

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

September 26, 2016

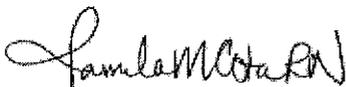
Ms. Susan Biondolillo, Administrator
Starr Farm Nursing Center
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Ms. Biondolillo:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 8, 2016**. 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

PRINTED: 09/16/2016
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 08/08/2016
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	F 000			
F 223 SS=G	<p>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 8/8/16. The following regulatory deficiencies were identified:</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to ensure that 1 of 5 residents were free from sexual abuse by a resident with known intentional sexual behaviors. (Resident #2). Findings include:</p> <p>Per review of Physician Nursing Home Follow-Up Note dated 7/28/16 and confirmed with the Director of Nursing (DON) on 8/8/16 at 10 30 AM, the Physician Nursing Home Follow-Up Note states, "This morning during shift change around 7 AM [Resident #1] was found to have [his/her] hands in the pants and adult diaper of [Resident #2]. A nurse forcibly removed [his/her] hands. [S/he] was combative with staff as well as trying to grab other residents [S/he] was also verbally aggressive using the "F" word and saying that [s/he] wanted to "F" staff". Per staff interview on 8/8/16 at 2:12 PM, staff</p>	F 223	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law</i></p> <p>F223 Resident #1 no longer resides at the facility.</p> <p>A house review of any residents with sexual behaviors will be conducted by the Interdisciplinary Team to ensure no other residents will be affected by this practice.</p> <p>The Executive Director/ Designee will re-educate staff on the center's Abuse Prevention Policy & Procedure.</p> <p>The DNS/Designee will identify during daily morning meeting (Monday - Friday) and event reports any resident exhibiting sexual behaviors that have a concerning effect on other residents and update plan of care to ensure abuse prevention. The results of this monitoring will be reviewed at the monthly Quality Improvement Committee Meeting monthly for 3 months and quarterly to ensure compliance is maintained.</p> <p><i>F223 POC accepted 9/20/16 muckarn</i></p>	09/07/16	

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

TITLE

(X6) DATE

Susan Brondolillo

Executive Director

09/01/2016

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 223	<p>Continued From page 1</p> <p>stated stated as s/he was leaving the [Nursing] Unit, s/he "saw [Resident #1's] hands in [Resident #2's] pants. Stated [Resident #1] is a strong [person], and resisted [the nurse] removing [Resident #1's] hands. [S/he] was using the "F" word towards [the nurse]". Per record review, Resident #2 has a diagnosis of Alzheimer's Disease.</p> <p>The facility was aware of Resident #1's behaviors prior to 7/28/16, which put this resident at risk for abusing others. Per record review and confirmed per interview with DON on 8/8/16 at 10:12 AM, Resident #1 was evaluated three times by a Geriatric Psychiatrist on 5/26/16, 7/7/16, and 7/21/16 for sexually inappropriate behaviors. On 7/7/16 the Geriatric Psychiatrist's evaluation states that the sexual behaviors are believed to be intentional, the resident does not deny the allegations and the resident is not apologetic. In addition, the DON confirmed on 8/8/16 at 10:12 AM that the Geriatric Psychiatrist note on 7/21/16 states that the resident continues with the sexual behaviors, is not able to be redirected and that the resident verbalized that s/he does not care if s/he is making others uncomfortable.</p> <p>Multiple staff notes document vulgar, sexually inappropriate statements made by the resident and aggressive sexual actions. An example of this type of behavior is as follows. Per record review of progress notes dated 7/25/16 14:40 (late entry for 7/25/16 0930) "[Resident #1] noted propelling self in hallway near dining room. [Resident #1] was grabbing both staff and other residents in their privates stating 'F**k me you w****s or c***s. and I'm going to F**k you too.' This was done to both males and females.</p>	F 223			

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F 223	Continued From page 2 Redirection, explanation of inappropriateness all ineffective....MD, DON and Social svcs aware."	F 223			
F 250 SS=G	Refer also to F250 and F323. 483 15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Per interview and record review, social services failed to assure medically related social services needs were met for three residents in the applicable sample. (Residents #1, #2, and #3). Findings include: 1. Per record review and confirmed during interview with the Director of Nursing (DON) on 8/8/16 at 10:30 AM, Resident #1 was witnessed sexually abusing Resident #2 on 7/28/16. Per record review on 8/8/16 at 1:24 PM, the Social Service Specialist (SSS) failed to address Resident #1's ongoing difficulties with personal interactions with other residents and staff of the facility, and there was no evidence the SSS provided the medically necessary social services to develop a comprehensive plan that is resident-specific to improve or adequately monitor interactions with other residents and staff. Per record review there are no social service	F 250	F250 Resident # 1 no longer resides at the facility. Psychosocial adjustment notes were written for Residents #2 and #3 All residents have the potential to be affected by this practice. The Social Service specialists have been educated by the Company Social Service Consultant on documentation expectations as well as care plan revision per care plan process. The Executive Director/ designee will complete random audits on the content of Social Services documentation as it pertains to the residents with behavioral needs to ensure compliance. The results of these audits will be discussed at the monthly QAPI meeting for 3 months to ensure compliance is maintained. <i>F250 POC accepted 9/12/16 Pmcaen</i>	09/07/16	

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F 250	<p>Continued From page 3</p> <p>notes concerning specific behavioral interventions that are specific to Resident #1's needs and preferences, ongoing re-evaluations, nor discussions with Resident #1's spouse (who has power of attorney (POA)) related to developing specific strategies to decrease inappropriate sexual behaviors by Resident #1 directed towards nursing staff that occurred in the facility from May 2016 to 7/28/16. The SSS stated s/he talked with Resident #1's spouse (POA) about the sexual behaviors, but no evidence that a discussion occurred or that the SSS was working with the POA on a comprehensive plan to address the behaviors.</p> <p>Per record review and confirmed during interview with the Case Manger/Social Services Supervisor on 8/8/16 at 1:31 PM, Resident #1's behavioral care plan was not revised concerning sexual behaviors following three Geriatric Psychiatrist evaluations for sexual behaviors on 5/26/16, 7/7/16, and 7/21/16. Resident #1's behavioral care plan initiated on 5/19/16 and was not revised until 7/25/16, despite ongoing severe behaviors prior to 7/25/16. When the care plan was revised on 7/25/16, it was not revised to reflect new, meaningful, resident-specific strategies to address psychosocial well-being.</p> <p>Refer to F223.</p> <p>2. Per record review and interview on 8/8/16 at 1:24 PM, the Social Service Specialist confirmed Resident #2's medical record does not contain Social Service documentation concerning follow up of sexual abuse by Resident #1 on 7/28/16. The Social Service Specialist provided the</p>	F 250			

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F 250	Continued From page 4 surveyor with a hand written note on lined paper with Resident #2's initials describing social service contact on 7/28/16 with Resident #2, which per interview, was not part of the legal medical record. 3. Per record review and interview on 8/8/16 at 1:24 PM, the Social Service Specialist confirmed there is no written social service note in Resident #3's medical record concerning a minor resident to resident altercation between Resident # 1 and Resident #3. The Social Service Specialist provided the surveyor with a hand written note on lined paper with Resident #3's initials describing social service contact on 7/28/16 with Resident #3, which per interview was not part of the legal medical record.	F 250			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 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, 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.	F 280			

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F 280	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to revise the plan of care for one resident in the applicable sample with known intentional sexual behaviors. (Resident #1). Findings include: 1. Per record review and confirmed during an interview with the Assistant Director of Nursing (ADON) on 8/8/16 at 1:53 PM, Resident #1's Behavioral Care Plan was not revised to include the Geriatric Psychiatrist's recommendations made on 5/26/16 for 2:1 staff while providing care for Resident #1 and place something to hold during care to decrease risk of grabbing/groping. Resident #1's behavioral care plan initiated on 5/19/16 states resident has a behavior problem as exhibited by sexual gestures and verbalizations towards staff; sexual gestures towards others; Physical aggression towards others. The interventions listed on the care plan are vague and general in nature, and do not appear to be specific to this resident's preferences, history, or specific needs. The behavioral care plan was written 5/19/16 and not updated until 7/25/16, despite ongoing severe behaviors prior to 7/25/16. When the care plan was revised on 7/25/16, it was not revised to reflect new, meaningful, resident-specific strategies to address the psychosocial well-being of the resident.	F 280	F280 1) Resident #1 no longer resides in the facility. 2) The Clinical Case Manager/ designee, has reviewed the comprehensive care plans of residents with behaviors and assure needs are met. 3) The Social Services consultant / designee, will in-service the Social Services team on development of comprehensive care plans with an emphasis on the specific needs of residents with behaviors. 4) The Executive Director/designee will complete random audits on the content of Social Services Care Plan documentation as it pertains to the residents with behavioral needs to ensure compliance. The results of these audits will be discussed at the monthly QAPI meeting for 3 months to ensure compliance is maintained. <i>FABO POC accepted 9/16/16 pmcokard</i>	09/07/16
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	F 323		

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F 323	Continued From page 6 The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to provide adequate supervision to protect residents for 1 resident in the applicable sample with a history of intentional sexually inappropriate behaviors and physical aggression towards staff. (Resident #1) Findings include: 1. Per record review, Resident #1 had multiple instances of aggressive and sexually inappropriate behaviors with staff since admission in May 2016 and during the month of July 2016. Dates of documented aggressive and/or sexually inappropriate behaviors during July include 7/3, 7/4, 7/7, 7/8, 7/9, 7/14, 7/17, 7/18, 7/19, 7/20, 7/25, 7/26, and 7/27/16. Despite the ongoing behaviors, the facility failed to provide adequate supervision to protect other residents from incidents related to the behaviors. Per record review and confirmed during interview with the Case Manager/Social Services Supervisor on 8/8/16 at 1:31 PM, Resident #1's behavioral care plan was not updated concerning his/her sexual behaviors following three Geriatric Psychiatrist evaluations for sexual behaviors on 5/26/16, 7/7/16, and 7/21/16. The behavioral care plan was written 5/19/16 and not updated	F 323	F323 Resident # 1 no longer resides at the facility. II. All residents have the potential to be affected by this deficient practice. III. The staff development coordinator has re-educated staff on the policy/procedure regarding accident prevention specific focus on handling patients with behaviors affecting others. IV. The Director of Nursing / designee will complete random daily (Monday-Friday) audits on residents with behaviors affecting others x 30 days then weekly x 60 days. The results of these audits will review monthly with QAPI committee to ensure compliance. <i>F323 POC accepted 9/12/16 pmw/ekw</i>	09/07/16	

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F 323	Continued From page 7 until 7/25/16, despite ongoing severe behaviors prior to 7/25/16. On 7/25/16, Resident #1's care plan was revised to include 1:1 supervision to be provided to Resident (effective 7/25/16), which was changed to 15 minute checks later that day. The 15 minute checks were not effective in protecting other residents. Per review of Physician Nursing Home Follow-Up Note dated 7/28/16 and confirmed with the Director of Nursing (DON) on 8/8/16 at 10:30 AM, the Physician Nursing Home Follow-Up Note states, "This morning during shift change around 7 AM [Resident #1] was found to have [his/her] hands in the pants and adult diaper of [Resident #2]. A nurse forcibly removed [his/her] hands. [S/he] was combative with staff as well as trying to grab other residents. [S/he] was also verbally aggressive using the "F" word and saying that [s/he] wanted to "F" staff". Per interview and record review on 8/8/16 at 1:53 PM, the Assistant Director of Nursing (ADON) confirmed that after [Resident #1] was separated from [Resident #2] on 7/28/16, Resident #1 was brought to the nurse's station. At the nurse's station, Resident #1 grabbed Resident #3's arm and leg. Resident #3 had a red mark on his/her arm where s/he was grabbed. Refer also to F223 and F250.	F 323			
F 514 SS-E	483 75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible, and systematically organized.	F 514			

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F 514	Continued From page 9 medical record. 3. Per record review and interview on 8/8/16 at 1:08 PM, the Social Service Specialist confirmed there are no social service notes concerning discussions with Resident #1's spouse, who has power of attorney (POA), concerning inappropriate sexual behaviors by Resident #1 to nursing staff that occurred in the facility from May 2016 to 7/28/19. The Social Service Specialist stated s/he had talked with Resident #1's spouse (POA) about the sexual behaviors.	F 514			

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F 514	Continued From page 8 The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, Social Services failed to maintain an accurate and complete medical record for 3 of 5 residents in the applicable sample. (Residents #1, #2, and #3). Findings include: 1. Per record review and interview on 8/8/16 at 1:24 PM, the Social Service Specialist confirmed there is no written social service note in Resident #3's medical record concerning a resident to resident altercation between Resident # 1 and Resident #3. In addition, the Social Service Specialist provided the surveyor with a hand written note on lined paper with Resident #3's initials describing social service contact on 7/28/16 with Resident # 3, which per interview, was not part of the legal medical record. 2. Per record review and interview on 8/8/16 at 1:24 PM, the Social Service Specialist confirmed there is no social service note in Resident #2's medical record concerning follow up of sexual abuse by Resident #1 to Resident #2 on 7/28/16. In addition, Social Service Specialist provided the surveyor with a hand written note on lined paper with Resident #2's initials describing social service contact on 7/28/16 with Resident #2, which per interview, was not part of the legal	F 514	F514 Resident #1 no longer resides at the facility. Psychosocial notes are current on Resident's #2 and #3. All residents have the potential to be affected by this deficient practice. The Social Service specialists have been educated by the Company Social Service Consultant on documentation expectations as well as care plan revision per care plan process. The Executive Director/ designee will complete random audits on the content of Social Services documentation as it pertains to the residents with behavioral needs to ensure compliance. The results of these audits will be reviewed at the monthly QAPI meeting for 3 months to ensure compliance is maintained. <i>F514 POC accepted 7/20/16 [signature]</i>	09/07/16	