

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

April 7, 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 March 14, 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: 03/22/2016
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 03/14/2016
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)

F 000 INITIAL COMMENTS

F 000

An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 3/14/16. While the facility was found to be in substantial compliance related to the complaint, the following issue was identified that requires correction:

04/10/2016

F 253 483.15(h)(2) HOUSEKEEPING & SS=B MAINTENANCE SERVICES

F 253 Ftag 253

The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

- No resident was directly affected by this practice
- All residents have the potential to be affected by this deficient practice. House audit completed on hallway clutter and storage of equipment
- The SDC will re educate staff on storage procedures.
- The Director of Maintenance / designee will complete random daily audits on equipment storage compliance for two weeks then monthly X 3 months with results reported to Performance Improvement Committee

This REQUIREMENT is not met as evidenced by:

Based on observation and confirmed by staff the facility failed to maintain the physical environment on 1 of 3 units, in a neat uncluttered orderly fashion that will not impede the residents and/or staff functions. The findings include the following:

Per initial tour at 8:45 AM through out the entire building, the halls were found to be cluttered with food carts, unoccupied wheelchairs and resident lifting equipment. On the Chittenden Unit, both halls were also cluttered with the above listed equipment, but the halls also stored multiple wheelchairs, laundry hampers and medication carts.

Per tour at 1 PM with the Assistant Director of Nursing (ADNS), confirmation is made that the medication carts, wheel chairs, food carts and laundry are still stored in the same location as the surveyor observed earlier today. The ADNS confirms that the equipment needs to be stored in

F253 POC accepted 4/7/16 omb & strand RN/pmc

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Susan B. Biondolillo TITLE Executive Director (X6) DATE 4-5-16

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 253	Continued From page 1 a location that will not impede staff or residents.	F 253		