

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  08/27/2025
NAME OF PROVIDER OR SUPPLIER  Helen Porter Healthcare & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  30 Porter Drive Middlebury, VT 05753	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0742  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.  (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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  08/27/2025
NAME OF PROVIDER OR SUPPLIER  Helen Porter Healthcare & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  30 Porter Drive Middlebury, VT 05753	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide treatment and services for 1 applicable resident (Resident #79) diagnosed with post-traumatic stress disorder (PTSD). Findings include: Per record review, Resident #79 has a diagnosis of post-traumatic-stress disorder (PTSD) and, as a result, suffers from nightmares and sleep disturbances. Per review of Resident #79's Plan of care meeting notes dated 7/7/25, it mentions how Patient said [he/she] continues to have nightmares and wants to follow-up with provider. Nursing agreed to direct that concern to provider. Per interview with Resident #79 on 8/25/25 at 12:39 PM, s/he reported that nobody here is following up with him/her for psychological services. S/he reports that they have asked many times to have a psychologist to support them with their PTSD. The Resident reports s/he asks every care meeting to get a psychologist or someone from psych services to talk to, but they have not initiated it. Resident #79 reports s/he has tried to keep themselves busy, but s/he really wants to get psychological services and care to help support them with this diagnosis that resulted from a traumatic accident. Per observation of Resident #79 during the interview on 8/25/25 at 12:39 PM, Resident #79 is tearing up while talking about how they have PTSD and have been unable to get psychological services to help support them in coping with how PTSD has impacted them. Per interview with the Unit Manager Nurse (UNM) on 8/27/25 at 12:56 PM, s/he reported that Resident #79 hasn't seen anyone for psychological services and that nobody on the unit is receiving services. The UNM reported that there are no psychological providers, including telehealth, and that the Administrator has been working on it since she started at the facility in November. Per interview with the Administrator on 8/27/25 at 1:24 PM, s/he revealed that the residents have been without psychological services since at least November of 2024. Per interview with the Administrator and Director of Nursing on 8/27/25 at 2:20 PM, they reported that they use social services, palliative care services, a Chaplain, and a psychiatric provider at [NAME] Medical Center who doesn't see or treat patients but offer advice to the facility's provider to help address any psychological needs. The Administrator also reported that s/he has informed the [NAME] President (VP) that residents are unable to receive services and of the regulations that require this. The Administrator shared a facility evaluation binder addressing the lack of behavioral health services. Per interview with the Social Worker on 8/27/25 at 2:35 PM, s/he reported that s/he doesn't ask residents if they want psychological services because they are unable to provide them, but s/he keeps a list of those who would benefit from services. S/he stated that it has been at least three years since psychological services have been provided and that it's due to their internet security department being unable to give clearance to outside providers. The social worker also stated that they have residents who need psychological services and deserve it and that while the social workers can reflect and listen, they really need a licensed psychologist. Additionally, s/he stated the physician there often recommends people for psychological services, but then they can't provide the services. Per review of Resident #79's social services notes, the most recent visit was on 5/20/25, despite this being used as a method in place of psychological treatment and services. Per interview with the Administrator on 8/27/25 at 4:40 PM, s/he confirmed that the last documented time Resident #79 saw social services was on 5/20/25. Per review of the facility policy titled Behavioral Health Care &amp; Services dated 4/8/2025, it states the purpose is To provide the necessary behavioral health care and services to attain or maintain the highest practical, physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care. Each patient/resident (hereinafter patient) must receive, and [NAME] Health &amp; Rehab Center (HPHRC) 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 patient's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. 1. Patients will be provided the necessary behavioral health care and services to include: 1.1 Ensuring that the necessary care and services are person-centered and reflect the patient's goals for care, while maximizing the patient's dignity, autonomy, privacy, socialization, independence, choice, patient rights, and safety.</p>		

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  08/27/2025
NAME OF PROVIDER OR SUPPLIER  Helen Porter Healthcare & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  30 Porter Drive Middlebury, VT 05753	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medication error rates were not 5% or greater. The total error rate for all observations was calculated at 6.45%. There were 31 medication administration opportunities observed, resulting in 2 errors for 1 of 5 sampled residents (Resident #71) due to not following administration recommendations and not accurately documenting medication administration. Findings include: Per observation on 8/27/25 at 8:34 AM, a Licensed Practical Nurse (LPN) began the process of administering medications to Resident #71. Five medications were crushed together, poured into a medicine cup with yogurt, and Polyethylene glycol 3350 (MiraLAX, a drug prescribed for constipation) was mixed into a half-full 9-oz cup of water. The mixed crushed medications were administered to the resident, and the resident marginally consumed the Polyethylene glycol 3350 and water mixture. The LPN disposed of the remainder of the Polyethylene glycol 3350 and water mixture. Per interview on 8/27/25 at 8:41 AM, the LPN confirmed Polyethylene glycol 3350 was documented as administered, which should have been documented as partially administered. Per review of Resident #71's physician orders, levothyroxine 75mcg (a medication used to treat an underactive thyroid, hypothyroidism) states give 30-60 minutes before breakfast, separate from food and other medications. Separate 4 hours from antacids, iron, or calcium products. Per interview on 8/27/25 at 9:00 AM, the LPN confirmed the medication had been mixed with the resident's other pill medications and added to yogurt. Per interview on 8/27/25 at 9:21 AM, the Unit Manager confirmed that mixing levothyroxine 75mcg with other medications and in yogurt constitutes a medication error. Facility policy Medication Administration, effective date 4/9/2025, reads, It is the responsibility of the person administering the medication to be knowledgeable about the medication, including its use, side effects, toxicity, and interactions, and Check the electronic medication administration record/medication order/protocol for drug to be administered.</p>

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  08/27/2025
NAME OF PROVIDER OR SUPPLIER  Helen Porter Healthcare & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  30 Porter Drive Middlebury, VT 05753	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to store medications and biologicals within expiration dates, and safely for 1 of 6 residents (resident #17).</p> <p>Per observation and interview on [DATE] at 11:28 AM of the Medication Storage room on Memory Care Unit, with the Unit Manager, the following items were found and confirmed expired:</p> <p>28 Vacutainer blood collection tubes (a sterile glass or plastic test tube with a colored rubber stopper facilitating the drawing of blood) expired on [DATE]</p> <p>15 ESwab collection and transport sampling tubes (is used to collect clinical specimens containing aerobic (are bacteria that can grow and live when oxygen is present), anaerobic (are germs that can survive and grow where there is no oxygen) and fastidious bacteria (are microorganisms that are difficult to cultivate in the lab due to their complex or limited nutritional and/or environmental requirements) from the collection site, and transport them to the testing laboratory) expired on [DATE]</p> <p>2 Micro-Kill Bleach Germicidal Bleach Wipes (Premoistened wipes with solution equivalent to 1:10 dilution of 6.5% bleach and is effective against 62 microorganisms including Acinetobacter baumannii-MDR, Klebsiella pneumoniae, E. coli, MRSA, VRE, VRSA, and VISA) expired on [DATE] and [DATE]</p> <p>Per interview on [DATE] at 11:28 AM, the Unit Manager confirmed items are expired.</p> <p>References:</p> <p><a href="https://medlineplus.gov/ency/article/003437.htm">https://medlineplus.gov/ency/article/003437.htm</a></p> <p><a href="https://medlineplus.gov/ency/article/002230.htm">https://medlineplus.gov/ency/article/002230.htm</a></p> <p><a href="https://www.biologyonline.com/dictionary/fastidious">https://www.biologyonline.com/dictionary/fastidious</a></p> <p>Per review of the facility's Medication Administration policy [last date effective [DATE]] states, 9. Assist the patient to a comfortable position. If oral medication is being administered, the clinician administering the medication will observe the patient taking the medication. Mouth checks may also be warranted for some medications or patients.</p> <p>Per review of Resident #17's EMR [Electronic Medical Record] Resident #17 has a BIMS [Brief Interview of Mental Status] score is 11, indicating there is mild cognitive impairment. Resident #17 had diagnoses of DM Type II [Diabetes Mellitus Type II], COPD [Chronic Obstructive Pulmonary Disease], edema, chronic pain syndrome, and a closed compression fracture of L1 lumbar vertebrae.</p> <p>Per observation on [DATE] at 1:00 PM 2 white tablets were found to be left at Resident # 17's bedside.</p> <p>(continued on next page)</p>		

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  08/27/2025
NAME OF PROVIDER OR SUPPLIER  Helen Porter Healthcare & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  30 Porter Drive Middlebury, VT 05753	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with RN #1 at approximately 1:01 PM. She confirmed the two tablets left at the bedside were Torsemide [a medication known as a loop diuretic that is used to treat fluid retention] 20 mg [milligram] tablets.</p> <p>Per record review, Resident #17 takes Torsemide 20 mg tablets: Take two tablets po [by mouth] BID [twice a day] and 3 tabs po QHS [Every Night].</p> <p>Per interview with RN#1 on [DATE] at approximately 1:02 PM she confirmed that the medication was left at the bedside and should not have been, stating, I walked out of the room and thought [s/he] took them.</p>		

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  08/27/2025
NAME OF PROVIDER OR SUPPLIER  Helen Porter Healthcare & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  30 Porter Drive Middlebury, VT 05753	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to store food in accordance with professional standards for food service safety. Findings include: Per review of the facility's Food Safety Systems: Surveillance, Prevention, and Control policy [last revised 7/2024] states, b. All opened or prepared foods will be stored in an approved container (with the appropriate cover), labeled with a description of the food item and the date prepared or opened. C. Labeling. b. TCS [Temperature Controlled for Safety] foods shall be labeled with common name of the food, date the food was made and use by date. TCS food is discarded if not used within 7 days. Per observation of the kitchen freezer on 8/25/25 at 10:41 AM, there was a five-pound bag of diced strawberries that was opened and undated. There was a bag of cut chicken and a bag of frozen meatballs that were opened and not dated. Per interview with the Dietary Manager on 8/25/25 at approximately 10:43 AM it was confirmed that these items in the freezer were opened and not dated. Per observation of the dry storage room on 8/25/25 at 10:45 AM there were two cans of chickpeas with an expiration date of 7/2025. There was a bag of prunes dated 8/17/25. Per interview with the Dietary Manager on 8/25/25 at 10:45 AM it was confirmed that the cans of chickpeas were expired, and the bag of prunes was past its used by date. Per observation of the memory care unit refrigerator on 8/26/25 at approximately 10:30 AM, three 8-ounce carts of milk were found to have an expiration date of 8/23/25. There was a block of [NAME] cheese that was open and had no date. Per interview with LNA [Licensed Nursing Assistant] on 8/26/25 at 10:42 she confirmed these items were expired as well as opened and not dated. Per observation of the kitchen on 8/27/25 at approximately 2:55 PM 16 cranberry sauce packets were found in the refrigerator to have a used date of 7/27/25. Per interview with the Dietary manager on 8/27/25 at approximately 2:56 PM she confirmed these items should have been discarded. Per observation of the kitchen freezer on 8/27/25 at approximately 2:56 PM, there was a package of chicken breast, a packet of chicken patties, and a package of chicken tenders that were opened and not dated. The Dietary Manager confirmed on 8/27/25 at 2:56 PM that these items were opened and not dated.</p>		