

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

June 26, 2013

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 **May 23, 2013**. 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

RECEIVED
Division of

PRINTED: 06/10/2013
FORM APPROVED
OMB NO. 0938-0391

JUN 20 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED C 05/23/2013
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NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408
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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
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F 000	INITIAL COMMENTS	F 000		
F 282 SS=D	<p>An unannounced on-site investigation of a facility-reported incident was conducted by the Division of Licensing and Protection on 5/22-5/23/13. Regulatory findings include: 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observation, interview, and record review the facility failed to assure that 1 of 4 residents in the sample group [Resident #1] received treatment and services per their Plan of Care. Findings include:</p> <p>1). Per record review Resident #1's Care Plan dated 2/26/13 includes "Psychotropic Drug Use" related to Behaviors. The Care Plan lists "resident will receive the least dosage of the prescribed psychotropic drugs to ensure maximum functional ability both mentally and physically through the next review date [6/11/13]." Per record review of Physician's Orders for Resident #1 on 5/23/13, Ativan [an anti-anxiety medication] is ordered PRN [as needed] in doses of 0.5 mg and 1 mg [milligram] amounts. Per record review, Resident #1's Medication Administration Record [MAR] documents between February 2013 and May 2013 the resident received Ativan 3 times, all in 1 mg doses. Per record review and confirmed by the facility's DNS on 5/23/13 there is no</p>	F 282	<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>F 282 SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>Resident #1 Ativan orders were clarified. Resident #1 has had no males enter her room.</p> <p>Care plan goals will be reviewed for psychotropic medication use related to behaviors. PRN psychotropic medication orders will be reviewed to ensure clarity of indication for use.</p> <p>Education was provided immediately for that male employee that attempted to enter the room.</p> <p>SDC/designee will provide center staff/contract staff re-education about no males in resident #1 room.</p> <p>Monthly audits (x3months) of MARS to ensure appropriate indications for PRN psychoactive medication use to be completed and presented to the PI committee. Identified issues will be addressed and education provided as needed. Resident #1 will be visited to ensure no males staff members are entering her room.</p>	July 5, 2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Raeahel Parker TITLE: Executive Director (X6) DATE: 6/18/13

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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F 282	<p>Continued From page 1</p> <p>documentation in Resident #1's medical record that the resident was offered or given the least dosage [0.5 mg] of Ativan per the Care Plan on any of the dates.</p> <p>2). Per record review, Resident #1's Care Plan dated 5/20/13 records "Resident does not wish for male staff in [h/her] room - no males will enter resident's room unless they are a requested [by resident] family member/friend of resident. All depts. notified of residents wishes." Per interview on 5/23/13 at 3:20 P.M. the facility's Executive Director stated that all department heads, including housekeeping, were notified of the resident's wishes and that information was relayed from the department heads to their staff.</p> <p>Per interview on 5/23/13 at 1:44 p.m. a male housekeeper cleaning floors on Resident #1's unit was asked if he had any special instructions regarding rooms, cleaning, or residents, and if there was any room he was not supposed to go into. The housekeeper replied "No".</p> <p>Per observation on 5/23/13 at 1:53 P.M. the same housekeeper cleaning floors left the hallway and entered into Resident #1's room. A staff member in the room told the housekeeper [h/she] would ask the Charge Nurse if the housekeeper was allowed, and the housekeeper exited the room.</p> <p>Per interview with the unit's Charge Nurse on 5/23/13 at 1:20 P.M. regarding Resident #1's Care Plan for no male staff in [h/her] room, the Charge Nurse stated "everybody is aware". When asked if the restriction was for all male staff in the facility or for the caregivers only, the Charge Nurse stated "I don't know", and reported that the Housekeeping service in the facility was</p>	F 282	<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><i>F282 POC accepted 6/20/13 TDougherty RN/PMC</i></p>		

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F 282	Continued From page 2	F 282	<i>This Plan of Correction is the center's credible allegation of compliance.</i>		
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 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 upon staff interview and record review, the facility failed to ensure the drug regimen of 1 of 4 sampled residents [Resident #1] remained free from unnecessary drugs. Findings include:	F 329	<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> F329 DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Resident #1 is alert and oriented and requested the Ativan. Anxiety state was added to Resident #1 diagnosis list. Nursing Management Team/designee will conduct a chart audit to ensure appropriate diagnosis for psychoactive medication use. The Staff Development Coordinator /designee will in-service the nursing staff regarding need for appropriate diagnosis for psychoactive medication use. Monthly audits (x3months) to assess appropriate diagnosis for psychoactive medications. These audits will be presented to the PI committee and reeducation provided as needed. <i>F329 POC accepted 6/20/13 TDougherty RMI pmc</i>	7/5/13	

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F 329	Continued From page 3 1). Per record review, Resident #1 was transferred from a hospital to this facility on 2/26/13. The transfer record contains Resident #1's 'problem list', which includes; falls, generalized weakness, anemia, intestinal mass, pressure ulcer, obesity, migraines, gastric reflux, and depression. The problem list does not include anxiety. Per record review and confirmed by the Director of Nursing Services [DNS] on 5/23/13 'anxiety' is not listed as one of the diagnoses on Resident #1's History and Physical completed by the resident's physician upon admission to the facility on 2/26/13. Per record review Resident #1's Admission Assessment dated 2/28/13 lists 11 'active medical problems' but does not list 'anxiety'. Under the Assessment's review of systems- Psychiatric- the assessment checks the resident as diagnosed with depression but under anxiety the assessment is left unchecked and blank. Per record review of Resident #1's Minimum Data Sheet [MDS] the two most recent assessments for Resident #1, completed 30 days and 60 days after the resident's admission, document under diagnoses of Psychiatric/Mood disorder: "Anxiety: No". Per record review of Resident #1's 'Initial Mood and Behavior Monitor [sheets]' March 2013 documents Resident #1 as "Mood- happy; Behaviors- none" and again for April 2013 "Mood- happy; Behaviors- none." Per record review of Physician's Orders dated 2/26/13, Resident #1 was ordered Ativan [an anti-anxiety medication] 1 mg [milligram] every 2 hours PRN [as needed] for restlessness,	F 329	<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>	

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F 329	<p>Continued From page 4</p> <p>insomnia, and anxiety. On 3/16/13, an order was added for Ativan 0.5 mg every 2 hours PRN for agitation and anxiety. Per record review of Resident #1's MDS assessments, regarding anti-anxiety medications the resident required within the last 7 days, the MDS records Resident #1 received "0" anti-anxiety medications during all assessment periods.</p> <p>Per record review Resident #1's Care Plan dated 2/26/13 includes "Psychotropic Drug Use" related to Behaviors . 'Approaches' for the Care Plan include "document mood/behavioral issues each shift [see behavior monitoring log]". Per record review of Resident #1's monthly Behavior Intervention Flow Record [Behavior Monitoring Log], the only indication of a 'behavior' ["sad, weepy, anxiety, insomnia"] is on 5/17/13. Per record review and confirmed during an interview with the DNS on 5/23/13, behaviors on 5/17/13 are marked as either zero or one then crossed out and changed. Per record review there are no other 'behaviors' documented on the monitoring logs for Resident #1's entire stay at the facility. Additionally, the Behaviors sections records "medication should not be first intervention".</p> <p>Per record review the facility's Acknowledgement of Psychoactive Medication Use for Resident #1 dated 2/28/13 lists the medication Ativan for 'anxiety'. The Acknowledgement states "The Centers Interdisciplinary team has determined that it is necessary to implement the use of psychoactive medication because less restrictive measures implemented to date have proven unsuccessful." Per record review and confirmed during an interview with the DNS on 5/23/13, save for 5/17/13 when behaviors were marked</p>	F 329	<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>	

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F 329	Continued From page 5 as either zero or one then crossed out and changed, there are no 'behaviors' documented including anxiety on the monitoring logs for Resident #1's entire stay at the facility. The DNS confirmed there were no "less restrictive measures implemented to date" that "have proven unsuccessful" since Resident #1 had exhibited no behaviors requiring any measures. The Acknowledgement of Psychoactive Medication Use continues with "...every effort will be made to address the underlying cause that resulted in the use of a psychoactive medication and the Center will work toward trying to reduce or eliminate the need for the psychoactive medication." Per record review of the Pharmacy Medication Regimen Review, Physician Progress Notes, and Nursing Notes, and confirmed during interview by the DNS, save for the single altered documentation of a 'behavior', there had been no indication for a need recorded on Behavior Monitor sheets for the psychoactive medication Ativan, and there had been no documented effort to reduce or eliminate the psychoactive medication for Resident #1.	F 329	<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 431 SS=D	See also F514. 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 431	F431 DRUG RECORDS LABEL/STORE DRUGS AND BIOLOGICALS Resident #1 did receive the medication as indicated by the nursing notes and according to interview with Resident #1 and Resident #1's daughter. This nurse is no longer employed at the facility. SDC/designee will provide education to the nursing staff in regards to documentation of medication administration being completed on the MARS. Monthly audits will be completed (x3months) of the MARS to ensure documentation is complete. Results will be reviewed at PI and reeducation completed as needed.	7/5/13	

F431 ADC accepted 6/20/13
TDougherty RN PMC

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F 431	<p>Continued From page 6</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon interview and record review the facility failed to assure the medication records for 1 of 4 residents in the sample group [Resident #1] were accurately maintained and free of errors. Findings include:</p> <p>Per record review of Nursing Notes for Resident #1 dated 5/18/13 at 4:47 P.M. "approx. 0900 hours patient [Resident #1] received PRN [as needed] Ativan [an anti-anxiety medication]...approx. 1300 hrs. [1:00 P.M.]</p>	F 431	<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>	

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F 431	Continued From page 7 Patient received PRN Tylenol and Ativan". Per interview with the facility's Director of Nursing Services [DNS] on 5/23/13 at 3:40 P.M., all medications given to residents are documented on the resident's Medication Administration Record [MAR]. Per record review on 5/23/13 and confirmed by the DNS, Resident #1's MAR for 5/18/13 documents only one dose of Ativan was given to the resident. The DNS confirmed that a documented drug count listed 2 doses of Ativan were administered, and that a second dose should have been recorded on Resident #1's MAR per the facility's policy but was not.	F 431	<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 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE 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. 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. This REQUIREMENT is not met as evidenced by: Based upon interview and record review the facility failed to assure the clinical record for 1 of 4 residents sampled [Resident #1] accurately documents the resident's status. Findings include:	F 514	F514 RECORDS-COMPLETE/ACCURATE/ACCESSIBLE Resident #1 is alert and oriented and requested the Ativan. Anxiety state was added to Resident #1 diagnosis list. Nursing Management Team/designee will conduct a chart audit to ensure appropriate diagnosis for psychoactive medication use. The Staff Development Coordinator /designee will in-service the nursing staff regarding need for appropriate diagnosis for psychoactive medication use. Monthly audits (x3months) to assess appropriate diagnosis for psychoactive medications. These audits will be presented to the PI committee and reeducation provided as needed. <i>F514 POC accepted 6/20/13 TDougherty RN/PMC</i>	<i>7/5/13</i>	

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F 514	<p>Continued From page 8</p> <p>1). Per record review on 5/23/13, Resident #1's Plan of Care includes sections addressing Psychotropic Drug Use and potential for Mood[s]. The Care Plan for Moods records the potential for anxiety, based upon Resident #1's "diagnosis" of anxiety. Resident #1 is care planned for Psychotropic Drug Use "related to diagnosis of...anxiety". The facility's Acknowledgement of Psychoactive Medication Use dated 2/28/13 registers Ativan, an anti-anxiety medication, ordered for Resident #1's anxiety. Per record review of Nursing Notes dated 2/27/13 "Re: admission [of Resident #1] diagnoses: depression and anxiety".</p> <p>Per record review Resident #1 was transferred from a hospital to this facility on 2/26/13. The transfer record contains Resident #1's 'problem list', which includes; falls, generalized weakness, anemia, intestinal mass, pressure ulcer, obesity, migraines, gastric reflux, and depression. The problem list does not include anxiety. Per record review and confirmed by the Director of Nursing Services [DNS] on 5/23/13 'anxiety' is not listed as one of the diagnoses on the Resident #1's History and Physical completed by the resident's physician upon admission to the facility on 2/26/13.</p> <p>Per record review Resident #1's Admission Assessment dated 2/28/13 lists 11 'active medical problems' but does not list 'anxiety'. Under the Assessment's review of systems- Psychiatric- the assessment checks the resident as diagnosed with depression but under anxiety the assessment is left unchecked and blank. Per record review of Resident #1's Minimum Data Set</p>	F 514	<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>	

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F 514	Continued From page 9 [MDS], the two most recent assessments for Resident #1, completed 30 days and 60 days after the resident's admission, document under diagnoses of Psychiatric/Mood disorder: "Anxiety: No". Per record review of Resident #1's 'Initial Mood and Behavior Monitor [sheets]' March 2013 documents Resident #1 as "Mood- happy; Behaviors- none" and again for April 2013 "Mood- happy; Behaviors- none". Per record review of Physician's Progress Notes dated 5/16/13 Resident #1 is "Feeling well. Happy with care ... mood very good." Per record review and confirmed during an interview with the Director of Nursing Services on 5/23/13, save for 5/17/13 when 'behavior' was marked as either zero or one then crossed out and changed, there are no 'behaviors' including anxiety documented on monitoring logs for Resident #1 's entire stay at the facility.	F 514		