

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

December 2, 2015

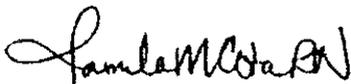
Ms. Susan Biondolillo, Administrator  
Starr Farm Nursing Center  
98 Starr Farm Rd  
Burlington, VT 05408-1396

Dear Ms. Biondolillo:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 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



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

NOV 16 2015

PRINTED: 11/05/2015  
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 10/15/2015
NAME OF PROVIDER OR SUPPLIER  STARR FARM NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408		
(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	
F 000	INITIAL COMMENTS  An unannounced onsite investigation of 3 complaints was conducted by the Division of Licensing & Protection on 10/13-15/2015. The following regulatory deficiencies were identified as a result of the investigation:  F 241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY SS=D  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This REQUIREMENT is not met as evidenced by: Based on resident interviews the facility failed to assure that care was provided in a manner that maintained or enhanced the dignity of the residents for 2 of 3 residents interviewed, who wish to remain anonymous. Findings include:  1). Per resident interview of Resident #1 (R#1) on 10/14/15 at 11:45 AM, the resident has experienced waits for a response to a call light as long as 1-2 hours. The resident has mild urinary incontinence but at times, as a result of these long waits, the incontinence has actually wet the bed linens. The resident stated that facility staff have actually told her to just go (urinate) in the brief if the wait is too long. She states that wetting the bed and being told this is embarrassing.  2). Per interview of R #2 on 10/14/15 at 11:58 AM, s/he states that s/he has waited for someone to come when the call light is on for up to 1 1/2 hours. S/he has waited for both pain medications	F 000	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.  F 241  Ftag 241 11/24/15 11/24/15 <ul style="list-style-type: none"> <li>Resident # 1 and # 2 were not able to be followed up on due to anonymity.</li> <li>All residents have the potential to be affected by this deficient practice.</li> <li>The Executive Director/ Designee will re-educate staff on facility policy/ procedure for the timeliness of call light response (call light pledge) and Quality of Care policies/procedures</li> <li>The Executive Director/ Designee will complete random weekly patient satisfaction surveys and call light response audits (this will include nights and weekends weekly x 60 days then monthly x 30 days. The results of these audits will be reviewed with the QAPI committee monthly x 3 months to ensure compliance</li> </ul>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan Biondello E.O. TITLE: \_\_\_\_\_ (X6) DATE: 11-12-15

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 requisite to continued program participation.

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

PRINTED: 11/05/2015  
FORM APPROVED  
OMB NO 0938-G391

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 10/15/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  STARR FARM NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
---	---

(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
--------------------	--	---------------	---	----------------------

F 241 Continued From page 1  
and to use the bathroom. R#2 states that when you need pain medication it's hard to get the pain in control if you have to wait too long and it gets really bad. S/he has also had incontinence when waiting for help and states that before coming to the facility s/he had not worn briefs or experienced incontinence and that it is very embarrassing. R#2 confirms also being told by facility staff to "go ahead and just go to the bathroom in the brief if the wait is too long." S/he stated that this is embarrassing and undignified.

F 333 483.25(m)(2) RESIDENTS FREE OF SS=E SIGNIFICANT MED ERRORS

The facility must ensure that residents are free of any significant medication errors.

This REQUIREMENT is not met as evidenced by:  
Based on record reviews and staff interviews the facility failed to assure that two residents, R#4 & R#5, were free of any significant medication errors. Findings include:

1) Per record review, R#4 was ordered to receive Lorazepam Intensol 2mg/ml 0.25mg (0.125 ml) BID (twice a day). In a review of 36 medication error reports and Medication Administration Records (MARs) for R#4, it is found that 23 reports concerned R#4. Throughout the review there were two consistent issues identified for this record. The error was either that an incorrect dose was administered or a dose of the medication was missed. When the wrong dose was administered it was consistent in all reports that the resident received 0.25 ml/ 0.5mg as the dose. In the review it is noted that there is no

F 241

F 333

Ftag 333 11/24/15

- Resident # 4 and # 5 are being administered medication as ordered by the physician
- All residents have the potential to be affected by this deficient practice.
- House audit was completed Oct. 26- Oct 31, 2015 when all monthly Medication Administration Records /MD orders edits were completed for accuracy
- Re-education is being provided to licensed nurses by Omnicare pharmacy nurse consultant/DNS/designee on facility medication administration policy/procedures
- The Director of Nurses/ Designee will complete random weekly audits of medication administration weekly x 60 days then monthly x 1 month. The results of these audits will be reviewed with the QAPI committee monthly x 3 months to ensure compliance

11/24/15

F333 POC accepted 12/2/15 mtg/jms/RW/pmc

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

PRINTED: 11/05/2015  
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 10/15/2015
NAME OF PROVIDER OR SUPPLIER  STARR FARM NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408		
(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
F 333	Continued From page 2  evidence that the resident experienced and side effects such as somnolence, dizziness or confusion. In an interview on 10/15/15 at 10:45 am the Director of Nursing Services (DNS) confirmed that the multiple medication errors for R#4 were discovered after a period of 14 days.  2). Per record review R#5 was ordered to receive Coumadin 7.5 mg PO (by mouth) Daily. The medication error reports and MARS for R#5 indicate that in September, the Coumadin was not administered for a total of 4 missed doses on 9/14, 9/16, 9/18 & 9/23/2015. In an interview on 10/15/15 at 10:45 am the DNS confirmed that four doses of Coumadin, an anticoagulant medication, to prevent the formation of blood clots, had been missed.	F 333		
F 353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  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	F 353	Ftag 353  11/24/15  • Resident # 41 and # 2 and Resident 3 were not able to be followed up on due to anonymity  • All residents have the potential to be affected by this deficient practice.	11/24/15

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 10/15/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  STARR FARM NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
---	---

(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
--------------------	--	---------------	---	----------------------

F 353 Continued From page 3  
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 resident and staff interviews and record reviews the facility failed to assure that there was sufficient nursing staff to attain the highest practicable well-being and provide care in accordance with resident nursing care plans for 3 residents interviewed, Residents #1, #2, & #3, who wish to remain anonymous. Findings include:

1). Per resident interview of Resident #1 (R#1) on 10/14/15 at 11:45 AM, the resident has experienced waits for a response to a call light as long as 1-2 hours. The resident has mild urinary incontinence but at times, as a result of these long waits, the incontinence has actually wet the bed linens. The resident stated that facility staff have actually told her to just go (urinate) in the brief if the wait is too long. She states that wetting the bed and being told this is embarrassing. The resident stated that nights and weekends are bad.

2). Per interview of R #2 on 10/14/15 at 11:58 AM, s/he states that s/he has waited for someone to come when the call light is on for up to 1 1/2 hours. S/he has waited for both pain medications and to use the bathroom. R#2 states that when you need pain medication it's hard to get the pain in control if you have to wait too long and it gets really bad. S/he has also had incontinence when waiting and states that before coming to the

F 353

- The Executive Director / Designee will re educate staff on facility policy / procedure of call light response (call light pledge) and Quality of Care policies / procedures. The facility has been recruiting for licensed nurses and licensed nursing assistants. Current strategies include utilizing local as well as multi state recruitment options. The facility has implemented a recruitment bonus for new hire license nurses and license nursing assistants as well as continues to contract with temporary staffing agencies to provide direct care staff at the facility

- The Executive Director/ Designee will complete random weekly audits x 60 days then monthly x 1 month on call light response timeliness and patient satisfaction survey. The DNS/Designee will be monitoring daily staffing levels to ensure sufficient staffing to meet the patient needs. The results of these audits, surveys and reviews will be reviewed with the QAPI committee monthly x 3 months to ensure compliance

*F353 POC accepted 12/2/15 mtg in SRW/pme*

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

PRINTED: 11/06/2015  
FORM APPROVED  
OMB NO. 0930-0591

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 10/15/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  STARR FARM NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
---	---

(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
--------------------	--	---------------	---	----------------------

<p>F 353</p>	<p>Continued From page 4</p> <p>facility s/he had not worn briefs or experienced incontinence and that it is very embarrassing. R#2 confirms also being told by facility staff to "go ahead and just go to the bathroom in the brief if the wait is too long." S/he stated that this is embarrassing and undignified. The resident stated that nights and weekends are bad.</p> <p>3). Per interview of Resident #3 on 10/14/15 s/he states that sometimes the waits for assistance can be longer than 30-45 minutes. The resident states that waits are worst on the weekends.</p> <p>4). Per interviews conducted with 16 Licensed Nurse Aides (LNAs) who are on duty on the day shift, 10 LNAs state that there are times when residents have to wait a long time for care and that it is especially bad on the weekends and on night shifts. The issues identified are that the staffing is low to start and includes agency staff who are not as familiar with the residents. The problem is compounded when there are call ins, especially on weekends.</p>	<p>F 353</p>		
--------------	---	--------------	--	--