitoring</p> <p>As stated in the Practice Guidelines, the nurse will verify that repositioning occurred and is correctly documented by signing the PTC tool at the end of every shift. Additionally, the Nurse Manager will review the completed PTC tools each business day and initial each sheet. This will then be confirmed each week by review of the electronic health record. Lastly, the Director of Nursing will generate a report from the electronic health record that verifies that the Nurse Manager is reviewing the electronic health record.</p> <p>First week monitoring will occur 2/18/13 Second week monitoring will occur 2/25/13 Weekly monitoring will occur thereafter until compliance has been achieved for 6 weeks at which time it will be determined if the PTC tool is still necessary or if the CNA assignment sheet can be used instead.</p> <p style="text-align: right;">February 23, 2013</p> <p>This plan of correction constitutes our written allegation of compliance effective 2/11/13 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>	

[Signature]
2/13/13

F882 POC accepted 2/15/13
M Higgins RN | PMC