

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>475017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HELEN PORTER HEALTHCARE &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>30 PORTER DRIVE MIDDLEBURY, VT 05753</b>	
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 0882  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	Based on staff interview, the facility failed to ensure that the designated Infection Preventionist had required specialized training in infection prevention and control. This has the potential to effect all residents in the facility. Per interview with the Interim Director of Nursing on 9/2/2020 at approximately 11:30 AM, s/he stated that s/he has had infection control in-services in the past, but has not had specialized training in infection prevention and control. During an interview on 9/2/2020 at approximately 2:00 PM, the facility Administrator confirmed that the current designated Infection Preventionist (the Interim Director of Nursing) did not have the required specialized training in infection prevention and control.		

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

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.