



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

April 7, 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 investigation survey conducted on **March 10, 2023**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 03/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2023
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NAME OF PROVIDER OR SUPPLIER HELEN PORTER HEALTHCARE & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 30 PORTER DRIVE MIDDLEBURY, VT 05753
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an onsite, unannounced investigation of two facility reported incidents on 3/8/2023, and was completed after further offsite review on 3/10/23. The following regulatory deficiency was identified:	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d) (3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and	F 607	See attached Plan of Correction	4/12/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Maryjane Nattensen</i>	TITLE <i>Administrator</i>	(X6) DATE <i>April 3, 2023</i>
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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 607	<p>Continued From page 1 (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the screening for abuse was completed according to their policy for 1 of 5 employees reviewed (Employee #1). Findings include:</p> <p>Review of Employee #1's human resource file reveals that s/he is a contracted employee. His/her background check reveals that s/he had a felony charge for uttering [when a person falsely makes or alters a document with the intent to fraud another person or business] and was found to be guilty. There was no evidence of an explanation of this crime in Resident #1's human resource file.</p> <p>The facility's background check policy, last reviewed 9/2019, states "If the person does appear to have an applicable criminal offense ... the person will be notified and given at least five business days to provide an explanation of the information ... The [facility] Administrator will review the explanation and make a final determination that the individual does not pose a risk to residents."</p> <p>Per interview on 3/8/23 at 2:15 PM, the Administrator stated that s/he did not request or review an explanation of Employee #1's criminal offense because the background check was completed and reviewed by the contracted agency. S/He confirmed that the facility policy for screening employees was not followed.</p>	F 607		
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F 000 INITIAL COMMENTS:

The Division of Licensing and Protection conducted an onsite, unannounced investigation of two facility reported incidents on 3/8/2023, and was completed after further offsite review on 3/10/23. The following regulatory deficiency was identified

F 607 Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii)

§483.12(b) The facility must develop and implement written policies and procedures that:

§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,

§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and

§483.12(b)(3) Include training as required at paragraph §483.95,

§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.

§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.

§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.

§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act

This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the screening for abuse was completed according to their policy for 1 of 5 employees reviewed (Employee #1). Findings include:

Review of Employee #1's human resource file reveals that s/he is a contracted employee.

His/her background check reveals that s/he had a felony charge for uttering [when a person falsely makes or alters a document with the intent to fraud another person or business] and was found to be guilty. There was no evidence of an explanation of this crime in Employee #1's human resource file.

The facility's background check policy, last reviewed 9/2019, states "If the person does appear to have an applicable criminal offense ... the person will be notified and given at least five business days to provide an explanation of the information ... The [facility] Administrator will review the explanation and make a final determination that the individual does not pose a risk to residents."

Per interview on 3/8/23 at 2:15 PM, the Administrator stated that s/he did not request or review an explanation of Employee #1's criminal offense because the background check was completed and reviewed by the contracted agency. S/He confirmed that the facility policy for screening employees was not followed

ACTION PLAN

Under the direction of the Helen Porter Rehabilitation and Nursing leadership team, a process review was performed. In accordance with State of Vermont Nursing Home Regulations 3.17.e, please find the below plan for addressing system improvements and performance monitoring:

1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice;
 - A variance has been submitted for above referenced Employee #1 in accordance with the State of Vermont Nursing Home Regulations 3.17.e, A nursing home shall report any knowledge it has of actions by a court of law against an employee...to the Vermont Nurse Aide Registry or the appropriate licensing authority and the licensing agency and Helen Porter Rehabilitation and Nursing Background Check policy.
2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
 - A review of contracted employees was completed as of 3/14/23, one additional variance has been submitted in accordance with the State of Vermont Nursing Home Regulations 3.17.e, A nursing home shall report any knowledge it has of actions by a court of law against an employee...to the Vermont Nurse Aide Registry or the appropriate licensing authority and the licensing agency and Helen Porter Rehabilitation and Nursing Background Check policy.
 - A review of existing residents by the Helen Porter Nursing Home Administrator has been conducted and while all residents were at risk to be impacted, no residents were impacted.
3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
 - The Helen Porter Rehabilitation and Nursing Background Check policy has been updated by the Helen Porter Administrator, Porter Medical Center Director of Quality, Patient Safety & Performance Improvement, Porter Medical Center Interim Human Resources Director and the University of Vermont Health Network Director of Centralized Resource Management to include contracted hires to ensure alignment with the expectations set forth in the State of Vermont Nursing Home Regulations 3.17.e. A nursing home shall report any knowledge it has of actions by a court of law against an employee...to the Vermont Nurse Aide Registry or the appropriate licensing authority and the licensing agency.
4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
 - The Helen Porter Administrator, or designee, will perform a random monthly audit to ensure compliance with the Helen Porter Rehabilitation and Nursing Background Check policy for three months. Ongoing frequency will be reevaluated based on sustained performance.

All actions will be completed by 4/12/23.