

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

May 12, 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 **April 2, 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: 04/08/2014
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 04/02/2014
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	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 514 SS=E	<p>A unannounced onsite investigation of 4 complaints was conducted on 4/2/14 by the Division of Licensing and Protection. A regulatory violation was cited as a result.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that clinical records for 4 of 6 sampled residents (Resident #'s 1, 2, 3, 4) were complete and accurately documented. findings include:</p> <p>1. Per record review on 4/2/14 at 1:15 PM, the Treatment record (TAR) for resident # 1 was missing documentation of multiple treatments. Routine ostomy/ileostomy care was not documented 47 times between January and April 2014. The care was to be done once per shift every day. Additionally, dressing changes to the</p>	F 514	<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>F514 Records- Complete/Accurate/Accessible</p> <p>Resident #1, #2, #3, #4 are not current residents.</p> <p>Review of current residents MAR and TAR for accurate and complete documentation.</p> <p>SDC/Designee will provide education for nurses to ensure accurate and complete documentation on the MARS/TARS.</p> <p>DNS/designee will audit MARS/TARS for completeness and accuracy randomly weekly for 4 weeks and then monthly x3 months. Finding will be reviewed at PI meeting.</p> <p><i>POC ACCEPTED 5/9 PM [Signature]</i></p>	4/24/2014
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
<i>[Signature]</i>		E.D.		4/20/14

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.

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F 514	Continued From page 1 G-tube site were not documented on 8 occasions in January 2014. This was confirmed by the Director of Nursing Services (DNS) on 4/2/14 at 2:30 PM. 2. Per record review on 4/2/14 at 9:48 AM, review of the TAR for resident # 2 showed that application of Nystatin cream (for treatment of rashes) was not documented on 10 occasions in March 2014. There was a physician's order to apply the Nystatin twice a day until resolved. There was no indication in the clinical record that the rashes were resolved. On 4/2/14 at 2:15 PM, a unit nurse and the unit manager both confirmed that the documentation was missing and could not confirm that the treatments had been done 3. Per record review on 4/2/14 at 1:15 PM in reviewing the Medication Administration Records (MARs) for resident #3 it was found that there was missing documentation of administration of some medications. MARs reviewed were monthly records for October 2013 through March 2014. The charting omissions involved various shifts, times, and medications. Medications not signed off included Duoneb, NaCl drops, Multivitamins, Lisinopril, and Atenolol. In addition the administration of Duoneb required the length of time of the treatment which was omitted on 29 times. In October PRN (as needed) Tramadol 25 mg was administered but was not recorded on the Pain Management Flowsheet. Additionally the initials of the person administering medications were circled numerous times throughout all MARs without the required explanation on the reverse of the MAR. The DNS acknowledged in an interview on 4/2/14 at 2:30 PM that there is no way to ascertain from the MAR the reason that certain medications were or were not	F 514			

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F 514	Continued From page 2 administered in the absence of this documentation. 4. Per record review on 4/2/14 at 10:45 AM in a review of MARs for resident #4 it was found that there was missing documentation of administration of some medications. MARs reviewed were monthly records dated September 2013 through February 2014, the MAR for March 2014 was not in the record. The DNS stated in interview on 4/2/14 stated that the March MAR was likely waiting to be filed. The charting omissions involved various shifts, times, and medications. Medications not signed off included Clonazepam, Tramadol, Metformin, Advair, Duoneb, Effexor, Tylenol, Zofran, Aspirin, Ranitidine, Lisinopril, Vitamin D, Imdur, Metoprolol, and Pantoprazole. Additionally the initials of the person administering medications were circled numerous times throughout all MARs without the required explanation on the reverse of the MAR. The DNS acknowledged in an interview on 4/2/14 at 2:30 PM that there is no way to ascertain from the MAR the reason that certain medications were or were not administered in the absence of this documentation.	F 514			