

### 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.

Pamela M. Cota, RN

Lamela MCotaRN

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:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		475017	B. WING		-	05/03/2023	
NAME OF PROVIDER OR SUPPLIER HELEN PORTER HEALTHCARE & REHAB				30 PC	ET ADDRESS, CITY, STATE, ZIP CODE DRTER DRIVE DLEBURY, 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
E 000	Initial Comments		E	000			
F 000	The Division of Lice conducted a review of preparedness on 5/3 regulatory violations INITIAL COMMENTS	3/23. There were no as a result.	F	000			and the second
	conducted an unann recertification survey	nsing and Protection ounced onsite annual v 5/1/23 - 5/3/23. The violation was cited as a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
F 657 SS=E			F6	See attached plan of correct			June 5, 2023
	be- (i) Developed within the comprehensive a	7 days after completion of assessment. nterdisciplinary team, that mited to-					Control of the Control
	(B) A registered nurs resident.	se with responsibility for the					
	(D) A member of foo (E) To the extent pra the resident and the An explanation must	nd and nutrition services staff.  Incticable, the participation of resident's representative(s).  It be included in a resident's					
	and their resident re not practicable for th resident's care plan.						
LABODATORY	disciplines as detern or as requested by the	e staff or professionals in nined by the resident's needs he resident.			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 657	team after each asse comprehensive and cassessments.  This REQUIREMENT by: Based on interview a failed to include reside practicable, in their cato document in the reresident participation resident's participation for the development of for 3 of 19 residents (#51).  Findings include:  #1) On 05/01/23 at 1' with Resident #60, which will be will be will be will be will be and able to voice continterview.  Record review shows on 12/15/2020 and record review for Midentify a resident's case plan meeting mode and 13-15 indicating services entered a not care plan meeting was (interdisciplinary team information such as the same and the same a	ised by the interdisciplinary syment, including both the guarterly review  T is not met as evidenced and record review the facility lents, to the extent are plan meetings and failed exident's medical record, or to document if the in is determined not practical of the resident's care plan, (Residents #60, #71 and first asked if s/he had been ent's care plan meetings, the s/he has "never heard of a ler stated s/he has no leve who would attend a lehalf. This resident was alert incerns clearly during the sex Resident #60 was admitted eveals a BIMS score of 13 lental Status -a tool used to long itive functioning, with rately impaired cognition, intact cognition). Social of the on 03/17/23 stating a less attended by I-team	F	657				

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F 657	with a sister but does agent". There was no resident being offered meeting, and there w explaining if a determ	ident "recently reconnected not have a health care documentation of the I or declining a care plan	F	657					
	interviewed and asket plan meetings, the rewhat a care plan meetalert and able to voice. Record review shows on 09/30/21 and has services entered a not resident's care plan in I-team. Information in resident's transfer staweight, activity interest medication review, but entered related to the or declining the care. On 05/02/23 at 11:25 Social Worker was in is no offer of care platte long-term care reresident representatives receive a lette care plan meeting.	resident being informed of		madeministrational militaria institutional madeministrativo professional proprieta programmino proper institutati ( ( ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )					
	patients in the facility S/he stated s/he will i about problems they	who may wish to attend. ndividually ask residents may be experiencing but							

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F 657	plan meeting is. The sesident #71 has a recould attend meeting not attend the last me confirmed that both renot offered care plan explained to either remeeting is.  On 05/02/23 at 11:40 confirmed that the cabeen offered or explained to either remeeting is.  On 05/02/23 at 11:40 confirmed that the cabeen offered or explained that the cabeen offered or explained in accordant #3) On 05/01/23 at 1 Resident #51 reveals aware of what a care meeting is. Resident S/he has not been invited the meeting is. Resident S/he has not been invited attend a care plan of 105/02/23 02:58 PM S progress notes for the 08/9/22, 11/10/22 and notes indicated the cand that the interdiscattendance. These propers in the serious of 105/03/23 at 09:04 facility's 2 Social Servithat they both have not they are inviting resident reside	Social Worker stated esident representative who is, but the representative did seting. The Social Worker esident's #60 and #71 were meetings, nor was it sident what a care plan.  AM The Director of Nursing re plan meetings have not ined to the long-term care acce with federal regulations.  2:15 PM Interview with that the Resident is not plan is or what a care plan #51 further reveals that wited to a care plan meeting. It is wreveals that there is no to support the fact that the wited to, attended or declined meeting.  ocial Services provided to following dates 05/17/22, to 12/12/22. These progress are plan meetings were held iplinary team was in rogress notes do not indicate is invited to or informed of	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. Aregistered nurse with responsibility for the resident.
- C. Anurse 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 inperson 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