

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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 21, 2014

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 22, 2014**. 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

PRINTED: 02/04/2014
FORM APPROVED
OMB NO. 0938-0391

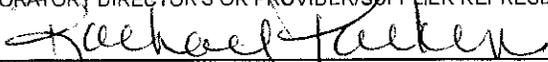
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Protection

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 01/22/2014
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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 204 SS=D	<p>An unannounced on-site complaint investigation was completed by the Division of Licensing and Protection on 1/22/14. The following regulatory violation was identified:</p> <p>483.12(a)(7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHRG</p> <p>A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency the State LTC ombudsman, residents of the facility, and the legal representatives of the residents or other responsible parties, as well as the plan for the transfer and adequate relocation of the residents, as required at §483.75(r).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and administrative and staff interviews, the facility failed to assure a safe and orderly discharge for 1 of 3 sampled residents (Resident #1). Findings include: Per record review on 1/22/14, Resident #1 was admitted to the facility on 9/8/12 for long term care. S/he had diagnoses that included supranuclear palsy (a brain disorder that causes serious problems with walking, movement and balance), mild cognitive impairment, a personal history of falls and other chronic medical conditions. Per review of his/her 3/1/13 MDS (Minimum Data Set) quarterly review, s/he required extensive assistance for transfers and</p>	F 204	<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>F204 PREPERATION FOR SAFE AND ORDERLY DISCHARGE</p> <p>Resident #1 no longer resides in this facility.</p> <p>SDC/designee will review and educate staff transporting residents to a discharge location with education on safe and orderly discharge. This will occur now, upon orientation and yearly. This will be documented in their education file.</p> <p>Social Services will randomly audit monthly x3months by calling discharge location to ensure a safe and orderly transfer/discharge has occurred. This will be reviewed at PI meeting to ensure compliance.</p> <p><i>F204 POC accepted 2/19/14 SDENNIS/APRA/PML</i></p>	Enter Date Here. 2/22/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 2/14/14
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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.

PML

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F 204	<p>Continued From page 1</p> <p>personal care and used a wheelchair. Per medical record review, Resident #1 had falls on 4/30, 5/2, 5/6 and 5/8/13. His/her care plan at the time of discharge on 5/15/15 listed the resident as "high risk" for falls related to confusion, poor communication, gait and balance problems and diminished safety awareness.</p> <p>Per 1/22/14 interview at 10:39 AM, the Director of Social Services reported that on 5/15/13, a Starr Farm maintenance worker transported Resident #1 to skilled nursing facility B (SNF-B) for transfer. Per 1/22/14 interview at 1:06 PM, the driver confirmed transporting Resident #1 to SNF-B but could not specifically identify who s/he notified that the resident had arrived or who accepted responsibility for the resident.</p> <p>Per 1/22/14 interview at 3:48 PM, the Director of Nursing Services (DNS) reported that s/he was contacted by the DNS from the receiving facility after the transfer and was told that Resident #1 had been dropped off and had fallen; the DNS at the receiving facility reported they did not know that Resident #1 was in the lobby [at the time of the fall]. On 1/22/14 at 1:52 PM, the Starr Farm DNS reported that s/he did not document the conversation with the receiving facility's DNS or write up the event as an incident as once Resident #1 had been transported to the receiving facility, s/he "was no longer our patient."</p> <p>Per 1/22/14 review of the facility's "Discharge/Transfer of the Patient" policy provided by the DNS, there is no specific procedure for transportation of residents during transfers or discharges (to other SNFs). On 1/22/14 at 2:30 PM the facility administrator confirmed there was no written training/procedure regarding the facility's driver responsibilities during resident transfers to other facilities; s/he</p>	F 204		

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F 204	Continued From page 2 was unable to locate any evidence of driver training at the time of the survey.	F 204			