VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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) 564-1612December 21, 2022

January 12, 2023

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 November 3, 2022. 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

Pamela M. Cota, RN
Licensing Chief

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475017	A. BUILDING _____ B. WING _____	C 11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELEN PORTER HEALTHCARE & REHAB	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 The Division of Licensing and Protection conducted an onsite, unannounced investigation of three facility reported incidents and one complaint between 10/18/2022 and 11/3/2022. The following regulatory deficiencies were identified:	F 000	This plan of correction (POC) constitutes a written allegation of compliance for the deficiencies cited. However, submission of the POC is not admission the deficiencies exist or were cited correctly, nor is it an admission that the facts on the 2567 are accurate. This POC is submitted to meet the requirements established by federal and state law.	
F 622 SS=G	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid;	F 622	See attached Plan of Correction	12/18/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
MaryJoe Wallenser	Administrator January 10, 2023	12/02/2022

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 622	Continued From page 1 or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose. §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of	F 622		

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F 622	Continued From page 2 this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility did not ensure a resident's discharge was completely assessed, evaluated, and documented for 1 of 1 [Resident #1] residents who were involuntarily discharged from the facility. The facility initiated Resident #1's discharge based on the facility's inability to meet the resident's needs and because the behavioral status of the resident endangered the safety of other individuals in the facility. However, upon complaint investigation, it was determined by interview and record review that, while Resident #1 had challenging aggressive behavior requiring staff attention, s/he did not have needs which could not be met in that facility to allow for a planned involuntary discharge honoring the resident's rights around discharge, and there was evidence that the facility was caring for other residents with aggressive behaviors. It was also	F 622		

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F 622	Continued From page 3 determined that the facility did not meet behavioral care needs to prevent aggressive behaviors for Resident #1. The facility based Resident #1's discharge on their status at the time of transfer, did not have the required documentation specified in the regulation, and discharged the resident on 9/8/22. Findings include: Record review reveals that Resident #1 was initially admitted to the facility on 7/23/2020 and most recently readmitted to the facility on 3/28/2022 following a hospital stay. At the time of this readmittance, his/her diagnoses included: right sided cerebral hemisphere cerebrovascular accident (CVA) [stroke], reactive depression [adjustment disorder], spastic hemiplegia of left non dominant side [left side of body in a constant state of contraction]. Resident #1 transferred from the rehabilitation unit into a room on the long-term care unit on 5/17/2022. A geriatric psychological consult from 7/6/2022 reveals that Resident #1 has the diagnoses of major neurological disorder, vascular type with behavioral disturbance [dementia with behaviors] and antisocial personality traits. Physician progress notes from 9/7/2022 reveal that emergency medical services [EMS] and police were called into the facility on 9/7/2022 following events where Resident #1 was verbally and physically aggressive. Resident #1 was then transferred to the emergency department for evaluation. Physician progress notes from 9/8/2022 reveal that the decision to discharge was made on 9/8/2022 due to safety concerns and the facility not being able to meet the care needs of Resident #1. 1. It was established that while Resident #1's had aggressive behaviors, these behaviors had been	F 622		

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F 622	Continued From page 4 ongoing since his/her initial admission on 7/23/2020. A readmission note written by Resident #1's physician on 3/28/2022 describes Resident #1 as having a problem with anxiety and depression and that s/he "has had issues related to dysregulated behavior, verbal abuse and aggression directed toward staff in nursing home setting." Progress notes in Resident #1's record reveal instances at the facility on 9/24/2020, 10/27/2020, 11/16/2020, 7/1/2021, 5/13/2022, 9/4/2022, 9/6/2022, and 9/7/2022 where s/he was physically aggressive towards staff including: hitting, slapping, striking, grabbing, shoving, along with frequent verbal abuse. Instances of verbal aggression and threats towards staff are frequent in Resident #1's progress notes. Record review reveals that verbal threats towards a specific resident neighbor [Resident #2] began 7/8/2022. Per interview on 10/18/2022 at 5:00 PM, a Licensed Practical Nurse stated that when s/he worked with Resident #1 on the rehabilitation unit, Resident #1 was very aggressive and mean. Per interview on 11/1/2022 at 12:30 PM, a Social Worker confirmed that Resident #1 had a history of physically aggressive behaviors with facility staff before s/he arrived on the long-term care unit. 2. It was established that the facility is able to care for residents with aggressive behaviors. The facility assessment as of December 31, 2021, states "The facility provides care and	F 622		

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F 622	Continued From page 5 services based upon the needs of our resident population. Our facility embraces a person-centered care culture in which we provide care and services based upon our resident population, including the following:" "Behavior health," "psycho social support," and "dementia care." Per interview on 11/1/2022 at 10:55 AM, a Nurse Practitioner stated there were other residents in the facility that have aggressive behaviors, but not at the same frequency as Resident #1. Per interview on 11/1/2022 at 2:15 PM, a Licensed Nurse Aide stated that there are residents in the facility that are physically aggressive. Review of a list of residents with aggressive behaviors in the facility revealed that 16 residents with aggressive behaviors reside at the facility as of 11/1/2022. Of the 16 residents listed, at least one resident was physically aggressive with other residents and two residents were admitted after Resident #1 was discharged for aggressive behaviors. This was confirmed by the Director of Nursing on 11/1/2022 at 4:30 PM. The DON stated that Resident #1's care team had discussions prior to 9/7/2022 about at what point they would discharge Resident #1. The facility decided that Resident #1 would need to be discharged when his/her behavior impacted the safety of other residents. The DON stated that Resident #1 had never hurt another resident, but because s/he had threatened to hurt another resident on 9/6/2022, the facility was concerned there was a risk to that resident's safety. Record review shows that verbal threats to hurt another resident [Resident #2] began 7/8/2022. The DON	F 622		

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F 622	Continued From page 6 confirmed that 9/6/2022 wasn't the first time Resident #1 made threats about hurting Resident #2. 3. It was established that Resident #1 was discharged based on his/her status at the time of transfer. Progress notes dated 9/7/2022 and 9/8/2022 by Resident #1's physician pertaining to Resident #1's transfer and discharge do not contain assessment information about Resident #1 at the time of discharge on 9/8/22. Review of a hospital discharge summary [from hospital emergency room to a swing bed in the hospital] reveals the following: o "Reason for Admission (chief complaint): aggressive behavior, Principal/Final Diagnosis: Agitation." o "Hospital Course: The staff at [the nursing facility] felt they could no longer care for [Resident #1] and [s/he] was taken to the [hospital] ED on 9/7/22 and then admitted. During [his/her] stay [s/he] was calm and redirectable. [S/he] wanted to return to [the nursing facility] where [s/he] lived for 2 years." o "Clinical Issues Needing Follow-up: 1. Pertinent medication changes: n/a, 2. Recommended follow-up tests/procedures needs: work on placement, 3. Anticoagulation on discharge: No 4: Changes to goals care at time of discharge (if applicable): n/a" o "Assessment: [Resident #1 is] here for placement as [s/he] is displaying behaviors at [the nursing facility]. [S/he] will remain at [the hospital] awaiting placement." Per interview with members of Resident #1's	F 622		

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F 622	Continued From page 7	F 622		

hospital care team on 11/1/2022 at 4:01 PM, a Registered Nurse from the admitting hospital stated that Resident #1 was calm for the first few days s/he arrived at the hospital. The Director of Case Management stated that there had been no discussions with the nursing facility about what it would take for Resident #1 to go back to the nursing facility, rather the nursing facility and hospital have been discussing how best to support him/her in the hospital.

Per interview on 11/1/2022 at 4:30 PM, the Director of Nursing stated that there was no expectation for Resident #1 to return to the facility after s/he left on 9/7/2022. The Director of Nursing and Chief Nursing Officer both confirmed that discharge from the facility was based on his/her behavior when s/he was transferred to the hospital.

4. It was established that Resident #1's care plan was not revised to include interventions based on new behaviors or new diagnoses to prevent aggressive behaviors.

Progress notes reveal Resident #1 made a complaint to social services about the nightly noise of a resident neighbor [Resident #2] on 7/7/2022. On 7/8/2022, Resident #1 complained to social services again and expressed a desire to hurt Resident #2. Progress notes continue to reveal that Resident #1 was triggered by Resident #2 and threats by Resident #1 were only made about Resident #2. A note from 9/6/22, the last reported incident of Resident #1 making threats about hurting a resident stated that Resident #1 "started heading back to [his/her] room when [s/he] made comments at staff and a patient who was talking out loud [Resident #2]. [Resident #1]

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F 622	Continued From page 8 made the comment about [Resident #2] saying '[s/he] was going to take a brick and knock [him/her] in the head with it.'" There was no documentation in record review from 7/1/2022 through 9/7/2022 that Resident #1 made threats about hurting any resident other than Resident #2 and staff did not reveal threats to any other residents in any of the interviews conducted. Per interview on 11/1/2022 at 1:04 PM, a Charge Nurse confirmed that the Resident #2's yelling was a trigger for Resident #1. S/he stated that the facility put interventions into Resident #2's care plan to address the noise and confirmed that no interventions were added into Resident #1's care plan to address this. A geriatric psychiatry evaluation and request for behavioral management was made by Resident #1's physician, conducted on 7/6/2022 revealed the following diagnosis: "Major Neurocognitive disorder, vascular type with behavioral disturbances, Alcohol use disorder- in remission, antisocial personality traits." The following recommendations were made to Resident #1's plan of care: "Implement DICE approach [method used by dementia behavior experts] to address problematic behaviors in the long-term care setting. We recommend that you revisit behavioral plans frequently to evaluate for efficacy," and "staff psychoeducation around patient's diagnosis. Specifically that the difficult behaviors and statements resultant from his underlying personality structure have been exacerbated by disinhibition resultant from his CVA." The report from this visit was signed by the Psychiatry Resident on 7/7/2022 and signed by the attending provider on 7/13/22. Notes from this visit are automatically in the resident's medical	F 622		

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F 622	Continued From page 9 record. Nursing notes state that Resident #1's care plan was reviewed on 7/17/2022. "Care plan has been reviewed by all departments and has been updated as needed as of this date. Complete Care Plan is reviewed and continued." Review of a Care Plan Event Log shows that Resident #1's care plan was revised on 7/19/22 but the facility was unable to produce the revisions that were made. The Care Plan Event Log also revealed that Resident #1's care plan had not been updated since 8/2/2022. This was confirmed by the Administrator on 10/20/2022 at 2:33 PM. Record review reveals that it wasn't until an 8/29/2022 multidisciplinary staff meeting, held to formulate a patient behavior plan, that the recommendation to implement the DICE method and develop a plan for staff psychoeducation around Resident #1's behaviors was discussed as part of Resident #1's behavior plan. Review of Resident #1's most recent care plan does not reveal interventions for: dementia, the DICE approach, preventing Resident #1 from being triggered by Resident #2, or verbal threats to other residents. 5. Review of a progress note written by Resident #1's physician on 9/8/2022 regarding his/her discharge indicate the basis for discharge is based on safety concerns for staff and that the facility does "not feel that they can meet [his/her] care needs in this setting." This progress note does not document the following required information in the resident's medical record: the specific resident needs the facility could not met and the specific services the receiving facility will provide to meet the needs of the resident which	F 622		

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F 622	Continued From page 10 cannot be met at the current facility. 6. Resident #1 suffered harm by not being able to return to the nursing facility. Per observation at the hospital on 11/1/2022 at 3:45 PM, Resident #1 was in bed. S/he was agitated and made comments about wanting to die and wanting to leave and go home. Per interview at the hospital on 11/1/2022 at approximately 4:00 PM, a Registered Nurse stated that Resident #1 does not have a chance to hurt other residents at the hospital because s/he is mostly in his/her room. Staff do try to bring him/her out for a walk once a day. Per interview with Resident #1's representative at 4:01 PM on 11/2/2022, s/he stated that s/he believes Resident #1 is getting less care at the hospital than s/he was at the nursing home. At the hospital Resident #1 stays in his/her room most of the time and does not have access to activities or other residents. The representative stated that the nursing facility was Resident #1's home for the past 2 year and s/he should be able to go back to his/her home. A 9/9/2022 hospital physician note serving as both a discharge summary from the emergency room and admission summary for hospital swing bed status reveals that Resident #1 "wanted to return to [nursing facility] where [s/he] lived for 2 years." Under "Assessment" it states that s/he will remain at the hospital awaiting placement.	F 622		
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)	F 625	See attached Plan of Correction	12/18/22

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F 625	Continued From page 11 §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide a written bed-hold notice upon transfer for Resident #1. Findings include: Record review reveals that Resident #1 was transferred to an acute facility on 9/7/2022 for an evaluation due to physical aggressive behaviors. A progress note written by Resident #1's physician on 9/8/2022 states the facility does "not	F 625		

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HELEN PORTER HEALTHCARE & REHAB	30 PORTER DRIVE MIDDLEBURY, VT 05753

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F 625	Continued From page 12 feel that we can meet his/her care needs in this setting and need to proceed with formal discharge from the facility." On 11/1/2022 at 11:55 AM, the Director of Nursing confirmed that there is no evidence that a bed hold notice was sent to Resident #1's representative in Resident #1's record. Per interview on 11/1/2022 at 12:30 PM, a Social Worker stated that s/he sent the notice of transfer, notice of discharge, and notice of bed hold all in the same envelope through certified mail to Resident #1's representative. She confirmed that the bed hold notice was not in Resident #'1 record. Progress notes reveal that the transfer notice was mailed to the resident representative on 9/7/2022 and the discharge notice was mailed via certified mail to the resident representative on 9/8/2022. Per interview on 11/1/2022 at 2:59 PM, Resident #1's representative stated that s/he received one certified letter from the facility after Resident #1 was transferred to the emergency department on 9/7/2022 which contained one notice and a psychiatric evaluation. The representative sent a scanned copy of all the contents in the certified letter to this surveyor. The contents included a psychiatric evaluation dated 7/6/2022 and the "Notice before Transfer to Hospital" dated 9/7/2022. S/he confirmed that s/he did not receive a written bed hold notice from the facility.	F 625		
F 626 SS=G	Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2) §483.15(e)(1) Permitting residents to return to	F 626	See attached Plan of Correction	12/18/22

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F 626	Continued From page 13 facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following. (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident- (A) Requires the services provided by the facility; and (B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. (ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges. §483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to establish a protocol on permitting resident to return to the facility after they are	F 626		

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F 626	Continued From page 14 hospitalized or placed on therapeutic leave and failed to allow one of one sampled residents [Resident #1] to return to the facility after a behavioral episode. Findings include: Record review reveals that Resident #1 was transferred to an acute facility on 9/7/2022 for an evaluation due to physical aggressive behaviors. A progress note written by Resident #1's physician on 9/8/2022 states the facility initiated discharge, discussed on 9/8/2022, is due to safety concerns for staff and vulnerable residents and that the facility does not feel they can meet his/her care needs. The notice of discharge reveal that Resident #1 was discharged from the facility on 9/7/2022. An appeal for discharge was sent to the Administrator on 9/16/2022 by Resident #1's representative. As of 11/1/2022 Resident #1 was still residing at the hospital awaiting placement to a nursing facility. 1. Record review and interview reveal that Resident #1 was discharged based on his/her status at the time of transfer. Progress notes dated 9/7/2022 and 9/8/2022 by Resident #1's physician pertaining to Resident #1's transfer and discharge do not contain assessment information about Resident #1 at the time of discharge on 9/8/22. Review of a hospital discharge summary [from hospital emergency room to a swing bed in the hospital] reveals the following: -"Reason for Admission (chief complaint): aggressive behavior, Principal/Final Diagnosis: Agitation." -"Hospital Course: The staff at [the nursing facility] felt they could no longer care for [Resident	F 626		

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F 626	Continued From page 15 #1] and [s/he] was taken to the [hospital] ED on 9/7/22 and then admitted. During [his/her] stay [s/he] was calm and redirectable. [S/he] wanted to return to [the nursing facility] where [s/he] lived for 2 years." -"Clinical Issues Needing Follow-up: 1. Pertinent medication changes: n/a, 2. Recommended follow-up tests/procedures needs: work on placement, 3. Anticoagulation on discharge: No 4: Changes to goals care at time of discharge (if applicable): n/a" -"Assessment: [Resident #1 is] here for placement as s/he is displaying behaviors at [the nursing facility]. [S/he] will remain at [the hospital] awaiting placement." Per interview with members of Resident #1's hospital care team on 11/1/2022 at 4:01 PM, a Registered Nurse from the admitting hospital stated that Resident #1 was calm for the first few days s/he arrived at the hospital. The Director of Case Management stated that there had been no discussions with the nursing facility about what it would take for Resident #1 to go back to the nursing facility, rather the nursing facility and hospital have been discussing how best to support him/her in the hospital. Per interview on 11/1/2022 at 4:30 PM, the Director of Nursing stated that there was no expectation for him/her to return to the facility after s/he left on 9/7/2022. The Director of Nursing and Chief Nursing Office both confirmed that discharge from the facility was based on Resident #1's behavior when s/he was transferred to the hospital. Per interview on 11/1/2022 at 2:59 PM, Resident #1's representative stated that s/he never heard	F 626		

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F 626	Continued From page 16 back as to whether Resident #1 could return back to the facility. At 4:01 PM on 11/2/2022, s/he stated that s/he believes Resident #1 is getting less care at the hospital than s/he was at the nursing home. At the hospital Resident #1 stays in his/her room most of the time and does not have access to activities or other residents. The representative stated that the nursing facility was Resident #1's home for the past 2 year and s/he should be able to go back to his/her home. 2. Per interview on 11/1/2022 at 2:45 PM the Director of Nursing confirmed that the facility did not have a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave.	F 626		
F 740 SS=G	Behavioral Health Services CFR(s): 483.40 §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to develop individualized interventions related to a resident's diagnosed conditions, recommendations from a geriatric psychiatric consultation, and identified triggers in order to attain or maintain their highest	F 740	See attached Plan of Correction	12/18/22

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F 740	Continued From page 17 practicable physical, mental and psychosocial well being for 1 of 3 residents [Resident #1]. Findings include: Record review reveals that Resident #1 was initially admitted to the facility on 7/23/2020 and most recently readmitted to the facility on 3/28/2022 following a hospital stay. At the time of this readmittance his/her diagnoses included: right sided cerebral hemisphere cerebrovascular accident (CVA) [stroke], reactive depression, spastic hemiplegia of left non dominant side [left side of body in a constant state of contraction]. A readmission note written by Resident #1's physician describes Resident #1 as having a problem with anxiety and depression and that s/he "has had issues related to dysregulated behavior, verbal abuse and aggression directed toward staff in nursing home setting." Progress notes reveal instances on 9/24/2020, 10/27/2020, 11/16/2020, 7/1/2021, 5/13/2022, 9/4/2022, 9/6/2022, and 9/7/2022 where s/he was physically aggressive towards staff including hitting, slapping, striking, grabbing, shoving, along with frequent verbal abuse. Instances of verbal aggression and threats towards staff are frequent in Resident #1's progress notes. Record review reveals that verbal threats towards a specific resident neighbor began in early July 2022. A geriatric psychiatry evaluation and request for behavioral management was made by Resident #1's physician, conducted on 7/6/2022 revealed the following diagnosis: "Major Neurocognitive disorder, vascular type with behavioral disturbances, Alcohol use disorder- in remission, antisocial personality traits." The following recommendations were made to Resident #1's plan of care: "Implement DICE approach [method	F 740		

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F 740	Continued From page 18 used by dementia behavior experts] to address problematic behaviors in the long-term care setting. We recommend that you revisit behavioral plans frequently to evaluate for efficacy," and "staff psychoeducation around patient's diagnosis. Specifically that the difficult behaviors and statements resultant from his underlying personality structure have been exacerbated by disinhibition resultant from his CVA." The report from this visit was signed by the Psychiatry Resident on 7/7/2022 and signed by the Attending Provider on 7/13/22. Notes from this visit are automatically in the resident's medical record. Nursing notes state that Resident #1's care plan was reviewed on 7/17/2022. "Care plan has been reviewed by all departments and has been updated as needed as of this date. Complete Care Plan is reviewed and continued." Review of a Care Plan Event Log shows that Resident #1's care plan was revised on 7/19/22 but the facility was unable to produce the revisions that were made. The Care Plan Event Log also revealed that Resident #1's care plan had not been updated since 8/2/2022. This was confirmed by the Administrator on 10/20/2022 at 2:33 PM. Review of Resident #1's most recent care plan does not reveal interventions for: dementia, the DICE approach, preventing Resident #1 from being triggered by the resident neighbor who yells, or verbal threats to other residents. Record review reveals that it wasn't until an 8/29/2022 multidisciplinary staff meeting, held to formulate a patient behavior plan, that the recommendation to implement the DICE method and develop a plan for staff psychoeducation around Resident #1's behaviors was discussed as part of Resident #1's	F 740		

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F 740	Continued From page 19 behavior plan. Progress notes reveal Resident #1 made a complaint to social services about the nightly noise of a resident neighbor [Resident #2] on 7/7/2022. On 7/8/2022, Resident #1 complained to social services again and expressed a desire to hurt Resident #2. Progress notes continue to reveal that Resident #1 transfer reveal that s/he was triggered by this resident neighbor and threats by Resident #1 were only made about Resident #2. Per interview on 11/1/2022 at 11:55 AM, when asked why the diagnoses and behavioral interventions were not incorporated into Resident #1's care plan, a Nurse Practitioner stated that the team was getting the conversation started about implementing the psychiatric consult plan of care but that it "likely fell through the cracks." S/he stated that it would ultimately be the Physicians and Director of Nursing's responsibility to incorporate diagnoses and recommendations into the resident's plan of care. Per interview on 11/1/2022 at 1:04 PM the Charge Nurse confirmed that Resident #1's care plan did not address the resident's diagnosis of dementia and that it did not include interventions that were recommended in geriatric psychiatric evaluation. S/he also stated that interventions were not put into Resident #1's care plan to address how the resident neighbor triggers aggressive behaviors for Resident #1. This was later confirmed on 11/1/2022 at 4:30 PM by the Director of Nursing. Per interview on 11/1/2022 at 6:15 PM, the Medical Director stated that the team did have	F 740		

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F 740	Continued From page 20 meetings about the geriatric psychiatric consult, and it would be the DON and nurses to incorporate the information into his/her chart and care plan. S/he confirmed that the information from this consult is part of Resident #1's medical record, including the new diagnoses. Per interview on 11/2/2022 at 4:01 PM, Resident #1's representative stated that s/he did not believe that the facility exhausted all options for interventions. Resident #1 did not get care based on his/her diagnosis of dementia and the facility did not implement the DICE approach. S/he stated that they did not update any interventions except medications changes since Resident #1's geriatric psychiatric consultation and that s/he was told by the facility that he did not have dementia. Record revel reveals that Resident #1 was transferred to an acute facility on 9/7/2022 with physical aggressive behaviors for an evaluation. A progress note written by Resident #1's physician on 9/8/2022 states the facility initiated discharge, discussed on 9/8/2022, is due to safety concerns for staff and vulnerable residents and that the facility does not feel they can meet his/her care needs. The notice of discharge reveal that Resident #1 was discharged from the facility on 9/7/2022. An appeal for discharge was sent to the Administrator on 9/16/2022 by Resident #1's representative. As of 11/1/2022 Resident #1 was still residing at the hospital awaiting placement to a nursing facility.	F 740		
F 741 SS=G	Sufficient/Competent Staff-Behav Health Needs CFR(s): 483.40(a)(1)(2) §483.40(a) The facility must have sufficient staff	F 741	See attached Plan of Correction	12/18/22

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F 741	Continued From page 21 who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for: §483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and [as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)]. §483.40(a)(2) Implementing non-pharmacological interventions. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide sufficient staff who have the training to address behavioral health care needs for 1 of 2 residents [Resident #1] Findings include: Record review reveals that Resident #1 was initially admitted to the facility on 7/23/2020 and most recently readmitted to the facility on 3/28/2022 following a hospital stay. At the time of	F 741		

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F 741	Continued From page 22 this readmittance his/her diagnoses included: right sided cerebral hemisphere cerebrovascular accident (CVA) [stroke], reactive depression, spastic hemiplegia of left non dominant side [left side of body in a constant state of contraction]. A readmission note written by Resident #1's physician describes Resident #1 as having a problem with anxiety and depression and that s/he "has had issues related to dysregulated behavior, verbal abuse and aggression directed toward staff in nursing home setting." A geriatric psychiatry evaluation and request for behavioral management was made by Resident #1's physician, conducted on 7/6/2022 revealed the following diagnosis: "Major Neurocognitive disorder, vascular type with behavioral disturbances, Alcohol use disorder- in remission, antisocial personality traits." The following recommendations were made to Resident #1's plan of care: "Implement DICE approach [method used by dementia behavior experts] to address problematic behaviors in the long-term care setting. We recommend that you revisit behavioral plans frequently to evaluate for efficacy," and "staff psychoeducation around patient's diagnosis. Specifically that the difficult behaviors and statements resultant from [his/her] underlying personality structure have been exacerbated by disinhibition resultant from [his/her] CVA." The facility assessment as of December 31, 2021, states "The facility provides care and services based upon the needs of our resident population. Our facility embraces a person-centered care culture in which we provide care and services based upon our resident population, including the following:" "Behavior health," "psycho social support," and "dementia	F 741		

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F 741	Continued From page 23	F 741		

care." The Staff Education, Training, and Competencies section states" additional competencies are determined according to the job role, job specific knowledge, skills and abilities and those needed to care for a specific resident population."

Per interview on 10/18/22 at 12:45 PM, a Registered Nurse stated that travel nursing staff do not get adequate training to work with residents with dementia.

Per interview on 10/19/22 at approximately 11:25 AM, the Director of Nursing stated that staff were given a handout titled "[Resident #1] Tip Sheet" as education around Resident #1. Review of this document does not reveal any staff psychoeducation around Resident #1's diagnosis.

Per interview on 10/19/22 at approximately 2:00 PM, a Licensed Nursing Assistant stated s/he did not receive special training regarding Resident #1.

Per interview on 11/1/2022 at 11:24 AM, a Licensed Nurse Aide (LNA) stated that the behavior training s/he received from the facility was computer-based training and s/he only got one day of training on the floor and the was on his/her own. S/he confirmed that she did not get any training about Resident #1 and that it would have been valuable to get more training about Resident #1 specifically.

On 11/1/2022 at 11:55, the Director of Nursing confirmed that there was no staff psychoeducation around patient's diagnoses.

On 11/1/2022 at 1:04 PM, a Charge Nurse stated

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F 741	Continued From page 24 that travelers have less training than permanent staff, as they do not have a full-blown training. On 11/1/2022 at 2:15 PM, an LNA stated that they did not have any specific training about Resident #1 or his/her diagnoses. Record revel reveals that Resident #1 was transferred to an acute facility on 9/7/2022 with physical aggressive behaviors for an evaluation. A progress note written by Resident #1's physician on 9/8/2022 states the facility initiated discharge, discussed on 9/8/2022, is due to safety concerns for staff and vulnerable residents and that the facility does not feel they can meet his/her care needs. The notice of discharge reveal that Resident #1 was discharged from the facility on 9/7/2022. An appeal for discharge was sent to the Administrator on 9/16/2022 by Resident #1's representative. As of 11/1/2022 Resident #1 was still residing at the hospital awaiting placement to a nursing facility.	F 741		
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility	F 842	See attached Plan of Correction	12/18/22

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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 842	Continued From page 25 must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.	F 842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475017	A. BUILDING _____ B. WING _____	C 11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELEN PORTER HEALTHCARE & REHAB	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 842	Continued From page 26 §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to maintain complete revisions of resident care plan records for 1 of 2 sampled residents [Resident #1] and have care plans readily accessible to 2 of 4 sampled direct care staff. Findings include: 1. Per record review on 10/18/2022, 10/19/2022, and 11/1/2022, this surveyor could not discover an accurate representation of changes in care plan goals, objectives and/or interventions for Resident #1. There was no way to ensure that care plans were comprehensive in addressing Resident #1's needs or how to evaluate the effectiveness of specific interventions. This surveyor received two separate copies of Resident #'1 care plan effective at the time of his/her discharge during the investigation. One was titled "Plan of Care Meeting 5/23/2022." This document is marked "Draft" and has an effective date of 5/23/2022. The other care plan received prior to the investigation is untitled and was printed on 9/20/2022. Per this surveyor's review, both documents appear to be identical in the	F 842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475017	A. BUILDING _____ B. WING _____	C 11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELEN PORTER HEALTHCARE & REHAB	30 PORTER DRIVE MIDDLEBURY, VT 05753

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F 842	Continued From page 27 sections titled "Encounter Problems (Active)" aside from formatting differences, indicating that Resident #1's care plan had not been revised since 5/23/2022. This surveyor was only able to access the most recent care plan throughout the investigation on 10/18/2022, 10/19/2022, and 11/1/2022 and was unable to confirm what changes were made to Resident #1's care plan. Per interview on 10/19/22 at 4:15 PM, the Director of Nursing explained that there was a log to show if modifications were made to the care plan but not what the revisions were. S/he stated that the electronic medical record was not capable of producing past revisions to residents' care plans and acknowledged that this is something that needs to change. Per interview on 10/19/22 at 4:15 PM, the Administer confirmed that the facility could not produce care plan revisions. 2. Per interview on 10/19/22 at approximately 2:00 PM, a Licensed Nursing Assistant (LNA) stated s/he did not have a way to know about care plan changes for residents on his/her own and someone would have to tell him/her about the changes. Per interview on 11/1/2022 at 11:24 AM, a Licensed Nursing Assistant (LNA) stated that s/he could not access care plans on her own and therefore would not know all residents' interventions to care for them appropriately. The LNA stated that s/he had to ask nurses to see care plans and that s/he wishes s/he could access them because it would help him/her take care of residents.	F 842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 842	Continued From page 28 Per interview on 11/1/2022 at 1:04 PM, a Charge Nurse stated that it is expected that all direct care staff read residents' care plans before working with them. Per interview on 11/1/2022 at 4:30 PM, the DON confirmed that all direct care staff are expected to read resident's care plans before caring for them.	F 842		

F 000 INITIAL COMMENTS

The Division of Licensing and Protection conducted an onsite, unannounced investigation of three facility reported incidents and one complaint between 10/18/2022 and 11/3/2022. The following regulatory deficiencies were identified:

F622 Transfer and Discharge Requirements
SS=G CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)
§483.15(c) Transfer and discharge-
§483.15(c)(1) Facility requirements-

(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless-

- *A. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;*
- *B. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;*
- *C. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;*
- *D. The health of individuals in the facility would otherwise be endangered;*
- *E. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or*
- *F. The facility ceases to operate.*

(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.

§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.
(i) Documentation in the resident's medical record must include:

(A) The basis for the transfer per paragraph (c)(1)
(i) of this section.
(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).
(ii) The documentation required by paragraph (c) (2)(i) of this section must be made by-
a. The resident's physician when transfer or discharge is necessary under paragraph (c)

(A) or (B) of this section; and
A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.
(iii) Information provided to the receiving provider must include a minimum of the following:

- *(A) Contact information of the practitioner responsible for the care of the resident.*
- *(B) Resident representative information including contact information*
- *(C) Advance Directive information*
- *(D) All special instructions or precautions for ongoing care, as appropriate.*
- *(E) Comprehensive care plan goals;*
- *(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.*

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility did not ensure a resident's discharge was completely assessed, evaluated, and documented for 1 of 1 [Resident #1] residents who were involuntarily discharged from the facility.

The facility initiated Resident #1's discharge based on the facility's inability to meet the resident's needs and because the behavioral status of the resident endangered the safety of other individuals in the facility. However, upon complaint investigation, it was determined by interview and record review that, while Resident #1 had challenging aggressive behavior requiring staff attention, s/he did not have needs which could not be met in that facility to allow for a planned involuntary discharge honoring the resident's rights around discharge, and there was evidence that the facility was caring for other residents with aggressive behaviors. It was also determined that the facility did not meet behavioral care needs to prevent aggressive behaviors for Resident #1. The facility based Resident #1's discharge on their status at the time of transfer, did not have the required documentation specified in the regulation, and discharged the resident on 9/8/22. Findings include:

Record review reveals that Resident #1 was initially admitted to the facility on 7/23/2020 and most recently readmitted to the facility on 3/28/2022 following a hospital stay. At the time of this re-admittance, his/her diagnoses included right sided cerebral hemisphere cerebrovascular accident (CVA) [stroke], reactive depression [adjustment disorder], and spastic hemiplegia of left non-dominant side [left side of body in a constant state of contraction]. Resident #1 transferred from the rehabilitation unit into a room on the long-term care unit on 5/17/2022. A geriatric psychological consult from 7/6/2022 reveals that Resident #1 has the diagnoses of major neurological disorder, vascular type with behavioral disturbance [dementia with behaviors] and antisocial personality traits. Physician progress notes from 9/7/2022 reveal that emergency medical services [EMS] and police were called into the facility on 9/7/2022 following events where Resident #1 was verbally and physically aggressive. Resident #1 was then transferred to the emergency department for evaluation. Physician progress notes from 9/8/2022 reveal that the decision to discharge was made on 9/8/2022 due to safety concerns and the facility not being able to meet the care needs of Resident #1.

1. It was established that while Resident #1's had aggressive behaviors, these behaviors had been ongoing since his/her initial admission on 7/23/2020. A readmission note written by Resident #1's physician on 3/28/2022 describes Resident #1 as having a problem with anxiety and depression and that s/he "has had issues related to dysregulated behavior, verbal abuse and aggression directed toward staff in nursing home setting."

Progress notes in Resident #1's record reveal instances at the facility on 9/24/2020, 10/27/2020, 11/16/2020, 7/1/2021, 5/13/2022, 9/4/2022, 9/6/2022, and 9/7/2022 where s/he was physically aggressive towards staff including hitting, slapping, striking, grabbing, and shoving, along with frequent verbal abuse. Instances of verbal aggression and threats towards staff are frequent in Resident #1's progress notes. Record review reveals that verbal threats towards a specific resident neighbor [Resident #2] began 7/8/2022.

Per interview on 10/18/2022 at 5:00 PM, a Licensed Practical Nurse stated that when s/he worked with Resident #1 on the rehabilitation unit, Resident #1 was very aggressive and mean.

Per interview on 11/1/2022 at 12:30 PM, a Social Worker confirmed that Resident #1 had a history of physically aggressive behaviors with facility staff before s/he arrived on the long-term care unit.

2. It was established that the facility is able to care for residents with aggressive behaviors.

The facility assessment as of December 31, 2021, states "The facility provides care and services based upon the needs of our resident population. Our facility embraces a person-centered care culture in which we provide care and services based upon our resident population, including the following:" "Behavior health," "psycho social support," and "dementia care."

Per interview on 11/1/2022 at 10:55 AM, a Nurse Practitioner stated there were other residents in the facility that have aggressive behaviors, but not at the same frequency as Resident #1.
Per interview on 11/1/2022 at 2:15 PM, a Licensed Nurse Aide stated that there are residents in the facility that are physically aggressive.

Review of a list of residents with aggressive behaviors in the facility revealed that 16 residents with aggressive behaviors reside at the facility as of 11/1/2022. Of the 16 residents listed, at least one resident was physically aggressive with other residents and two residents were admitted after Resident #1 was discharged for aggressive behaviors. This was confirmed by the Director of

Nursing on 11/1/2022 at 4:30 PM. The DON stated that Resident #1's care team had discussions prior to 9/7/2022 about at what point they would discharge Resident #1. The facility decided that Resident #1 would need to be discharged when his/her behavior impacted the safety of other residents. The DON stated that Resident #1 had never hurt another resident, but because s/he had threatened to hurt another resident on 9/6/2022, the facility was concerned there was a risk to that resident's safety. Record review shows that verbal threats to hurt another resident [Resident #2] began 7/8/2022. The DON confirmed that 9/6/2022 wasn't the first time Resident #1 made threats about hurting Resident#2

3. It was established that Resident #1 was discharged based on his/her status at the time of transfer.

Progress notes dated 9/7/2022 and 9/8/2022 by Resident #1's physician pertaining to Resident #1's transfer and discharge do not contain assessment information about Resident #1 at the time of discharge.

Review of a hospital discharge summary [from hospital emergency room to a swing bed in the hospital] reveals the following:

- *"Reason for Admission (chief complaint): aggressive behavior, Principal/Final Diagnosis: Agitation."*
- *"Hospital Course: The staff at [the nursing facility] felt they could no longer care for [Resident #1] and [s/he] was taken to the [hospital] ED on 9/7/22 and then admitted. During [his/her] stay [s/he] was calm and redirect able. [S/he] wanted to return to [the nursing facility] where [s/he] lived for 2 years.*

"Clinical Issues Needing Follow-up: 1. Pertinent medication changes: n/a, 2. Recommended follow-up tests/procedures needs: work on placement, 3. Anticoagulation on discharge: No 4: Changes to goals care at time of discharge (if applicable): n/a" "Assessment: [Resident #1 is] here for placement as [s/he] is displaying behaviors at [the nursing facility]. [S/he] will remain at [the hospital] awaiting placement."

Per interview with members of Resident #1's hospital care team on 11/1/2022 at 4:01 PM, a Registered Nurse from the admitting hospital stated that Resident #1 was calm for the first few days s/he arrived at the hospital. The Director of Case Management stated that there had been no discussions with the nursing facility about what it would take for Resident #1 to go back to the nursing facility, rather the nursing facility and hospital have been discussing how best to support him/her in the hospital.

Per interview on 11/1/2022 at 4:30 PM, the Director of Nursing stated that there was no expectation for Resident #1 to return to the facility after s/he left on 9/7/2022. The Director of Nursing and Chief Nursing Officer both confirmed that discharge from the facility was based on his/her behavior when s/he was transferred to the hospital.

4. It was established that Resident #1's care plan was not revised to include interventions based on new behaviors or new diagnoses to prevent aggressive behaviors.

Progress notes reveal Resident #1 made a complaint to social services about the nightly noise of a resident neighbor [Resident #2] on 7/7/2022. On 7/8/2022, Resident #1 complained to social services again and expressed a desire to hurt Resident #2. Progress notes continue to reveal that Resident #1 was triggered by Resident #2 and threats by Resident #1 were only made about Resident #2. A note from 9/6/22, the last reported incident of Resident #1 making threats about hurting a resident stated that Resident #1 "started heading back to [his/her] room when [s/he] made comments at staff and a patient who was talking out loud [Resident #2]. [Resident #1] made the comment about [Resident #2] saying '[s/he] was going to take a brick and knock [him/her] in the head with it.'" There was no documentation in record review from 7/1/2022 through 9/7/2022 that Resident #1 made threats about hurting any resident other than Resident #2 and staff did not reveal threats to any other residents in any of the interviews conducted.

Per interview on 11/1/2022 at 1:04 PM, a Charge Nurse confirmed that the Resident #2's yelling was a trigger for Resident #1. S/he stated that the facility put interventions into Resident #2's care plan to address the noise and confirmed that no interventions were added into Resident #1's care plan to address this.

A geriatric psychiatry evaluation and request for behavioral management was made by Resident #1's physician, conducted on 7/6/2022 revealed the following diagnosis: "Major Neurocognitive disorder, vascular type with behavioral disturbances, Alcohol use disorder- in remission, antisocial personality traits." The following recommendations were made to Resident #1's plan of care: "Implement DICE approach [method used by dementia behavior experts] to address problematic behaviors in the long-term care setting. We recommend that you revisit behavioral plans frequently to evaluate for efficacy," and "staff psychoeducation around patient's diagnosis. Specifically that the difficult behaviors and statements resultant from his underlying

personality structure have been exacerbated by disinhibition resultant from his CVA." The report from this visit was signed by the Psychiatry Resident on 7/7/2022 and signed by the attending provider on 7/13/22. Notes from this visit are automatically in the resident's medical record.

Nursing notes state that Resident #1's care plan was reviewed on 7/17/2022. "Care plan has been reviewed by all departments and has been updated as needed as of this date. Complete Care Plan is reviewed and continued." Review of a Care Plan Event Log shows that Resident #1's care plan was revised on 7/19/22 but the facility was unable to produce the revisions that were made. The Care Plan Event Log also revealed that Resident #1's care plan had not been updated since 8/2/2022. This was confirmed by the Administrator on 10/20/2022 at 2:33 PM.

Record review reveals that it wasn't until an 8/29/2022 multidisciplinary staff meeting, held to formulate a patient behavior plan, that the recommendation to implement the DICE method and develop a plan for staff psychoeducation around Resident #1's behaviors was discussed as part of Resident #1's behavior plan. Review of Resident #1's most recent care plan does not reveal interventions for: dementia, the DICE approach, preventing Resident #1 from being triggered by Resident #2, or verbal threats to other residents.

5. Review of a progress note written by Resident #1's physician on 9/8/2022 regarding his/her discharge indicate the basis for discharge is based on safety concerns for staff and that the facility does "not feel that they can meet [his/her] care needs in this setting." This progress note does not document the following required information in the resident's medical record: the specific resident needs the facility could not met and the specific services the receiving facility will provide to meet the needs of the resident which cannot be met at the current facility.

6. Resident #1 suffered harm by not being able to return to the nursing facility.

Per observation at the hospital on 11/1/2022 at 3:45 PM, Resident #1 was in bed. S/he was agitated and made comments about wanting to die and wanting to leave and go home.

Per interview at the hospital on 11/1/2022 at approximately 4:00 PM, a Registered Nurse stated that Resident #1 does not have a chance to hurt other residents at the hospital because s/he is mostly in his/her room. Staff do try to bring him/her out for a walk once a day.

Per interview with Resident #1's representative at 4:01 PM on 11/2/2022, s/he stated that s/he believes Resident #1 is getting less care at the hospital than s/he was at the nursing home. At the hospital Resident #1 stays in his/her room most of the time and does not have access to activities or other residents. The representative stated that the nursing facility was Resident #1's home for the past 2 year and s/he should be able to go back to his/her home.

A 9/9/2022 hospital physician note serving as both a discharge summary from the emergency room and admission summary for hospital swing bed status reveals that Resident #1 "wanted to return to [nursing facility] where [s/he] lived for 2 years." Under "Assessment" it states that s/he will remain at the hospital awaiting placement.

ACTION PLAN

- The facility Notice Before Discharge policy and the Bed Hold policy language was reviewed by a multidisciplinary group comprised of representation from University of Vermont Health Network (UVMHN) Legal, University of Vermont Medical Center (UVMMC) Accreditation and Regulatory Affairs and facility Leadership to ensure alignment with the expectations set forth in CFR 483.15(c) Transfer and discharge and *CFR(s): 483.15(d)(1)(2)* Bed Hold notification requirements. Language and process specific to the regulatory requirements were added to the existing policy. Policy reviewers will now contain representation from UVMHN Legal Team and UVMMC Accreditation Team.

- A process checklist with required regulatory elements outlined in the above referenced policies was created to support practice. This checklist guides practice and required documentation.

- Under the direction of the Administration and Medical Director, compliance with the referenced policies will be measured through monthly review of the completed checklist and the associated required regulatory elements. Performance feedback will be shared with local leadership and organizational leadership for action as required. Data will be shared at the Quarterly Helen Porter Quality Assurance Meeting. Audit frequency will be reevaluated by leadership based on sustained performance.

- A required review and approval by facility Leadership and Legal/ Accreditation for the Involuntary Discharge process will be utilized before the process is carried out and quality assurance with process conducted has been incorporated.

- A review of existing residents over the past 12 months by the Director of Nursing has been conducted with finding that there were no other facility residents that were subject to an Involuntary Discharge Process.

- Staff appropriate to their role will be educated through a combination of electronic, written attestation and/ or in person education under the direction of Director of Nursing on the updated Notice Before Discharge policy and the Bed Hold policy.

- An electronic system upgrade completed November 6, 2022 provides viewable care plan revisions to be readily accessible and by report in the resident's electronic record. The Care Plan Snapshot Comparison report allows users to compare two snapshots of a resident's care plan side-by-side to highlight changes between two points in time.

- In order to assure individualized care plans containing interventions related to an each resident's diagnosed conditions, accountabilities for addition of new diagnosis / and related care planning were reinforced. Specifically: The facility provider and/or consulting specialist will add any new diagnosis to the resident record as applicable. The provider will notify nursing of the new diagnosis entry with the expectation that care planning will be updated to include interventions based on new behaviors or new diagnoses to manage aggressive behaviors.

- Going forward, under the direction the Director of Nursing, monitoring the presence of up to date individualized care plans with accompanying interventions based on diagnosis will be monitored as part of the process through the MDS assessment process and daily morning huddles for accuracy. Performance feedback will be shared with local leadership and organizational leadership for action as required at the Quarterly Helen Porter Quality Assurance meeting.

- A review of existing resident care plans by the Director of Nursing and delegates will be conducted to ensure the care plans were complete and include interventions based on new behaviors or new diagnoses to manage aggressive behaviors. Resident #1 no longer resides at the facility.

- All staff appropriate to their role will be educated through a combination of electronic, in person attestation and/or Relias training on the Care Planning Process Electronic Health Record Upgrade, addition of diagnosis and required care planning updates.

- All actions will be completed by 12/18/2022.

F622 POC accepted 1/12/23 PM cota RN

F625 Notice of Bed Hold Policy Before/Upon Transfer
SS=D *CFR(s): 483.15(d)(1)(2)*

§483.15(d) Notice of bed-hold policy and return-

§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-

(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;
(ii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and
(iii) The information specified in paragraph (e)(1) of this section.

§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interviews, the facility failed to provide a written bed-hold notice upon transfer for Resident #1. Findings include:

Record review reveals that Resident #1 was transferred to an acute facility on 9/7/2022 for an evaluation due to physical aggressive behaviors. A progress note written by Resident #1's physician on 9/8/2022 states the facility does "not feel that we can meet his/her care needs in this setting and need to proceed with formal discharge from the facility." On 11/1/2022 at 11:55 AM, the Director of Nursing confirmed that there is no evidence that a bed hold notice was sent to Resident #1's representative in Resident #1's record.

Per interview on 11/1/2022 at 12:30 PM, a Social Worker stated that s/he sent the notice of transfer, notice of discharge, and notice of bed hold all in the same envelope through certified mail to Resident #1's representative. She confirmed that the bed hold notice was not in Resident #'1 record.

Progress notes reveal that the transfer notice was mailed to the resident representative on 9/7/2022 and the discharge notice was mailed via certified mail to the resident representative on 9/8/2022.

Per interview on 11/1/2022 at 2:59 PM, Resident #1's representative stated that s/he received one certified letter from the facility after Resident #1 was transferred to the emergency department on 9/7/2022, which contained one notice and a psychiatric evaluation. The representative sent a scanned copy of all the contents in the certified letter to this surveyor. The contents included a psychiatric evaluation dated 7/6/2022 and the "Notice before Transfer to Hospital" dated 9/7/2022. S/he confirmed that s/he did not receive a written bed hold notice from the facility.

Action Plan

- The facility Bed Hold Policy language will be reviewed by a multidisciplinary group comprised of representation from University of Vermont Health Network (UVMHN) Legal, University of Vermont Medical Center (UVMMC) Accreditation and Regulatory Affairs and facility Leadership to ensure alignment with the expectations set forth in *CFR(s): 483.15(d)(1)(2)* Bed Hold notification requirements. Language and process specific to the regulatory requirements were added to the existing policy. Policy reviewers will now contain representation from UVMHN Legal Team and UVMMC Accreditation Team.

- A process checklist with required regulatory elements outlined in the referenced Bed Hold policy was created to support practice. This checklist guides practice and documentation. Social Services will follow up when transfer or discharge occurs outside of normal business hours to ensure transfer rights and bed hold were understood by resident and/or representative.

- Under the direction of the Administration and Medical Director, compliance with the referenced Bed Hold policy will be measured through monthly review of the completed checklist and the associated required regulatory elements. Performance feedback will be shared with local leadership and organizational leadership for action as required and at the Quarterly Helen Porter Quality Assurance Meeting. Audit frequency will be reevaluated by leadership based on sustained performance.

- A review of existing residents by the Director of Nursing has been conducted with no other residents being impacted. Resident #1 no longer resides at the facility.

- Staff appropriate to their role will be educated through a combination of electronic, written attestation and/or in person education under the direction of Director of Nursing on the updated Bed Hold Policy.

- All actions will be completed by 12/18/2022.

F625 POC accepted 1/12/23 PMcolaRN

F626 Permitting Residents to Return to Facility
SS=G *CFR(s): 483.15(e)(1)(2)*

§483.15(e)(1) Permitting residents to return to facility.
A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.
(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-Requires the services provided by the facility; and Is eligible for Medicare skilled nursingfacility services or Medicaid nursing facility services.
(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot

return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.

§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to establish a protocol on permitting resident to return to the facility after they are hospitalized or placed on therapeutic leave and failed to allow one of one sampled residents [Resident #1] to return to the facility after a behavioral episode. Findings include:

Record review reveals that Resident #1 was transferred to an acute facility on 9/7/2022 for an evaluation due to physical aggressive behaviors. A progress note written by Resident #1's physician on 9/8/2022 states the facility initiated discharge, discussed on 9/8/2022, is due to safety concerns for staff and vulnerable residents and that the facility does not feel they can meet his/her care needs. The notice of discharge reveal that Resident #1 was discharged from the facility on 9/7/2022. An appeal for discharge was sent to the Administrator on 9/16/2022 by Resident #1's representative. As of 11/1/2022, Resident #1 was still residing at the hospital awaiting placement to a nursing facility.

1. Record review and interview reveal that Resident #1 was discharged based on his/her status at the time of transfer.

Progress notes dated 9/7/2022 and 9/8/2022 by Resident #1's physician pertaining to Resident, #1's transfer and discharge do not contain assessment information about Resident #1 at the time of discharge on 9/8/22.

Review of a hospital discharge summary [from hospital emergency room to a swing bed in the hospital] reveals the following:
-"Reason for Admission (chief complaint): aggressive behavior, Principal/Final Diagnosis: Agitation."
-"Hospital Course: The staff at [the nursing facility] felt they could no longer care for [Resident #1] and [s/he] was taken to the [hospital] ED on 9/7/22 and then admitted. During [his/her] stay [s/he] was calm and redirectable. [S/he] wanted to return to [the nursing facility] where [s/he] lived for 2 years."
-"Clinical Issues Needing Follow-up: 1. Pertinent medication changes: n/a, 2. Recommended follow-up tests/procedures needs: work on placement, 3. Anticoagulation on discharge: No 4: Changes to goals care at time of discharge (if applicable): n/a"
-"Assessment: [Resident #1 is] here for placement as s/he is displaying behaviors at [the nursing facility]. [S/he] will remain at [the hospital] awaiting placement."

Per interview with members of Resident #1's hospital care team on 11/1/2022 at 4:01 PM, a Registered Nurse from the admitting hospital stated that Resident #1 was calm for the first few days s/he arrived at the hospital. The Director of Case Management stated that there had been no discussions with the nursing facility about what it would take for Resident #1 to go back to the nursing facility, rather the nursing facility and hospital have been discussing how best to support him/her in the hospital.

Per interview on 11/1/2022 at 4:30 PM, the Director of Nursing stated that there was no expectation for him/her to return to the facility after s/he left on 9/7/2022. The Director of Nursing and Chief Nursing Office both confirmed that discharge from the facility was based on Resident #1's behavior when s/he was transferred to the hospital.

Per interview on 11/1/2022 at 2:59 PM, Resident #1's representative stated that s/he never heard back as to whether Resident #1 could return back to the facility. At 4:01 PM on 11/2/2022, s/he stated that s/he believes Resident #1 is getting less care at the hospital than s/he was at the nursing home. At the hospital Resident #1 stays in his/her room most of the time and does not have access to activities or other residents. The representative stated that the nursing facility was Resident #1's home for the past 2 year and s/he should be able to go back to his/her home.

2. Per interview on 11/1/2022 at 2:45 PM the Director of Nursing confirmed that the facility did not have a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave.

Action Plan

- The facility Bed Hold Policy language will be reviewed by a multidisciplinary group comprised of representation from University of Vermont Health Network (UVMHN) Legal, University of Vermont Medical Center (UVMMC) Accreditation and Regulatory Affairs and facility Leadership to ensure alignment with the expectations set forth in CFR(s): 483.15(e)(1) Return to Facility notification requirements language and process specific to the regulatory requirements to be added to Bed Hold policy. Policy reviewers will now contain representation from UVMHN Legal Team and UVMMC Accreditation Team.

- A process checklist with required regulatory elements outlined in the referenced Bed Hold policy was created to support practice. This checklist guides practice and documentation.

- Monthly Performance monitoring for compliance with the process checklist will be carried out under the direction of the facility Administration and Medical Director. Performance feedback will be shared with local leadership and organizational leadership for action as required at the Quarterly Helen Porter Quality Assurance Meeting. Audit frequency will be revaluated based on sustained performance by leadership.

- A review of existing residents over the past 12 months by the Director of Nursing has been conducted with finding that there were no other facility residents that were subject to an Involuntary Discharge Process affecting return to the facility while pending an appeal for discharge. Resident #1 no longer resides at the facility.

- Staff appropriate to their role will be educated through a combination of electronic, written attestation and/or in person education under the direction of Director of Nursing on the updated Bed Hold Policy.

- All actions will be completed by 12/18/2022.

F626 POC accepted 1/12/23 PMreturn

740
F~~470~~ Behavioral Health Services
SS=G *CFR(s): 483.40*
§483.40 Behavioral health services.
Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interviews, the facility failed to develop individualized interventions related to a resident's diagnosed conditions, recommendations from a geriatric psychiatric consultation, and identified triggers in order to attain or maintain their highest practicable physical, mental and psychosocial wellbeing for 1 of 3 residents [Resident #1].
Findings include:

Record review reveals that Resident #1 was initially admitted to the facility on 7/23/2020 and most recently readmitted to the facility on 3/28/2022 following a hospital stay. At the time of this re-admittance, his/her diagnoses included right sided cerebral hemisphere cerebrovascular accident (CVA) [stroke], reactive depression, spastic hemiplegia of left non-dominant side [left side of body in a constant state of contraction]. A readmission note written by Resident #1's physician describes Resident #1 as having a problem with anxiety and depression and that s/he "has had issues related to dysregulated behavior, verbal abuse and aggression directed toward staff in nursing home setting." Progress notes reveal instances on 9/24/2020, 10/27/2020, 11/16/2020, 7/1/2021, 5/13/2022, 9/4/2022, 9/6/2022, and 9/7/2022 where s/he was physically aggressive towards staff including hitting, slapping, striking, grabbing, shoving, along with frequent verbal abuse. Instances of verbal aggression and threats towards staff are frequent in Resident #1's progress notes. Record review reveals that verbal threats towards a specific resident neighbor began in early July 2022.

A geriatric psychiatry evaluation and request for behavioral management was made by Resident #1's physician, conducted on 7/6/2022 revealed the following diagnosis: "Major Neurocognitive disorder, vascular type with behavioral disturbances,

Alcohol use disorder- in remission, antisocial personality traits." The following recommendations were made to Resident #1's plan of care: "Implement DICE approach [method used by dementia behavior experts] to address problematic behaviors in the long-term care setting. We recommend that you revisit behavioral plans frequently to evaluate for efficacy," and "staff psychoeducation around patient's diagnosis. Specifically that the difficult behaviors and statements resultant from his underlying personality structure have been exacerbated by disinhibition resultant from his CVA." The report from this visit was signed by the Psychiatry Resident on 7/7/2022 and signed by the Attending Provider on 7/13/22. Notes from this visit are automatically in the resident's medical record.

Nursing notes state that Resident #1's care plan was reviewed on 7/17/2022. "Care plan has been reviewed by all departments and has been updated as needed as of this date. Complete Care Plan is reviewed and continued." Review of a Care Plan Event Log shows that Resident #1's care plan was revised on 7/19/22 but the facility was unable to produce the revisions that were made. The Care Plan Event Log also revealed that Resident #1's care plan had not been updated since 8/2/2022. This was confirmed by the Administrator on 10/20/2022 at 2:33 PM.

Review of Resident #1's most recent care plan does not reveal interventions for: dementia, the DICE approach, preventing Resident #1 from being triggered by the resident neighbor who yells, or verbal threats to other residents. Record review reveals that it wasn't until an 8/29/2022 multidisciplinary staff meeting, held to formulate a patient behavior plan, that the recommendation to implement the DICE method and develop a plan for staff psychoeducation around Resident #1's behaviors was discussed as part of Resident #1's behavior plan. Progress notes reveal Resident #1 made a complaint to social services about the nightly noise of a resident neighbor [Resident #2] on 7/7/2022. On 7/8/2022, Resident #1 complained to social services again and expressed a desire to hurt Resident #2. Progress notes continue to reveal that Resident #1 transfer reveal that s/he was triggered by this resident neighbor and threats by Resident #1 were only made about Resident #2.

Per interview on 11/1/2022 at 11:55 AM, when asked why the diagnoses and behavioral interventions were not incorporated into Resident #1's care plan, a Nurse Practitioner stated that the team was getting the conversation started about implementing the psychiatric consult plan of care but that it "likely fell through the cracks." S/he stated that it would ultimately be the Physicians and Director of Nursing's responsibility to incorporate diagnoses and recommendations into the resident's plan of care.

Per interview on 11/1/2022 at 1:04 PM the Charge Nurse confirmed that Resident #1's care plan did not address the resident's diagnosis of dementia and that it did not include interventions that were recommended in geriatric psychiatric evaluation. S/he also stated that interventions were not put into Resident #1's care plan to address how the resident neighbor triggers aggressive behaviors for Resident #1. This was later confirmed on 11/1/2022 at 4:30 PM by the Director of Nursing.

Per interview on 11/1/2022 at 6:15 PM, the Medical Director stated that the team did have meetings about the geriatric psychiatric consult, and it would be the DON and nurses to incorporate the information into his/her chart and care plan. S/he confirmed that the information from this consult is part of Resident #1's medical record, including the new diagnoses.

Per interview on 11/2/2022 at 4:01 PM, Resident #1's representative stated that s/he did not believe that the facility exhausted all options for interventions. Resident #1 did not get care based on his/her diagnosis of dementia and the facility did not implement the DICE approach. S/he stated that they did not update any interventions except medications changes since Resident #1's geriatric psychiatric consultation and that s/he was told by the facility that he did not have dementia.

Record revel reveals that Resident #1 was transferred to an acute facility on 9/7/2022 with physical aggressive behaviors for an evaluation. A progress note written by Resident #1's physician on 9/8/2022 states the facility initiated discharge, discussed on 9/8/2022, is due to safety concerns for staff and vulnerable residents and that the facility does not feel they can meet his/her care needs. The notice of discharge reveal that Resident #1 was discharged from the facility on 9/7/2022. An appeal for discharge was sent to the Administrator on 9/16/2022 by Resident #1's representative. As of 11/1/2022, Resident #1 was still residing at the hospital awaiting placement to a nursing facility.

Action Plan

- An electronic system upgrade completed November 6, 2022 provides viewable care plan revisions to be readily accessible and by report in the resident's electronic record. The Care Plan Snapshot Comparison report allows users to compare two snapshots of a resident's care plan side-by-side to highlight changes between two points in time.

- In order to assure individualized care plans containing interventions related to an each resident's diagnosed conditions, accountabilities for addition of new diagnosis / and related care planning were reinforced. Specifically: The facility provider and/or consulting specialist will add any new diagnosis to the resident record as applicable. The provider will notify nursing of the new diagnosis entry with the expectation that care planning will be updated to include interventions based on new behaviors or new diagnoses to manage aggressive behaviors.

- Going forward, under the direction the Director of Nursing, the presence of up to date individualized care plans with accompanying interventions based on diagnosis will be monitored as part of the daily process through the MDS assessment cycle and reported on daily at morning huddle for accuracy. Performance feedback will be shared with local leadership and organizational leadership for action as required and at the Quarterly Helen Porter Quality Assurance Meeting.

- A review of existing resident care plans by the Director of Nursing and delegates will be conducted to ensure the care plans were complete and include interventions based on new behaviors or new diagnoses to manage aggressive behaviors. Resident #1 no longer resides at the facility.

- All staff appropriate to their role will be educated through a combination of electronic, in person attestation and/or Relias training on the Care Planning Process Electronic Health Record Upgrade, addition of diagnosis and required care planning updates.

- All actions will be completed by 12/18/2022.

F740 POC accepted 1/12/23 PM cotaPN

F741 Sufficient/Competent Staff-Behavioral Health Needs
SS=G *CFR(s): 483.40(a)(1)(2)*

§483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to ensure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:

§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and [as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)].

§483.40(a)(2) Implementing non-pharmacological interventions.
This REQUIREMENT is not met as evidenced by:
Based on record review and staff interviews, the facility failed to provide sufficient staff who have the training to address behavioral health care needs for 1 of 2 residents [Resident #1] Findings include:

Record review reveals that Resident #1 was initially admitted to the facility on 7/23/2020 and most recently readmitted to the facility on 3/28/2022 following a hospital stay. At the time of this re-admittance, his/her diagnoses included: right sided cerebral hemisphere cerebrovascular accident (CVA) [stroke], reactive depression, spastic hemiplegia of left non dominant side [left side of body in a constant state of contraction]. A readmission note written by Resident #1's physician describes Resident #1 as having a problem with anxiety and depression and that s/he "has had issues related to dysregulated behavior, verbal abuse and aggression directed toward staff in nursing home setting." A geriatric psychiatry evaluation and request for behavioral management was made by Resident #1's physician, conducted on 7/6/2022 revealed the following diagnosis: "Major Neurocognitive disorder, vascular type with behavioral disturbances, Alcohol use disorder- in remission, antisocial personality traits." The following recommendations were made to Resident #1's plan of care: "Implement DICE approach [method used by dementia behavior experts] to address problematic behaviors in the long-term care setting. We recommend that you revisit behavioral plans frequently to evaluate for efficacy," and "staff psychoeducation around patient's diagnosis. Specifically that the difficult behaviors and statements resultant from [his/her] underlying personality structure have been exacerbated by disinhibition resultant from [his/her] CVA."

The facility assessment as of December 31, 2021, states "The facility provides care and services based upon the needs of our

resident population. Our facility embraces a person-centered care culture in which we provide care and services based upon our resident population, including the following:" "Behavior health," "psycho social support," and" dementia care." The Staff Education, Training, and Competencies section states"additional competencies are determined according to the job role, job specific knowledge, skills and abilities and those needed to care for a specific resident population."

Per interview on 10/18/22 at 12:45 PM, a Registered Nurse stated that travel nursing staff do not get adequate training to work with residents with dementia.

Per interview on 10/19/22 at approximately 11:25 AM, the Director of Nursing stated that staff were given a handout titled "[Resident #1] Tip Sheet" as education around Resident #1. Review of this document does not reveal any staff psychoeducation around Resident #1's diagnosis.

Per interview on 10/19/22 at approximately 2:00 PM, a Licensed Nursing Assistant stated s/he did not receive special training regarding Resident #1.

Per interview on 11/1/2022 at 11:24 AM, a Licensed Nurse Aide (LNA) stated that the behavior training s/he received from the facility was computer-based training and s/he only got one day of training on the floor and the was on his/her own. S/he confirmed that she did not get any training about Resident #1 and that it would have been valuable to get more training about Resident #1 specifically.

On 11/1/2022 at 11:55, the Director of Nursing confirmed that there was no staff psychoeducation around patient's diagnoses.

On 11/1/2022 at 1:04 PM, a Charge Nurse stated that travelers have less training than permanent staff, as they do not have a full-blown training.

On 11/1/2022 at 2:15 PM, an LNA stated that they did not have any specific training about Resident #1 or his/her diagnoses.

Record revel reveals that Resident #1 was transferred to an acute facility on 9/7/2022 with physical aggressive behaviors for an evaluation. A progress note written by Resident #1's physician on 9/8/2022 states the facility initiated discharge, discussed on 9/8/2022, is due to safety concerns for staff and vulnerable residents and that the facility does not feel they can meet his/her care needs. The notice of discharge reveal that Resident #1 was discharged from the facility on 9/7/2022. An appeal for discharge was sent to the Administrator on 9/16/2022 by Resident #1's representative. As of 11/1/2022, Resident #1 was still residing at the hospital awaiting placement to a nursing facility.

Action Plan

- Recruited new full time RN Nurse Educator effective November 28, 2022.
- RN Nurse Educator sitting for recertification in Dementia Capable Care on December 8, 2022.
- Assistant Director of Nursing holds an active certification in Dementia Capable Care.
- The Relias Training module entitled Behavioral Health for Older Adults will be added to new employee orientation.
- All Staff appropriate to their role will complete education to address resident behavioral health care needs through the Relias Training module entitled Behavioral Health for Older Adults.
- Sufficient competent staff will be monitored through completion of the initial Relias behavioral health care training. The plan to monitor and maintain competency going forward will be the requirement of completion of annual behavioral health care updates by all applicable staff. Helen Porter Administration will monitor completion rates annually for 100% completion rate for new employees and existing employees. Performance feedback will be shared with local leadership and organizational leadership for action as required and at the Quarterly Helen Porter Quality Assurance Meeting.
- A review of existing resident behavioral care plans by the Director of Nursing and delegates will be conducted to ensure the care plans were complete and not impacted by staff training. Resident #1 no longer resides at the facility

- Director of Nursing and delegates will conduct an in-person review with return demonstration to ensure staff appropriate to their roles can access and review care plans, including behavioral health care plans. Resident #1 is no longer resides at the facility

- All actions will be completed by 12/18/2022.

F741 POC accepted 1/12/23 pmcolcpw

F842 Resident Records – Identifiable Information
SS=E *CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)*
§483.20(f)(5) Resident-identifiable information.
(i) A facility may not release information that is resident-identifiable to the public.
(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.

§483.70(i) Medical records.
§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-
(i) Complete;
(ii) Accurately documented;
(iii) Readily accessible; and
(iv) Systematically organized

§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-
(i) To the individual, or their resident representative where permitted by applicable law;
(ii) Required by Law;
(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

§483.70(i)(4) Medical records must be retained for-
(i) The period of time required by State law; or
(ii) Five years from the date of discharge when there is no requirement in State law; or
(iii) For a minor, 3 years after a resident reaches legal age under State law.
(i) §483.70(i)(5) The medical record must contain- Sufficient information to identify the resident;
(ii) A record of the resident's assessments;
(iii) The comprehensive plan of care and services provided;
(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;
(v) Physician's, nurse's, and other licensed professional's progress notes; and
(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:
(vii)
Based on record review and staff interviews, the facility failed to maintain complete revisions of resident care plan records for 1 of 2 sampled residents [Resident #1] and have care plans readily accessible to 2 of 4 sampled direct care staff.
Findings include:
1. Per record review on 10/18/2022, 10/19/2022, and 11/1/2022, this surveyor could not discover an accurate representation of changes in care plan goals, objectives and/or interventions for Resident #1. There was no way to ensure that care plans were comprehensive in addressing Resident #1's needs or how to evaluate the effectiveness of specific interventions.

This surveyor received two separate copies of Resident #'1 care plan effective at the time of his/her discharge during the

investigation. One was titled "Plan of Care Meeting 5/23/2022." This document is marked "Draft" and has an effective date of 5/23/2022. The other care plan received prior to the investigation is untitled and was printed on 9/20/2022. Per this surveyor's review, both documents appear to be identical in the sections titled "Encounter Problems (Active)" aside from formatting differences, indicating that Resident #1's care plan had not been revised since 5/23/2022. This surveyor was only able to access the most recent care plan throughout the investigation on 10/18/2022, 10/19/2022, and 11/1/2022 and was unable to confirm what changes were made to Resident #1's care plan.

Per interview on 10/19/22 at 4:15 PM, the Director of Nursing explained that there was a log to show if modifications were made to the care plan but not what the revisions were. S/he stated that the electronic medical record was not capable of producing past revisions to residents' care plans and acknowledged that this is something that needs to change.

Per interview on 10/19/22 at 4:15 PM, the Administer confirmed that the facility could not produce care plan revisions.

2. Per interview on 10/19/22 at approximately 2:00 PM, ***a Licensed Nursing Assistant (LNA) stated s/he did not have a way to know about care plan changes for residents on his/her own and someone would have to tell him/her about the changes.***

Per interview on 11/1/2022 at 11:24 AM, a ***Licensed NursingAssistant (LNA) stated that s/he could not access care plans on her own and therefore would not know all residents' interventions to care for them appropriately.*** *The LNA stated that s/he had to ask nurses to see care plans and that s/he wishes s/he could access them because it would help him/her take care of residents.*

Per interview on 11/1/2022 at 1:04 PM, a Charge Nurse stated that it is expected that all direct care staff read residents' care plans before working with them.

Per interview on 11/1/2022 at 4:30 PM, the DON confirmed that all direct care staff are expected to read resident's care plans before caring for them.

Action Plan

- An electronic system upgrade completed November 6, 2022 provides viewable care plan revisions to be readily accessible and by report in the resident's electronic record. The Care Plan Snapshot Comparison Report allows users to compare two snapshots of a resident's care plan side-by-side to highlight changes between two points in time.

- Going forward, under the direction the Director of Nursing, the presence of up to date individualized care plans with accompanying interventions based on diagnosis will be monitored as part of the daily process through the MDS assessment cycle and reported on daily at morning huddle for accuracy. Performance feedback will be shared with local leadership and organizational leadership for action as required at the Quarterly Helen Porter Quality Assurance Meeting.

- A review of existing resident care plans by the Director of Nursing and delegates will be conducted to ensure the care plan revisions are viewable and readily accessible by the Care Plan Snapshot Comparison report. Resident #1 no longer resides at the facility.

- All staff applicable to their role will be educated through a combination of electronic training and/or in person attestation with return demonstration on access to resident Care Plan and interventions as well as Care Plan Snapshot Comparison report.

- All sections will be completed by 12/18/2022.

F842 POC accepted 1/12/23 pmcolaRN