

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

October 15, 2020

Ms. Maryjane Nottonson, Administrator
Helen Porter Healthcare & Rehab
30 Porter Drive
Middlebury, VT 05753-8422

Dear Ms. Nottonson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 2, 2020**. 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

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

PRINTED: 09/22/2020
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 09/02/2020
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
F 000	INITIAL COMMENTS	F 000		
F 882 SS=C	<p>Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)(c)</p> <p>§483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must:</p> <p>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control.</p> <p>§483.80 (c) IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by:</p>	F 882	<p>New Director of Nursing, recruited in August and began employment on September 21, 2020, has specialized training in Infection Prevention, which includes a B.S. degree in Microbiology. In addition, Director of Nursing is completing the CDC Infection Prevention training.</p> <p>Note: Former Director of Nursing completed a specialized training program and served as Infection Preventionist until her departure on June 19, 2020.</p> <p>As an affiliate of Porter Medical Center, Helen Porter receives ongoing support from Porter Medical Center's Infection Control Coordinator, an individual with specialized training in Infection Prevention.</p> <p>Director of Nursing is a member of the facility's Quality Assessment and Assurance Committee, which meets monthly.</p> <p>Porter Medical Center Infection Control Coordinator is a member of facility's Quality Assessment and Assurance Committee and attends on a quarterly basis.</p> <p>Facility is actively recruiting for a full-time Manager of Infection Prevention and Education (posted since April 28, 2020) with specialized training in Infection Prevention. Position is .5 FTE</p> <p><i>F882 POC accepted 10/13/20 sframmr/mme</i></p>	<p>9/21/2020</p> <p>9/2/2020</p> <p>9/2/2020</p> <p>9/2/2020</p> <p>Ongoing</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Maryfer Natanson

TITLE

Administrator October 2, 2020

(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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F 882	<p>Continued From page 1</p> <p>Based on staff interview, the facility failed to ensure that the designated Infection Preventionist had required specialized training in infection prevention and control. This has the potential to effect all residents in the facility.</p> <p>Per interview with the Interim Director of Nursing on 9/2/2020 at approximately 11:30 AM, s/he stated that s/he has had infection control in-services in the past, but has not had specialized training in infection prevention and control.</p> <p>During an interview on 9/2/2020 at approximately 2:00 PM, the facility Administrator confirmed that the current designated Infection Preventionist (the Interim Director of Nursing) did not have the required specialized training in infection prevention and control.</p>	F 882			