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) 564-1612

December 7, 2022

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 15, 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

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 _____	11/15/2022

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 unannounced onsite Focused Infection Control (FIC) Survey on 11/15/2022. The following regulatory deficiency was identified.	F 000		
F 885 SS=C	Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii) §483.80(g) COVID-19 reporting. The facility must — §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must— (i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to inform all residents, their	F 885	See attached Plan of Correction Tag F885 POC Accepted on 12/7/2022 by L.Lovell/P.Cota	12/18/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary Lee Watterson | TITLE: Administrator | (X6) DATE: December 2, 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 885	Continued From page 1 representatives, and families following the occurrence of confirmed COVID-19 infections or of mitigating actions taken by the facility to prevent or reduce the risk of transmission. Findings include: On November 15, 2022 a Focused Infection Control Survey was conducted. At 9:30 AM during a meeting with the Infection Preventionist it was revealed that the facility had an outbreak of COVID-19 which was identified on October 7, 2022 and ultimately involved 19 residents and 20 staff. The Administrator was interviewed at approximately 11:00 AM to determine the mechanism used by the facility to inform all residents, their representatives, and families of the outbreak and of mitigating actions being taken. Per the Administrator notification was limited to the resident and roommate as well as their families, and signage noting "recent or a few cases being on a unit", there was not a large general notification as required in the regulation. At 11:30 AM the Director of Nursing confirmed the limitations of notification as the Administrator had identified.	F 885		

F 000 INITIAL COMMENTS

The Division of Licensing and Protection conducted an unannounced onsite Focused Infection Control (FIC) Survey on 11/15/2022. The following regulatory deficiency was identified.

F885 Reporting Residents, Representatives & Families CFR(s): 483.80(g)(3)(i)-(iii)

§483.80(g) COVID-19 reporting. The facility must §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must

(i) Not include personally identifiable information;

(ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and

(iii)Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.

This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to inform all residents, their representatives, and families following the occurrence of confirmed COVID-19 infections or of mitigating actions taken by the facility to prevent or reduce the risk of transmission.

Findings include:
On November 15, 2022, a Focused Infection Control Survey was conducted. At 9:30 AM during a meeting with the Infection Preventionist, it was revealed that the facility had an outbreak of COVID-19, which was identified on October 7, 2022 and ultimately involved 19 residents and 20 staff. The Administrator was interviewed at approximately 11:00 AM to determine the mechanism used by the facility to inform all residents, their representatives, and families of the outbreak and of mitigating actions being taken. Per the Administrator notification was limited to the resident and roommate as well as their families, and signage noting "recent or a few cases being on a unit", there was not a large general notification as required in the regulation. At 11:30AM the Director of Nursing confirmed the limitations of notification as the Administrator had identified.

ACTION PLAN

- The Helen Porter Rehabilitation COVID-19 infection prevention process was reviewed by a multidisciplinary group comprised of representation from the University of Vermont Health Network (UVMHN) Legal, University of Vermont Medical Center (UVMMC) Accreditation and Regulatory Affairs and Helen Porter Leadership to assure alignments specific to the expectations set for in CFR(s): 483.80(g)(3)(i)-(iii) Reporting-Residents, Representatives & Families. Within a policy COVID-19 prevention measures will detail the required reporting as related to residents, representatives, and families'. Policy reviewers will now contain representation from UVMHN Legal Team and UVMMC Accreditation Team.
- Under the direction of Helen Porter Administration and designees, with each identified episode and specific to assuring residents, their representatives, and families were informed: (a) by 5 PM the next calendar day following the occurrence of a single confirmed COVID-19 infection or of three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other,

via recorded telephone message and (b) includes informational updates on additional mitigating actions taken by the facility to prevent or reduce the risk of transmission, if applicable.

- Under the direction of Helen Porter Administration and designees will provide cumulative updates to residents, their representatives, and families at least weekly or by 5 PM the next calendar day following the subsequent occurrence of either: each time a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours of each other, via recorded telephone message.
- Current residents will be made aware, or reminded of, the number to call to access the recorded telephone message through the resident newsletter. Families and representatives of residents will be made aware, or reminded of, how to access the recorded telephone message through email, letter or telephone. New residents will be oriented to and educated on the recorded telephone message process through the new resident welcome packet, and will sign to acknowledge receipt and understanding. Performance monitoring of the telephone recording will be captured via a log of recording updates.
- Under the direction of the Director of Nursing, applicable staff will be educated on the policy including COVID-19 prevention measures through a combination of electronic, written, and/or in person education with attestations.
- All actions will be completed by 12/18/2022.