VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

May 5, 2011

Rachael Parker, Administrator
Starr Farm Nursing Center
98 Starr Farm Rd
Burlington, VT 05401

Provider ID #:475030

Dear Ms. Parker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 14, 2011** .

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure

PRINTED: 04/19/2011
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	475030		C 04/14/2011

NAME OF PROVIDER OR SUPPLIER: STARR FARM NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 98 STARR FARM RD, BURLINGTON, VT 05401

(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 The Division of Licensing and Protection conducted an unannounced onsite complaint investigation on 4/14/11. A regulatory deficiency was cited as a result.	F 000	*This Plan of Correction is the center's credible allegation of compliance.* *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.*	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157	F157 1.Resident # 1 no longer resides in the facility. Individual nurse was counseled/educated about notifying the family. 2.The Director of Nursing or designee will conduct a review of current residents and notify families or responsible parties of those residents identified as having a significant change of condition. 3. The Staff Development Coordinator or designee will in-service Nursing Staff on the facility policy and procedure related to notification of families in the event of significant change in the status of the resident. 4.How the facility plans to monitor its performance to make sure that solutions are sustained: The Director of Nursing or designee will monitor through resident record and 24-hour report to assure Families or Responsible Parties are notified timely of significant changes in resident status. The data will be reviewed monthly for the next three months,	May 6, 2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ED — (X6) DATE: 4/29/11

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 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to notify Resident # 1's family of a change in condition. Findings include: Per record review on 4/14/11 at 8:45 A.M., Resident #1 had a change in condition on 4/7/11 that necessitated notification of the on-call physician. The family of Resident #1 was not notified of this change in condition. Resident #1 required transfer to the hospital on 4/10/11 and was admitted at that time for medical treatment. In a 4/14/11 interview at 10:05 A.M., the Facility Executive Director stated that it is facility policy to notify family of any change in condition, regardless of any changes in treatment. The Executive Director confirmed that the family was not notified of Resident #1's 4/7/11 change in condition.	F 157	*This Plan of Correction is the center's credible allegation of compliance.* *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.* then quarterly. This will be reviewed at the Quality Assurance meeting with subsequent plan of correction developed and implemented as necessary. Monitored by the DNS or designee. F157 POC Accepted 5/5/11 R. Trembley RN KPMotaRN	