

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

March 28, 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 **March 6, 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

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 03/06/2014
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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 226 SS=D	<p>An unannounced on-site investigation of multiple self-reports was conducted by the Division of Licensing and Protection on 3/6/14. Regulatory violations were identified as a result of the investigation. They are as follows:</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</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 interview, incident and personnel record review, in one of seven investigations, the facility failed to complete a pre-employment background check for 1 applicable employee as required by regulation. Findings include: Per personnel record review on 3/6/14, 1 employee personnel record did not show evidence of the required adult abuse registry verification or criminal background check as required by regulation. During an interview on 3/6/14 at 3:08 PM, the staff development coordinator confirmed that the above screenings were not completed. S/he explained that when the employee was screened at the time of hire on 4/3/13, his/her name was misspelled on the registry and criminal background check forms and this was not noticed until 9/25/13 when the facility resubmitted the background check forms.</p>	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>F226 Develop/Implement Abuse/Neglect</p> <p>The background check was completed on 9/25/2013.</p> <p>Current employee adult abuse and criminal background checks have been reviewed for accuracy and completeness.</p> <p>SDC has provided new orientation folders that include a check-off sheet to ensure completeness. Hiring managers will receive education on new folders.</p> <p>Review of those folders will be completed monthly x3 months and reviewed at PI committee to ensure compliance.</p> <p>F226 POC accepted 3/27/14 MBentland RN/PMC</p>	Enter Date Here. 4/6/2014
F.281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	F 281		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Robert Peter* TITLE *Executive Director* (X6) DATE *3/26/14*

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.

PMC

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PRINTED: 03/14/2014  
FORM APPROVED  
OMB-NO. 0938-0391

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F 281	Continued From page 1  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to meet professional standards for quality by not carrying out physician orders for 1 of 8 residents in the survey sample (Resident #1). Findings include: Per record review on 3/6/14, the consultant pharmacist on 11/12/13 alerted Resident #1's physician that there was evidence of a potentially significant drug interaction between two medications that the resident was taking; omeprazole (a gastric acid reducing medication) and clopidogrel (a medication that inhibits platelet clotting); taking the two medications together might reduce the effectiveness of clopidogrel. On 11/15/13 the physician responded that the benefits of the medication outweighed the potential risks; his/her response form was notated as faxed to the pharmacy on 11/19/13. On 12/18/13, the physician faxed the facility a second response, with a signed and dated order to change the omeprazole to Dexilant (an alternative gastric acid reducing medication) as recommended by the pharmacy consultant per MRR (medical record review on 11/22/13). Per 3/6/14 review of Resident #1's Medication Administration Record (MAR), from 12/1/13-3/6/14, the medication change order was not acted upon and the resident continued to receive omeprazole instead of dexilant (and continued to take clopidogrel). Per 3/6/14 review, the consultant pharmacist indicated no irregularities on his/her 1/17/14 and 2/20/14 MRR	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>  F281 Services Provided Meet Professional Standards  The MD order was obtained 3/6/2014  DNS/designee will review current pharmacy recommendations and MD recommendations followed if appropriate.  SDC/designee will provide education on pharmacy recommendation follow up to nursing staff.  DNS/designee will audit pharmacy recommendations monthly for follow up and report findings to the PI committee x3months.  F281 Poc accepted 3/27/14 M Bertrand RN / PMC	4/6/2014	

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F 281	Continued From page 2 and failed to alert the facility that the physician had ordered a medication change that was not acted upon. On 3/6/14 at 11:30 AM, a facility staff nurse confirmed the pharmacy consult MRR recommendations and that the physician orders for a medication change were not acted upon by the facility. S/he stated that the usual procedure to handle a pharmacist recommendation is to place the form in the manager's box. The manager faxes the recommendation to the MD; when the order comes back, the nurse who receives the order should make the medication change on both the physician's order sheet and in the MAR; on 3/6/14 at 11:30 AM, the unit nurse confirmed that the new order was not acted upon. *Reference: Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins. (refer 428)	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>	
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPDRT IRREGULAR, ACT ON  The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.  The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to act on an irregularity reported by the	F 428	F428 Drug Regimen Review, Report Irregular, Act on  The MD order was obtained 3/6/2014  DNS/designee will review current pharmacy recommendations and MD recommendations followed if appropriate.  SDC/designee will provide education on pharmacy recommendation follow up to nursing staff.  DNS/designee will audit pharmacy recommendations monthly for follow up and report findings to the PI committee x3 months.  F428 POC accepted 3/27/14 MBeArand RN   PML	4/4/2014

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F 428	Continued From page 3 consultant pharmacist for 1 of 8 residents in the applicable sample (Resident #1). Findings include:  Per record review on 3/6/14, the consultant pharmacist on 11/12/13 alerted Resident #1's physician that there was evidence of a potentially significant drug interaction between two medications that the resident was taking: omeprazole (a gastric acid reducing medication) and clopidogrel (a medication that inhibits platelet clotting); taking the two medications together might reduce the effectiveness of clopidogrel. On 11/15/13 the physician responded that the benefits of the medication outweighed the potential risks; his/her response form was notated as faxed to the pharmacy on 11/19/13. On 12/18/13, the physician faxed the facility a second response, with a signed and dated order to change the omeprazole to Dexilant (an alternative gastric acid reducing medication) as recommended by the pharmacy consultant per MRR (medical record review on 11/22/13). Per 3/6/14 review of Resident #1's Medication Administration Record (MAR), from 12/1/13-3/6/14, the physician ordered medication change was not acted upon and the resident continued to receive omeprazole instead of dexilant (and continued to take clopidogrel). Per 3/6/14 review, the consultant pharmacist indicated no irregularities on his/her 1/17/14 and 2/20/14 MRR and failed to alert the facility that the physician had ordered a medication change that was not acted upon. On 3/6/14 at 11:30 AM, a facility staff nurse confirmed the pharmacy consult MRR recommendations and that the physician orders for a medication change were not acted upon. She stated that the usual procedure to handle a pharmacist	F 428		

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F 428	Continued From page 4 recommendation is to place the form in the manager's box. The manager faxes the recommendation to the MD; when the order comes back, the nurse who receives the order should make the medication change on both the physician's order sheet and in the MAR; on 3/6/14 at 11:30 AM, the nurse confirmed that the new order was not acted upon. (refer 281)	F 428			