

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

February 21, 2014

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

Dear Ms. Parker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 28, 2014**. 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

PC:jl

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

PRINTED: 02/07/2014
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 01/28/2014
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 CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An unannounced on-site complaint investigation was initiated on 1/27/14 by the Division of Licensing and Protection and completed on 1/28/14. While the facility was found to be in substantial compliance, the following issue was identified that has the potential to affect residents of the facility.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>		
F 364 SS=B	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on staff and resident interview and a sample test tray, the facility failed to ensure hot foods were provided at the proper/palatable temperature to residents who were served meals in their rooms and/or had their meals delivered by the food cart for 2 of 4 residents in the sample. Findings include: Per 1/28/14 interview at 9:35 AM, the supervisor of nutrition services (SNS) stated that the facility set a quality standard temperature of 120 degrees Fahrenheit for hot foods served to residents eating meals in their rooms. For quality purposes, the SNS tests the temperature of the food on one sample tray/month on each of the facility's 3 units. On 1/28/14 at 1:01 PM, the nutrition services supervisor tested temperatures on a surveyor requested sample tray from the Champlain unit; 3 of the 4 hot foods (mashed	F 364	F364 NUTRITIVE VALUE/APPEAR, PALATABLE/PRRFER TEMP 1) Individual residents not identified on the HCFA-2567. 2) The Dietary Manager will conduct interviews with residents to determine any concerns regarding food palatability. The Dietary Manager will develop a plan to address the areas identified from the interviews. Heated bases will be utilized for plates delivered on the carts to both LTC units. 3) The Dietary Manager, or designee, will in-service the dietary staff on food palatability, following recipes and delivery of food at the desired temperature. The Dietary Manager will conduct monthly Menu Meetings with residents to discuss the palatability and temperature of the food. The Dietary Manager will update the menus as needed as a result of the Menu Meetings. The DNS/designee will re-educate nursing staff on tray pass procedure from the cart. 4) The Dietary Manager will monitor through observation and record review, at least monthly for three months, then at least	Enter Date Here. 2/22/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Rachael Tucker Executive Director 2/14/14

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.

DMC

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F 364	Continued From page 1 potatoes, pureed peas/carrots and gravy) tested below 120 degrees Fahrenheit. Per surveyor sampling, the 3 foods tasted luke-warm at best and not palatable for hot food temperature. The SNS stated that meal temperatures would be warmer if residents ate in the Dinning Room [as would be closer to the steam table where the foods are plated] rather than in their rooms. Per 1/27 and 1/28/14 interviews with residents who eat meals in their rooms and who wished to remain anonymous, comments included, "the food is rarely warm when I get it. It would be nice if the scrambled eggs [for breakfast] were warm instead of cold." "Coffee is never hot; spinach was cool, not hot." Another resident commented, the "food is often cold, don't like to complain. They won't do anything about it." A family member who visits in the evening commented that food is "dead cold" and added that her/his relative does not want to complain for fear that things will get worse if s/he complains.	F 364	<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>quarterly, to assure that residents receive palatable food at the desired temperature. The Administrator is responsible for overall compliance.</p> <p><i>F364 POC accepted 2/19/14 s Dennis APRN/pml</i></p>	