



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

June 6, 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 **May 3, 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: 05/24/2023
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 05/03/2023
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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
E 000	Initial Comments	E 000		
F 000	The Division of Licensing and Protection conducted a review of facility emergency preparedness on 5/3/23. There were no regulatory violations as a result.	F 000		
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.	F 657	See attached plan of correction	June 5, 2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Marylene Naberster ADMINISTRATOR
TITLE
DATE
June 5, 2023

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 657	<p>Continued From page 1</p> <p>(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to include residents, to the extent practicable, in their care plan meetings and failed to document in the resident's medical record resident participation, or to document if the resident's participation is determined not practical for the development of the resident's care plan, for 3 of 19 residents (Residents #60, #71 and #51).</p> <p>Findings include:</p> <p>#1) On 05/01/23 at 11:11 AM during an interview with Resident #60, when asked if s/he had been included in the resident's care plan meetings, the resident replied that s/he has "never heard of a care plan". S/he further stated s/he has no resident representative who would attend a meeting on his/her behalf. This resident was alert and able to voice concerns clearly during the interview.</p> <p>Record review shows Resident #60 was admitted on 12/15/2020 and reveals a BIMS score of 13 (Brief Interview for Mental Status -a tool used to identify a resident's cognitive functioning, with 8-12 indicating moderately impaired cognition, and 13-15 indicating intact cognition). Social services entered a note on 03/17/23 stating a care plan meeting was attended by I-team (interdisciplinary team). The note included information such as the resident's code status, medical issues, mental status related to memory,</p>	F 657		

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F 657	<p>Continued From page 2</p> <p>and read that this resident "recently reconnected with a sister but does not have a health care agent". There was no documentation of the resident being offered or declining a care plan meeting, and there was no documentation explaining if a determination was made that the resident was not practical for the development of a care plan.</p> <p>#2) On 05/01/23 at 11:39 AM Resident #71 was interviewed and asked if s/he attends his/her care plan meetings, the resident replied, "I don't know what a care plan meeting is". This resident was alert and able to voice concerns upon interview.</p> <p>Record review shows this resident was admitted on 09/30/21 and has a BIMS score of 12. Social services entered a note on 04/12/23 stating the resident's care plan meeting was attended by I-team. Information in the note included the resident's transfer status, code status, diet, weight, activity interests, medical issues, and medication review, but no information was entered related to the resident being informed of or declining the care plan meeting.</p> <p>On 05/02/23 at 11:25 AM the long-term care Social Worker was interviewed and stated there is no offer of care plan meetings made directly to the long-term care residents. S/he stated the resident representatives of the long-term care residents receive a letter to offer participation in the care plan meeting via mail or e-mail, but there is no process in place to offer care plans to patients in the facility who may wish to attend. S/he stated s/he will individually ask residents about problems they may be experiencing but does not formally offer or explain what a care</p>	F 657			

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F 657	<p>Continued From page 3</p> <p>plan meeting is. The Social Worker stated Resident #71 has a resident representative who could attend meetings, but the representative did not attend the last meeting. The Social Worker confirmed that both resident's #60 and #71 were not offered care plan meetings, nor was it explained to either resident what a care plan meeting is.</p> <p>On 05/02/23 at 11:40 AM The Director of Nursing confirmed that the care plan meetings have not been offered or explained to the long-term care residents in accordance with federal regulations.</p> <p>#3) On 05/01/23 at 12:15 PM Interview with Resident #51 reveals that the Resident is not aware of what a care plan is or what a care plan meeting is. Resident #51 further reveals that S/he has not been invited to a care plan meeting. Medical record review reveals that there is no documentation found to support the fact that the resident has been invited to, attended or declined to attend a care plan meeting.</p> <p>05/02/23 02:58 PM Social Services provided progress notes for the following dates 05/17/22, 08/9/22, 11/10/22 and 12/12/22. These progress notes indicated the care plan meetings were held and that the interdisciplinary team was in attendance. These progress notes do not indicate that Resident #51 was invited to or informed of care plan meetings on these dates.</p> <p>On 05/03/23 at 09:04 AM interview with the facility's 2 Social Service workers both confirm that they both have not been documenting that they are inviting residents, resident attendance or resident declining to attend care plan meetings.</p>	F 657		

E 000 Initial Comments

F 000: The Division of Licensing and Protection conducted a review of facility emergency preparedness on 5/3/23. There were no regulatory violations as a result. **INITIAL COMMENTS**

F 657 SS=E: The Division of Licensing and Protection conducted an unannounced onsite annual recertification survey 5/1/23 - 5/3/23. The following regulatory violation was cited as a result: **Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)**

§483.21(b) Comprehensive Care Plans

§483.21(b)(2) a comprehensive care plan must be

- i. Developed within 7 days after completion of the comprehensive assessment.
- ii. Prepared by an interdisciplinary team, that includes but is not limited to--
 - A. The attending physician.
 - B. A registered nurse with responsibility for the resident.
 - C. A nurse aide with responsibility for the resident.
 - D. A member of food and nutrition services staff.
 - E. To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.
 - F. Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.
 - iii. Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to include residents, to the extent practicable, in their care plan meetings and failed to document in the resident's medical record resident participation, or to document if the resident's participation is determined not practical for the development of the resident's care plan, for 3 of 19 residents (Residents #60, #71 and #51). Findings include:

- i. On 05/01/23 at 11:11 AM during an interview with Resident #60, when asked if s/he had been included in the resident's care plan meetings, the resident replied that s/he has "never heard of a care plan". S/he further stated s/he has no resident representative who would attend a meeting on his/her behalf. This resident was alert and able to voice concerns clearly during the interview.

Record review shows Resident #60 was admitted on 12/15/2020 and reveals a BIMS score of 13 (Brief Interview for Mental Status -a tool used to identify a resident's cognitive functioning, with 8-12 indicating moderately impaired cognition, and 13-15 indicating intact cognition). Social services entered a note on 03/17/23 stating a care plan meeting was attended by I-team (interdisciplinary team). The note included information such as the resident's code status, medical issues, mental status related to memory, and read that this resident "recently reconnected with a sister but does not have a health care agent". There was no documentation of the resident being offered or declining a care plan meeting, and there was no documentation explaining if a determination was made that the resident was not practical for the development of a care plan.

- ii. On 05/01/23 at 11:39 AM Resident #71 was interviewed and asked if s/he attends, his/her care plan meetings, the resident replied, "I don't know what a care plan meeting is". This resident was alert and able to voice concerns upon interview.

Record review shows this resident was admitted on 09/30/21 and has a BIMS score of 12. Social services entered a note on 04/12/23 stating the resident's care plan meeting was attended by I-team. Information in the note included the resident's transfer status, code status, diet, weight, activity interests, medical issues, and medication review, but no information was entered related to the resident being informed of or declining the care plan meeting.

On 05/02/23 at 11:25 AM the long-term care Social Worker was interviewed and stated there is no offer of care plan meetings made directly to the long-term care residents. S/he stated the resident representatives of the long-term care residents receive a letter to offer participation in the care plan meeting via mail or e-mail, but there is no process in place to offer care plans to patients in the facility who may wish to attend. S/he stated s/he will individually ask residents about problems they may be experiencing but does not formally offer or explain what a care plan meeting is. The Social Worker stated Resident #71 has a resident representative who could attend meetings, but the representative did not attend the last meeting. The Social Worker confirmed that both resident's #60 and #71 were not offered care plan meetings, nor was it explained to either resident what a care plan meeting is.

On 05/02/23 at 11:40 AM The Director of Nursing confirmed that the care plan meetings have not been offered or explained to the long-term care residents in accordance with federal regulations.

- iii. On 05/01/23 at 12:15 PM Interview with Resident #51 reveals that the Resident is not aware of what a care plan is or what a care plan meeting is. Resident #51 further reveals that S/he has not been invited to a care plan meeting. Medical record review reveals that there is no documentation found to support the fact that the resident has been invited to, attended or declined to attend a care plan meeting.

05/02/23 02:58 PM Social Services provided progress notes for the following dates 05/17/22, 08/9/22, 11/10/22 and 12/12/22. These progress notes indicated the care plan meetings were held and that the interdisciplinary team was in attendance. These progress notes do not indicate that Resident #51 was invited to or informed of care plan meetings on these dates.

On 05/03/23 at 09:04 AM interview with the facility's 2 Social Service workers both, confirm that they both have not been documenting that they are inviting residents, resident attendance or resident declining to attend care plan meetings.

ACTION PLAN

What corrective action will be accomplished for those residents found to have been affected by the deficient practice;

- The Helen Porter Rehabilitation and Nursing (HPRN) has scheduled and invited residents #60, #71 and #51 and/or applicable resident representatives to an off cycle MDS care plan meeting.
- The resident and/or resident representative, to the extent practical, will be invited to participate in the care plan process in accordance with the MDS schedule.
- Resident and/or resident representative participation, declination, and/or not practicable will be documented in Epic under the care plan progress note.

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 existing residents by the HPRN Administrator/designee, has been conducted and while all residents were at risk to be potentially impacted, a subset of residents were identified. These residents and/or resident representatives were notified of the invitation to participate in their next scheduled care plan meeting as well as the option to request a care plan meeting at any time. Method of communication included in-person notification or written newsletter/letter.
- The facility reviews and revises the comprehensive care plans of all residents in alignment with the MDS review. The resident and/or resident representative, to the extent practicable, will be invited to participate in the care plan process in accordance with the MDS schedule.
- Resident and/or resident representative participation, declination, and/or not practicable will be documented in Epic under the care plan progress note.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

- The HPRN Policy titled Comprehensive Person Centered Care Plan has been reviewed by the HPRN Administrator, Director of Nursing and PMC Chief Nursing Officer to include language specific to §483.21(b)(2)(E) *To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.*

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 HPRN Administrator, or designee, will perform a random monthly audit specific to resident and/or resident representative participation, declination, and/or not practicable documentation for three months. Ongoing frequency will be reevaluated based on sustained performance. Data will be reported on at the quarterly meeting of the HPRN QA Committee.

The date's corrective action will be completed;

All actions will be completed by June 5, 2023.

F 657 POC accepted on 6/6/23 by R. Tremblay/P. Cota