

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

July 27, 2012

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

Provider #: 475030

Dear Ms. Parker:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **June 27, 2012**. 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, MS  
Licensing Chief

PC:ne

Enclosure



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

PRINTED: 07/08/2012  
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  06/27/2012
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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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F 000  F 226 SS=D	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced on-site Recertification survey was completed by the Division of Licensing and Protection from 6/25/12 to 6/27/12. The following deficiencies resulted.</p> <p><b>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</b></p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on employee file review, and resident and staff interviews, the facility failed to ensure that written policies and procedures regarding abuse prohibition were implemented for one resident (Resident #7). Findings include:</p> <p>Per Stage 1 resident interview on 6/25/12, Resident #7 stated that s/he had been treated roughly by a Licensed Nursing Assistant (LNA) providing care. The resident stated that the LNA was mean and rough during care, and felt rushed by them. The resident recalled the incident as taking place "awhile ago". The resident reported the staff person to nursing administration, and an investigation was initiated. Per interview on 6/26/12 at 1:15 PM, the resident's daughter confirmed through a journal kept in the resident's room, that her parent had complained on 8/21/11 that an LNA was "rough, mean, and nasty" with them the evening/night before.</p> <p>The resident did not see the LNA again, and told</p>	F 000  F 226	<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><b>F 226 Develop/Implement abuse/neglect, etc policies.</b></p> <p>Allegation was reviewed by state survey team. Leader that did not report allegation no longer works for the facility.</p> <p>Other allegations have been reported to Licensing and Protection.</p> <p>Leadership re-educated about how to report allegations and utilization of log in DNS office for reporting.</p> <p>Process will be reviewed at PI committee monthly x3months and changes made as needed.</p> <p><i>Doc Accepted 7/12/12</i> <i>[Signature]</i></p>	7/25/2012
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Richard Fark</i>	TITLE <i>Adm</i>	(X6) DATE 7/13/12
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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 226	Continued From page 1 the surveyor they had been fired. Per interview with the former social worker, who is now in a different role at the facility, the resident was interviewed multiple times, and the conclusion drawn from those conversations was that the LNA had not been physically rough with the resident, but they had felt rushed and spoken to unkindly. The LNA was suspended for one day, re-educated regarding resident rights and proper treatment, and then transferred to another unit where the residents were generally more alert and oriented. They had no further complaints from residents regarding the care provided by the LNA, until 5/18/12, when a resident complained that they felt rushed by the LNA, and did not like the way they were spoken to. Per review of the employee file, this was written up on a "performance improvement form" on 8/24/11 and 5/18/12, and the LNA was counseled in their approach to residents. Per interview on 6/26/12 at 2:45 PM, the Director of Nursing Services (DNS) and former Social Services staff stated they could not find the investigative file regarding the August 2011 incident, and could not confirm that it was reported to the state agency as required. Per phone call to the complaint coordinator at the State Survey Agency, there was no record that the incident had been reported in August, although there was a report made regarding the incident that took place on 5/18/12. Based on the lack of evidence from the facility and the state agency, the facility did not report the alleged abuse as per their policy and the regulation.	F 226	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <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>		
F9999 SS=C	FINAL OBSERVATIONS  Per Vermont Licensing and Operating Rules for Nursing Homes December 15, 2001, 3.17 (e) " A facility shall report any knowledge it has of	F9999			

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F9999	<p>Continued From page 2</p> <p>actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the Vermont State Nurse Assistants Registry or the appropriate licensing authority and the licensing agency. Actions by a court of law which indicate unfitness for service include a charge of abuse, neglect or exploitation substantiated against an employee or conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction within or outside the State of Vermont."</p> <p>(h) "The results of all investigation must be reported to the administrator or his or her designated representative and to the licensing agency in accordance with 33 V.S.A. Chapter 69, and if the alleged violation is verified, appropriate corrective action must taken."</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to report any knowledge it has of actions by a court of law against an employee for 1 of 5 sampled employees whose Vermont Criminal Information Center (VCIC) background check revealed criminal convictions. Findings include:</p> <p>Per review of personnel records on 6/26/12 at 3:18 P.M., a facility employee had 1 criminal conviction per VCIC background check. The facility Administrator confirmed during interview on 6/26/12 at 4:05 P.M. that the facility had failed to report knowledge of criminal convictions to the licensing agency and did not obtain a waiver from</p>	F9999	<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>F9999 No requested waiver from the Director of Licensing and Protection on one employec</p> <p>Employee identified during survey has a variance in place.</p> <p>Employee records have been reviewed to identify who may not have had this waiver in place. For any employee who may need this waiver the process has been implemented to obtain a waiver. The SDC is providing education to all department heads regarding requiring this waiver to be obtained for employees that meet this requirement. A log of new employees will be completed with the following information: whether the waiver was needed or not, what date the documents were sent to Division of Licensing and protection and the date in which the waiver was received.</p> <p>The SDC will be complete a monthly audit to validate that the log is accurate for new employees. The results of this audit will be presented to the Performance Improvement Committee monthly for 3 months for review or recommendation.</p> <p><i>POC accepted 7/26/12</i> <i>RJ</i></p>	7/25/12	

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F9999	Continued From page 3 the State Survey Agency.	F9999		
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