

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

February 4, 2015

Ms. Rachael Parker, Administrator
Starr Farm Nursing Center
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Ms. Parker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 7, 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

PC:jl

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

JAN 30 2015

PRINTED: 01/29/2015
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 01/07/2015
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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 000	INITIAL COMMENTS	F 000		
F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	F 281		
SS=D	<p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and medical record review the facility failed to ensure services provided meet professional standard of quality regarding the administration of medications in accordance with physician orders and standards of practice. The findings include the following:</p> <p>Per medical record review, Resident #1 was admitted on 11/12/14 with diagnoses to include Diabetes.</p> <p>Physician Orders and Medication Administration Record (MAR), for January 2015 identify the following medication orders to be administered at 8 AM. Novolog Insulin 10 Units Subcutaneous (SC) (AC) before meals, Levimer 52 Units SC, Atarax 25 mg by mouth (po), Chlortrimeton 4 mg po, Calcium Carbonate 500 mg 1 tablet, Celecoxib 100 mg po, Docusate Sodium 100 mg (2 capsules) po, Zoloft 100 mg po, Buspirone 10 mg tabs 2 po, Tiotropium 18 mcg inhalation capsule, Symbicort 80-4 5 mcg/ HF aerosol inhaler 1 puff, Ascorbic Acid 500 mg po, Multivitamins with</p>		<p>Preparation and/or execution of this plan of correction do 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>Ftag 281</p> <p>Resident #1 medication is being administered timely per facility medication administration policy.</p> <p>All residents have the potential to be affected by this practice.</p> <p>Licensed nursing staff will be re-educated by the staff development coordinator / designee on the facility medication administration policy. Newly hired licensed nurses will be educated on these policies during their orientation.</p> <p>The DNS/designee will conduct random medication administration timeliness audits will be completed weekly x 1 month then monthly x 2 months. Results of these audits will be submitted to PI Committee for 3 months.</p> <p>2/06/15</p> <p><i>F281 PIC accepted 2/3/15 M.Bertrana PIP/pmc</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Susan B Brondolillo</i>	TITLE Executive Director	(X6) DATE 1-29-2015
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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.

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F 281 Continued From page 1

minerals 1 tablet po, Cholecalciferol 1,000 Units 4 tablets po, Miralax 17 grams po 1 package in liquid, ASA Enteric Coated 81 mg po, Cetirizine 10 mg po, Pioglitazone 45 mg po, Glucosamine 1500/Chondroitin 1200 give 2 tablets, Naphazoline 0-.1% ophthalmic solution 1 drop in each eye and Tylenol 500 mg po 2 tablets

Per interview with Resident #1 at 9:15 AM s/he voices that 8 AM medications have not been given yet ["I ate my breakfast at 8:30 AM and it is important that I receive my insulin on time"].

Per observation during the medication administration pass, the Registered Nurse (RN) confirmed that the time of the medication administration for Resident #1 was 10:26 AM.

All of the above medications were administered approximately 2.5 hours late, to include insulin, which was supposed to be given before the breakfast meal, but was not. The resident had complained of ongoing late administration of medications

Reference:
Standards of Professional Practice (Lippincott Manual of Nursing Practice 9th Edition) Wolters Kluwer Health/Lippincott Williams & Wilkins.

F 281

F 428 483 60(c) DRUG REGIMEN REVIEW, REPORT
SS=D IRREGULAR, ACT ON

F 428

The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist

The pharmacist must report any irregularities to the attending physician, and the director of

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F 428 Continued From page 2
nursing, and these reports must be acted upon

This REQUIREMENT is not met as evidenced by.

Based on observation, medical record review and staff interview the facility's licensed pharmacist failed to report irregularities to the attending Physician and the Director of Nurses (DNS) for Resident #1. The finding include the following:

Per record review on 1/7/14 for Resident #1, Physician orders for November and December 2014 and January 2015, evidences Novolog Insulin 10 Unit Subcutaneous (SC) before meals (AC) and Levimir 52 Units SC at hour of sleep (HS). Medication Administration Record (MAR) for November and December 2014 and January 2015, evidences Novolog Insulin 10 Unit Subcutaneous (SC) before meals (AC) at 8 AM and Levimir 52 Units SC AC at 8 AM.

Pharmacy Consultation dated 11/24/14 and 12/29/14, notes irregularities, but none related to insulin

Per interview with the DNS and the Assistant Director of Nurses the physician approved the time change on 11/24/14, but the order was not transcribed on the MAR. Confirmation was also made that the Pharmacy consultation does not identify any errors related to Insulin.

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

F 428

F Tag 428
Resident #1 attending physician clarified time of insulin order and insulin is being administered per current MD orders.

A house audit of physician orders to medication administration records was completed to ensure no other residents were affected by this practice.

The District Director of Clinical Operations re-educated the consultant pharmacist on procedure for monthly drug regimen reviews. The staff development coordinator re-educated the license nurses on transcribing physician orders and monthly editing procedures.

The DNS/Designee will conduct random audits on physician orders to medication administration records to ensure compliance weekly x 1 month then monthly x 2 months. The results of these audits will be reviewed by the performance improvement committee.

2/06/2015

F428 POC accepted 2/3/15 mbertrand/rj/ame

F 431

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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.

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 and staff interview the facility failed to ensure that two (2) of two (2)

F 431

F Tag 431

Resident #1 both insulin vials were dated when opened and being administered per manufacturers guidelines.

House audit completed on residents receiving insulin to ensure no other residents were affected by this practice.

The staff development coordinator/designee has re-educated the license nurses on storage and expiration of medication policy. Topic included dating insulin's when open and following manufacturers' guidelines for discarding.

The DNS/Designee will conduct random audits of dating insulin when opening and discarding within manufacturers guidelines weekly x 1 month then monthly x 2 months to ensure compliance. The results of these audits will be reviewed with the performance improvement committee.

2/06/2015

F431 POC accepted 2/3/15 Mobertrand RUI/MLL

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F 431 Continued From page 4

F 431

multiple dose vials of insulin (for Resident #1), on the Chittenden Unit, were labeled according to accepted professional principles. The findings include the following:

Per observation on 1/7/15 at approximately 9:30 AM, Registered Nurse (RN) was preparing to administer Insulin for Resident #1, that was due to be given at 8 AM. Resident was to receive Novolog Insulin 10 Units subcutaneous (SC) before breakfast and Levimer Insulin 52 Units SC at 8 AM. Both bottles of insulin were open, stored in the medication cart and were partially used. Neither bottle of insulin, nor the containers which they were stored in, identified the date the Insulins were first opened.

Per manufacturer's recommendation Novolog Insulin should be discarded after 28-30 days after opening and Levimer should be discarded after 42 days after opening.

Per interview with the RN, confirmation is made that both bottles of Insulin were not dated, therefore, the RN discarded both vials and obtain a new insulin from the refrigerator.

Per facility Medication Storage Policy, dated 1/1/13, #4.2 identifies that medications are not to be retained longer than recommended by manufacturer and #5 identifies that once any medication package is opened, facility should follow manufacturer guidelines with respect to expiration dates for opened medications. Facility should record the date opened on the medication container when the medication has a shortened expiration date once opened.

Per interview with Interim Director of Nurses, on

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	F 431 Continued From page 5 1/17/15 at approximately 3 PM, confirmation is made that the policy was not followed	F 431	