

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

April 28, 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 **April 8, 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

APR 20 2015

PRINTED: 04/14/2015
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 04/08/2015
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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 An unannounced onsite complaint investigation was completed on 4/8/15 by the Division of Licensing and Protection. The following is a regulatory violation.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
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. This REQUIREMENT is not met as evidenced by: Based upon record review and interview, the facility failed to revise a care plan for 1 of 3 residents in the sample. (Resident #1) Finding includes: Per record review and staff interview, the Interim	F 280	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. Ftag 280 <ul style="list-style-type: none">Resident # 1 no longer resides at the facility.Licensed staff will be re-educated on facility policy on developing, reviewing and revising comprehensive care plans.The interdisciplinary team lead by the DNS/designee will monitor system compliance during clinical rounds(Monday- Friday) to include: A) Care plan development, review and revision per residents' current needs.The interdisciplinary team lead by the DNS will complete random audits on care plans and the results of these audits will be discussed at the monthly QAPI meeting x 3 months to ensure compliance. <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>	4/26/15

4/28/15
POC
Accepted
J. Cummings
RN, MS

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Susan B. Biondolillo</i>	TITLE Executive Director	(X8) DATE 4-17-15
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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 280	Continued From page 1 Director of Nursing (DNS) confirmed on 4/8/15 at 12:03 PM that Resident #1 was care planned for "at risk for abnormal bleeding" and the plan of care was not updated to address actual bleeding that occurred related to nose bleeds. The plan of care did not include specific interventions to address Resident #1's nose bleeds. The progress note dated 3/19/15 states, Resident #1 is "having a nose bleed left nares (nostril), MD aware; packed with gauze for several hours". The progress note dated 3/30/15 states, Resident #1 reported "s/he had a bloody nose from left nostril" and MD "gave an order to send patient out to ER for evaluation and treatment". Per medical record review, the University of Vermont Medical Center Emergency Department diagnosis for Resident #1 states "acute anterior epistaxis (nose bleed) 3/30/15".	F 280	<i>4/28/15</i> <i>POC corrected</i> <i>L. Cummins RN, MS</i>		