

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

May 14, 2015

Ms. Susan Biondolillo, Administrator
Starr Farm Nursing Center
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Ms. Biondolillo:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 15, 2015**. 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
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2015
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NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
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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) CORRECTIVE ACTION DATE
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<p>F 221 453 13(a): RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p>	<p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to keep 1 of 19 residents in the applicable sample (Resident #4) free of physical restraints. Findings include:</p> <p>1. Resident #4 was observed on 4/13/15 at 9.30 AM seated in a wheelchair (w/c) with a seatbelt buckled across the abdomen. When asked to release the seatbelt, Resident #4 did not understand the surveyor's request. Again on 4/14/15 at 9:35 AM Resident #4 was observed self-propelling the w/c from the dining room and with the seatbelt buckled across the abdomen. During subsequent toileting, Resident #4 required the assistance of staff to remove the seatbelt and transfer from the w/c to the commode. Three Licensed Nurse Assistant (LNA) staff who had provided care in the past week were interviewed and each denied that Resident #4 could self-release the seatbelt. Per record review, Resident #4 had a medical order for a seatbelt alarm while in the w/c which was to be checked each shift for position and functionality. Per nurse notes of 5/15/15, Resident #4 could release the seatbelt alarm at will at that time and had demonstrated this ability with Physical Therapy. The written plan of care for Resident #4 refers to the seatbelt as a supportive device/physical restraint (seatbelt in w/c) related to confusion, fracture and risk of falls</p>	<p>F 221</p>	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it.</p> <p>Flag 221 Resident #4 restraint assessment was completed and plan of care have been updated per facility policy.</p> <p>House audit of residents with self release seat belts/restraints has been completed to ensure no other patients affected by this practice.</p> <p>Licensed nursing staff will be re-educated by the SDC/designee on the facility restraint policy/procedure.</p> <p>The DNS/ designee will complete random self release seat belt/restraint audits monthly for 90 days. Results of these audits will be submitted to QAPI Committee for 3 months to ensure compliance.</p>	<p>05/13/15</p>
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F221 POC accepted 5/13/15 RTremblay/RN/PME

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Susan Brundabille</i>	TITLE Executive Director	(X6) DATE 5/13/15
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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.

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

PRINTED: 04/22/2015
FORM APPROVAL
OME NO. 0933-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2015
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NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER	STREET ADDRESS CITY STATE ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
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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 221 Continued From page 1
During an interview on 4/14/15 at 1:00 PM, the Assistant Director of Nursing Services (ADNS) confirmed that if the resident is not able to release the seatbelt, it is a restraint. The ADNS further confirmed that the written plan of care and order for a releasing seatbelt alarm does not reflect Resident #4's current functional ability.

F 221

F 279 483.20(d), 483.20(k)(1) DEVELOP SS=O COMPREHENSIVE CARE PLANS

F 279

A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care

Ftag 279
Resident #10 dialysis care plan has been revised.

05/13/15

The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

House audit of dialysis residents has been completed to ensure no other patients affected by this practice.

The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).

The SDC/ designee will re-educate license staff on facility policy/procedure of care plan implementation, reviewing and revisions.

This REQUIREMENT is not met as evidenced by:

The DNS/designee will complete random care plan audits on dialysis patients at clinical rounds. The results of these audits will be reviewed monthly with the QAPI committee to ensure compliance.

Based upon interview and record review, the facility failed to develop a plan of care to meet the needs for 1 of 19 residents in the Stage 2 sample (Resident #10). Finding includes:

F279 POC accepted 5/13/15 RTrenblay/PW/ANL

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

FORM APPROVED
CME NO. 0868-0061

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE DEFICIENCY COMPLETED 04/15/2015
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NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
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F 279 Continued From page 2

F 279

1. Per record review and interview, the Unit Manager (UM) confirmed on 4/15/15 at 1:07 PM, that Resident #10's plan of care did not include measurable goals and objectives to address his/her renal dialysis central venous catheter (CVC) and post dialysis care including but not limited to monitoring for bleeding, redness, swelling, and pain.

In addition, the Unit Manager confirmed on 4/15/15 at 1:20 PM, that 1 of 3 Nurses, who were interviewed in the presence of the UM, did not know what emergency procedures to follow if Resident #10's CVC started bleeding.

Also, the Unit Manager confirmed on 4/15/15 at 1:40 PM that 2 of 2 Licensed Nurse Assistants (LNA's), who were interviewed in the presence of the UM, did not know what emergency procedures to follow if Resident #10's CVC started bleeding.

F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP

F 280

The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs.

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NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
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F 280 Continued From page 3

and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative, and periodically reviewed and revised by a team of qualified persons after each assessment

This REQUIREMENT is not met as evidenced by:

Based on observation, record review, and staff interview, the facility failed to revise the written plan of care to reflect current functional ability for 1 of 19 residents in the applicable sample (Resident #4). Findings include:

1. Resident #4 was observed on 4/13/15 at 9:30 AM seated in a wheelchair (w/c) with a seatbelt buckled across the abdomen. When asked to release the seatbelt, Resident #4 did not understand the surveyor's request. Again on 4/14/15 at 9:35 AM, Resident #4 was observed self propelling the w/c from the dining room and with the seatbelt buckled across the abdomen. During subsequent toileting, Resident #4 required the assistance of staff to remove the seatbelt and transfer from the w/c to the commode. Three Licensed Nurse Assistant (LNA) staff who had provided care in the past week were interviewed and each denied that Resident #4 could self-release the seatbelt. Per record review, Resident #4 had a medical order for a seatbelt alarm while in the w/c which was to be checked each shift for position and functionality. Per nurse notes of 3/15/15, Resident #4 could release the seatbelt alarm at will at that time and had demonstrated this ability with Physical Therapy. The written plan of care for Resident #4 refers to the seatbelt as a

F 280

Ftag 280
Resident # 4 restraint care plan has been revised. 05/13/15

House audit of residents with self release seat belts/restraints has been completed to ensure no other patients affected by this practice.

The SDC/ designee will re-educate license staff on facility policy/procedure of care plan implementation, reviewing and revisions

The DNS/designee will complete random care plan audits on patients with self release seat belts at clinical rounds. The results of these audits will be reviewed monthly with the QAPI committee to ensure compliance.

F280 POC accepted 5/13/15 RTremblay RN/AMC

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

PRINTED ON RECYCLED
FORM APPROVED
OMB NO. 0938-0047

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ E. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2015
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NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER	STREET ADDRESS CITY STATE ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
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ID# (N/A) 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)	NYS COMPLETION DATE
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F 280 Continued From page 4 F 280

supportive device/physical restraint (seatbelt in w/c related to confusion, fracture and risk of falls. During an interview on 4/14/15 at 1:00 PM, the Assistant Director of Nursing Services (ADNS) confirmed that if the resident is not able to release the seatbelt, it is a restraint. The ADNS further confirmed that the written plan of care and order for a releasing seatbelt alarm does not reflect Resident #4's current functional ability.

F 353 482.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS F 353

The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.

The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel

Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

This REQUIREMENT is not met as evidenced by:
Based on interviews and record reviews the

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2015
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NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER	STREET ADDRESS CITY STATE ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
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F 353 Continued From page 5
facility failed to assure that there was sufficient staff to provide care to all residents in accordance with the resident care plans. Findings include:

- 1) Per Stage 1 interviews, in a sample of 40 selected residents, 13 residents stated during resident interviews stated that the facility did not have sufficient staff to ensure that they got the care that they needed. Additionally 2 of 3 families interviewed stated that the facility did not have sufficient staff and an additional family member not selected for interview volunteered that s/he did not feel that staffing was sufficient on evenings and weekends. When questioned the interviewee's cited long waits for call light response and for care.
- 2) Per interview R#102 stated that at 8 AM on the morning of 4/13/15 s/he had anginal chest pain and that s/he put his/her call light on. After waiting 10 minutes s/he began hollering and staff came in. There was an additional 5 minute wait until s/he received his/her Nitrostat, which s/he is not permitted to keep at the bedside. S/he stated there have been other times when s/he has had to wait for medication for pain.
- 3) Per interview R#206 stated that s/he is dependent upon BiPap (a respiratory, positive pressure breathing support) to fall asleep and to be adequately rested by sleep. The resident stated that s/he had explained this need to staff and requested that s/he be assisted by 9 PM. R#206 states that in order to be sufficiently rested PM care must be done and BiPap applied by 9 PM but that it is often 10-11 PM before his/her BiPap is applied. On one occasion the BiPap was not initiated until 3 AM. These delays result in the resident feeling weak and "bad" in the morning.

F 353 Ftag 353 Staffing
Resident # 102, Resident # 206, Resident # 107, Resident # 59 and Resident # 44 have been interviewed by social services to ensure no other delays in call light response and needs are being met timely.
05/13/15

All residents have the potential to be affected by this deficient practice.

The DNS/designee has been recruiting for licensed nurses and licensed nursing assistants. Current strategies include utilizing local as well as multiple other states recruitment options. The facility has contracted with 3 temporary staffing agencies to provide direct care staff for the facility. Exit interviews are being completed to identify areas of improvement to help with staff retention. The staff will also be re-educated on timeliness of call light response.

The DNS/designee will be monitoring staffing and scheduling of nursing personnel on a daily basis to ensure that staffing levels are sufficient to meet residents needs. This review, along with recruitment and retention plans will be reviewed with the QAPI committee monthly x 90 days to ensure compliance.

F353 PDC accepted 5/13/15 RTremblay/RW/MLC

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2015
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NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
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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) COMPLETE DATE
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F 353 Continued From page 6

and affect his mood. Additionally on 4/14/15 at 12:15 PM the resident reported to this surveyor that s/he had been incontinent the previous evening due to 20+ minute delays in call light response and that after the first episode of incontinence a pad was placed and his/her thighs were dried with a paper towel in lieu of incontinence care. Staff stated that they would wash him/her later because they were busy handing out supper trays and they were short staffed.

4) Per interview R# 107 stated that s/he has waited over an hour with the call light on and R#44 stated that s/he has waited for 30+ minutes with the call light on.

5) On 4/13/15 during a resident interview, Resident #59 stated that s/he gets quite uncomfortable when up to the wheelchair for extended periods. Resident #59 complained that there is not sufficient staff available around mealtimes and that this has resulted in as much as an hour wait in the wheelchair before staff are available to transfer him/her back to bed after a meal.

F 431 483 60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

F 353

F 431

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2015
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NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER	STREET ADDRESS CITY STATE ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
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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 431 Continued From page 7

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions and the expiration date when applicable.

In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected

This REQUIREMENT is not met as evidenced by

Based on observation the facility failed to assure that biologicals used in the facility were within the expiration date and that and were disposed of appropriately Findings include:

Per observation on 4/14/15 at 3:45 PM the Medication Storage Room for 1 unit (Chittenden) contained laboratory supplies including blood collection vacuum tubes. There were 2 trays of Blue top blood collection tubes (77 total) with expiration dates of either 4 or 7/2014 (9 months to a year out of date); there were also a Tiger top

F 431

Ftag 431

The outdated blood collection tubing and lab supplies have been discarded.

05/13/15

House audit of all blood collection tubing, lab supplies, medication storage of house stock and discharge patients' medication was completed to ensure no other residents at risk.

The SDC/ designee will re-educate staff on procedure of reviewing expiration dates of blood draw/ lab supply equipment, discharged patients medication procedure and medication storage policy/procedure for house stock medication.

The ADNS/ designee will complete random monthly audits of blood collection tubing, lab supplies, discharge patients medication and medication storage. The results of these audits will be reviewed monthly with the QAPI committee x 90 days to ensure compliance.

F431 POC accepted 5/13/15 RTremblay R/W/PMC

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2015
NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408		
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F 431	<p>Continued From page 6</p> <p>tube outdated in 2003 and a Grey top tube outdated on 2/2014. There were also several outdated Blue top tubes in the tray used by staff to collect blood samples. Additionally there was a stool sample culture container which was outdated in 2/2014.</p> <p>There is a large plastic bin in the room used for holding discarded medications for pharmacy pick up. There was a plastic basin found on the shelf, with the medication back up supply, which contained several open bottles of stock medications (not outdated) and small plastic bags containing medications belonging to 2 discharged residents.</p> <p>In an interview on 4/14/15 the Charge Nurse confirmed that the laboratory supplies above were outdated and should be discarded. S/he also stated that s/he was not aware of the reason that the medications were stored in a basin on the shelf with the medication supplies and not in the bin for pharmacy pick up.</p>	F 431		

STATEMENT OF IDENTIFIED DEFICIENCIES WHICH CAUSE A THREAT TO LIFE OR A POTENTIAL FOR MINIMAL HARM TO RESIDENTS	PROVIDER # 475030	MULTIPLE CORRECTIONS A. EARLY IN _____ B. WING _____	DATE CORRECTED COMPLETE 4/15/2015
NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 247	<p>483.15(e)(3) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE</p> <p>A resident has the right to receive notice before the resident's room or roommate in the facility is changed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review, the facility failed to provide timely notice of roommate change to 1 of 19 residents in the applicable sample (Resident #102). Findings include:</p> <p>1. During an interview at 1:40 PM on 4/14/15, Resident #102 stated that s/he had not been notified that the current roommate was moving in until s/he was being wheeled into the room. On 4/14/15 at 2:05 PM, the social worker confirmed that the current roommate arrived on 2/9 or 2/10/15, and that neither the electronic medical record nor the written chart contained documentation of notification of new roommate for Resident #102.</p> <p style="text-align: right;">Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it.</p> <p style="text-align: right;">Flag 247 Resident # 102 has had no new room mates.</p> <p style="text-align: right;">All residents have the potential to be affected by this deficient practice.</p> <p style="text-align: right;">The Director of social service/ SDC will re-educate on facility policy/ procedure for roommate change notification.</p> <p style="text-align: right;">The Director of social service/ designee will complete random room mate change audits monthly x 3 months. The results of these audits will be reviewed with the QAPI committee to ensure compliance.</p> <p style="text-align: right;"><i>S. Brandolillo</i> Executive Director 5/7/15</p>
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05/13/15

* 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 required.

The above related deficiencies pose no actual harm to the residents.