



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

July 30, 2010

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

Dear Ms. Parker:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on June 30, 2010. 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,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief



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

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Division of  
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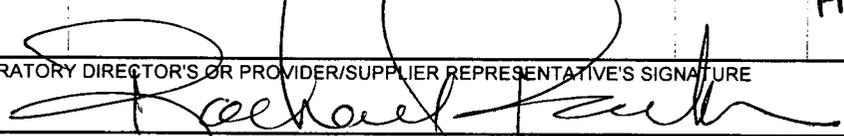
PRINTED: 07/13/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475030</b>	(X2) MULTIPLE CONSTRUCTION Licensing and Protection A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/30/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STARR FARM NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>98 STARR FARM RD BURLINGTON, VT 05401</b>
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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 Licensing and Protection
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F 000	INITIAL COMMENTS  An unannounced onsite recertification survey was completed by the Division of Licensing and Protection from 6/28/10 to 6/30/10.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
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	<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>  <u>F157</u> Resident #295's physician was notified on 6/30/10 regarding the episode of chest pain on 6/26/10. This resident has had no further incidences of chest pain. The RN was in-serviced on 6/30/10 regarding notifying the physician with any resident change in condition.  Resident nursing notes were reviewed for the past 30 days to determine physician notification of any change in condition and will be notified as needed by 7/30/10.  Licensed nurses will be in-serviced on physician notification for change in condition and documenting resident change in condition in the 24 hour report by 7/30/10.  Random audits will be completed 3 times a week by the nurse manager or designee for 3 months to ensure the physician has been notified for a resident change in condition. Results of these audits will be reported the PI committee and changes will be made as needed.  The DNS is responsible for monitoring compliance.  <i>F157 POC Accepted 7/29/10 PmCoturn</i>	7/30/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>ED</b>	(X6) DATE <b>7/28/10</b>
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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 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to notify the physician of a significant change in a resident's physical condition for 1 applicable resident in the stage 2 sample (Resident #295). Findings include:  Per record review on 6/30/10 at 10:30 AM, the RN (Registered Nurse) failed to notify the physician after Resident #295 complained of chest pain during the evening of 6/26/10. A progress note dated 6/27/10 at 0645 stated "last eve pt. mentioned ...'my chest is in pain". The note did not include any information about follow up reporting to the physician. During interview with the RN and Director of Nursing Services (DNS) at 3 PM the same day, the RN confirmed s/he had not informed the physician of the resident's complaints of chest pain.	F 157	<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>	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.  The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.  The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise	F 279	<u>F279</u> Resident #18 was discharged from the facility on 5/11/10.  Resident #94's care plan for end of life care has been developed to include services provided by hospice on 6/29/10.  Resident #194's care plan for bowel incontinence has been developed to identify interventions for managing occasional episodes of bowel incontinence on 6/29/10.  Residents newly admitted in the last 90 days will have their care plans reviewed to ensure care needs have been care planned. A care plan will be developed for any identified area not addressed in the care plan by 7/30/10.  Care plans for new admissions will be reviewed within one week of admission to ensure care areas have addressed in the care plan. The interdisciplinary team will be in-serviced on this process by 7/30/10.  Random audits will be completed weekly by the nurse manager or designee for 3 months to ensure care plans have been developed for resident identified care needs. Results of these audits will be reported the PI	7/30/10

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F 279 Continued From page 2  
be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).

This REQUIREMENT is not met as evidenced by:  
Based on staff interview and record review, the facility failed to develop a comprehensive care plan that addressed each resident's assessed needs for 3 of 30 applicable residents in the stage 2 sample (Resident #18, #94 & #194). Findings include:

1. Per record review on 06/29/10, Resident #18, who was identified as having a decline in ADL's (activities of daily living), did not have a comprehensive care plan. Per review of the Resident Assessment Summary (RAP) and the Minimum Data Set (MDS) dated 3/18/10, the facility identified the resident as having a decline in daily function and decided to proceed with care planning. Per review of the clinical record, the resident required assistance with ADL's (activities of daily living) and there was no care plan with measurable goals and specific interventions to direct staff in the provision of care. Per interview on 06/29/10 at 6:00 PM, the DNS (Director of Nursing Services) confirmed a failure to develop a comprehensive care plan to address these identified ADL needs.
2. Per record review on 6/29/10, no hospice plan of care was developed for Resident #94. Hospice care was initiated on 6/12/10, but neither the plan of care, nor evidence of coordination of the hospice plan of care and the facility plan of care was available through 6/29/10. Per interview on 6/29/10 @ 5:15 PM, the Unit Manager confirmed

F 279  
*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.*

committee and changes will be made as needed.

The DNS is responsible for monitoring compliance.

*F279 POC Accepted 7/29/10 Amota RN*

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F 279	Continued From page 3 that no hospice plan of care was available. 3. Per record review on 6/30/10, the facility failed to develop a care plan for bowel incontinence for Resident #194. The Nursing Admission Assessment dated 8/19/2009 stated there was bowel incontinence 2-3 times a week and the MDS of 9/1/09 was coded for bowel incontinence 2-3 times a week. Per interview on 6/30/2010 at 10:45 AM, the Unit Manager confirmed that there was no care plan which addressed the bowel incontinence.	F 279	<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>	
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 observation, interview, and record	F 280	<u>F280</u> Resident #200's mobility care plan was revised on 6/30/10 to accurately reflect the mobility status.  Resident #59's care plan was revised on 6/30/10 to accurately reflect mobility aides this resident uses in bed.  Resident mobility care plans will be reviewed by 7/30/10 to ensure the mobility care plans accurately reflect functional status and mobility aides used by the residents.  Residents newly admitted or who have had a new decline in mobility will have their mobility care plans reviewed weekly to ensure functional status and mobility aides are accurate.  Random audits will be completed weekly by the rehab aide or designee for 3 months to ensure functional status and mobility aides are accurate. Results of these audits will be reported the PI committee and changes will be made as needed.  The Rehab Manager is responsible for monitoring compliance.	7/30/10

F280 POC accepted 7/29/10 Amcota RN

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F 280	Continued From page 4 review, the facility failed to revise the plan of care to address the current needs for 2 of 30 residents in the applicable sample (Residents #59, and #200). Findings include:  1. Per observation, record review and confirmed by staff interview, the facility failed to revise the care plan to accurately reflect the current ADL/mobility status for Resident #200. Per review of the clinical record on 6/30/10, a care plan dated 02/08/10 stated 'uses rolling walker'. On 6/30/10 at 11:30 PM, Resident #200 was observed in a wheelchair in the dining room. During interview, staff stated that the resident uses a wheelchair for mobility and is mechanically lifted from the bed to the wheelchair. Per interview on 6/30/10 at 2:15 PM, the Physical Therapist (PT) confirmed that the care plan was not revised to accurately reflect the mobility function. 2. Per record review on 6/30/10, the plan of care for Resident #59 did not reflect the use of mobility aides while in bed. Per resident observation on 6/30/10 at 10:37 AM, a trapeze bar was observed over the resident's bed. In addition, bilateral 1/4 rails were observed in the up position. On 6/30/10 at 12:43 PM, the Assistant Director of Nursing (ADNS), confirmed the plan of care for Resident #59 did not reflect the use of these assistive devices while in bed.	F 280	<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>  <u>F281</u> Resident #295's physician was notified on 6/30/10 regarding the episode of chest pain on 6/26/10. This resident has had no further incidences of chest pain. The RN was in-serviced on 6/30/10 regarding notifying the physician with any resident change in condition and documenting the further assessment after a change in condition.  Hospice order was received from the physician for resident #94 on 6/29/10.  The order for Combivent inhaler for resident #100 was clarified with the physician to use the inhaler with a spacer on 6/29/10.  The physician for resident #164 was contacted and the Amlactin topical cream was discontinued on 6/30/10.  Resident nursing notes were reviewed for the past 30 days to determine physician notification of any change in condition and will be notified as needed by 7/30/10.
F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET SS=E PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.	F 281	Residents receiving Hospice services records were reviewed on 7/1/10 to determine whether the resident had a physician's order and each resident has an order for Hospice services.

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F 281	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that all nursing services were in accordance with professional standards of nursing practice regarding management of physician orders, nursing assessment and medical record documentation for 4 of 30 residents in the stage 2 sample. (Residents #295, 94, 164 &amp; 100) Findings include:</p> <ol style="list-style-type: none"> <li>Per record review on 6/30/10 at 10:45 AM and confirmed during staff interview at 3 PM, the RN failed to take action and notify the physician after Resident #295 stated "my chest is in pain". Per review of the progress note of 6/27/10 at 0645, "last eve pt mentioned when asked how she was feeling 'my chest is in pain'..." Although the RN documented one blood pressure measurement and pulse rate, there was no evidence of further assessment on the type and quality of the chest pain, nor was there documentation that the physician and the following shift nurse was made aware of the complaint. During interview at 3 PM on 6/30/10, the RN confirmed that s/he had not notified the physician nor documented further assessment after the resident's complaint of chest pain.</li> <li>Per record review on 6/29/10 at 4:45 PM, the facility failed to obtain timely physician orders. Hospice care was initiated for Resident #94 on 6/12/10; however, no written physician order had been received or obtained indicating that hospice services should be initiated. Per interview on 6/29/10 at 5:15 PM, the Unit Manager confirmed that no physician order had been received to confirm hospice services until this date, following discussion with the surveyor on 6/28/10.</li> </ol>	F 281	<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>Residents who receive inhalers have had their physician orders reviewed on 7/1/10 to determine if a spacer is used with the inhaler. No other residents were using spacers with their inhalers.</p> <p>Treatment Records will be reviewed for topical creams and will be compared to the physician orders by 7/30/10 to ensure creams are administered as ordered.</p> <p>Licensed nurses will be in-serviced on physician notification for change in condition and documenting resident change in condition with follow up assessment in the medical record by 7/30/10.</p> <p>The Hospice agency will be contacted by 7/30/10 to inform of the new facility process for Hospice referrals. Social service will be the initial contact for Hospice referrals. Nursing will then be notified and a physician's order obtained for Hospice services.</p> <p>Licensed nurses will be in-serviced on including in inhaler orders use of spacers and verifying new monthly treatment records with the physician orders by 7/30/10.</p>	
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F 281	Continued From page 6 3. Per interview and record review on 6/29/10, staff failed to clarify a physician's order for Resident #100 for Combivent (inhaled medication for asthma). Per review, the June 2010 MAR (Medication Administration Record) stated Combivent 2 puffs qid (four times daily), spacer to be used with inhaler. Per record review on 6/29/10, the current physician order signed on 5/13/10 stated 'Combivent 2 puffs qid'. The use of a spacer was not included on the signed physician order. On 6/29/10 at 12:07 PM, the Unit Manager confirmed that staff failed to clarify whether Combivent 2 puffs qid should be given with or without a spacer.  4. Per record review on 6/30/10, Resident #164 was treated in March with a topical cream, Amlactin, ordered on 3/11/10 and used until 3/31/10. Per review of the Medication Administration Record for April 2010, the Amlactin cream was not listed on the MAR. Per review of the physician orders, including those received by phone, there was no record of this medication being discontinued for April 2010. Per interview on 6/30/10 at 3:50 PM, the Unit Manager confirmed that the Amlactin Cream was not listed on the MAR after 3/31/10, and that there was no record of a Physician order to discontinue the topical treatment.	F 281	<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>  Random audits will be completed 3 times a week by the nurse manager or designee for 3 months to ensure the physician has been notified for a resident change in condition and the documentation of further assessment.  Random audits will be completed monthly by the nurse manager or designee for 3 months to ensure topical creams have a physician order.  Results of these audits will be reported the PI committee and changes will be made as needed. The DNS is responsible for monitoring.  Random audits will be completed weekly by social service or designee for 3 months to ensure each resident receiving Hospice services has a physician order.	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose	F 329	Random audits will be completed weekly by the respiratory therapist or designee for 3 months to ensure residents who use spacers with inhalers have a physician's order.  Results of these audits will be reported the PI committee and changes will be made as needed. The administrator is responsible for monitoring.  <i>F329 POC Accepted 7/29/10 Pmcstar RN</i>	

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**F 329** Continued From page 7  
should be reduced or discontinued; or any combinations of the reasons above.

Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

This REQUIREMENT is not met as evidenced by:  
Based on staff interview and record review, the facility failed to assure that the drug regimen was free from unnecessary drugs for 1 of 10 applicable residents in the stage 2 sample. (Resident #164) Findings include:

Per record review on 6/30/10, Resident #164 had a physician order for a topical medication that was incomplete for indication and frequency of use. The physician telephone order dated 4/20/10 states, "Lidex Cream 0.5% to bilateral arms and chest", failed to include the indication and frequency for use (did not specify whether the medication was scheduled or PRN). During interview on 6/30/10 at 3:50 PM, the Unit Manager confirmed that the order was incomplete.

**F 329** *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.*

F329  
Resident #164's order for Lidex cream was clarified on 6/30/10 to include indication for use and frequency of application.

Physician orders for topical creams will be reviewed by 7/30/10 to ensure the orders include indications for use and frequency. Physician will be contacted as needed for missing information.

Licensed staff will be in-serviced by 7/30/10 on components of a complete physician's order for topical creams.

Random audits will be completed weekly by the nurse manager or designee for 3 months to ensure the topical cream physician orders are complete with indications for use and frequency. Results of these audits will be reported the PI committee and changes will be made as needed.

The DNS is responsible for monitoring.

*F329 POC Accepted 7/29/10 PmcotARN*

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7/30/10