

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

PRINTED: 09/07/2015
FORM APPROVED
OMB NO 0938-0391

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 C 08/05/2015
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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) IC 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 000 INITIAL COMMENTS

F 000

A unannounced onsite investigation of 1 complaint concerning care and services was conducted by the Division of Licensing and Protection on 8/5/15. The following regulatory violation was identified:

F 441 483.65 INFECTION CONTROL, PREVENT SS=D SPREAD, LINENS

F 441

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program

The facility must establish an Infection Control Program under which it -
(1) investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection

(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Susan Brindolillo TITLE
Executive Director 8/21/2015 (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 441 Continued From page 1

(c) Linens

Personnel must handle, store, process and transport linens so as to prevent the spread of infection

This REQUIREMENT is not met as evidenced by:

Based on observation, record and policy review and interview, the facility failed to implement proper infection control measures during dressing changes for 2 of 2 resident observations (Resident #4 and #5). Findings include

1. Per observation of a dressing change on 8/5/15 at 9:16 AM, staff nurse #1 failed to follow infection control measures for Resident # 4 who had an open laceration on his/her right lower leg requiring daily dressing changes. Per observation, the nurse removed an ace wrap that covered the wound dressing and placed it directly on a fabric couch cushion without a protective barrier in place. The couch was located in the restorative room which the nurse confirmed was used by residents or families who might need a quiet space. The nurse acknowledged that the placement of the ace wrap on the couch was an infection control issue.

2. On 8/5/15 at 10:15 AM staff nurse #2 was observed providing a dressing change to Resident #5. Per observation, the nurse did not sanitize his/her hands prior to the procedure. During the dressing change, the nurse dropped a packaged telfa pad on the floor, picked it up and opened the contaminated package and applied the telfa to the resident's foot without changing

F 441

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.

Ftag 441

- Resident # 4 and # 5 are receiving dressing changes per facility infection control policy/procedures.
- All residents have the potential to be affected by this deficient practice.
- The Director of Nurses/ Designee will re-educate staff on facility policy/ procedure for dressing changes as well as hand hygiene/ hand washing policy.
- The Director of Nurses/ Designee will complete random weekly dressing change and hand hygiene/ hand washing audits weekly x 30 days then monthly x 60 days. The results of these audits will be reviewed with the QAPI committee monthly to ensure compliance.

09/02/2015

F441 POC accepted 11/16/15 BILG:REW

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F 441 Continued From page 2

F 441

gloves. Following the procedure, the nurse moved chairs back in place, touched other objects in the room and closed the bathroom door without removing his/her gloves and sanitizing his/her hands. On 8/5/15 at 10:23 AM, the nurse acknowledged the above findings and that infection control measures had not been followed. The Unit Manager (UM) was present during the interview and stated that the packaged dressing should have been discarded after falling on the floor.

Per review, the facility's Hand Hygiene/Handwashing policy, states on p. 1 that handwashing should be done " ...between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments ." p.2 section 8a, states: "Decontaminate hands before having direct contact with patients/patients"; and 8h, states "Decontaminate hands after removing gloves."