



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
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Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

July 18, 2011

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

Provider #:

Dear Ms. Parker:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **June 7, 2011**. Please post this document in a prominent place in your facility.

We will 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

Enclosure



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

PRINTED: 06/30/2011
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 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2011
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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 05401
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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
K 000	INITIAL COMMENTS	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130	<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>	
	This STANDARD is not met as evidenced by: Based on inspection, accompanied by a facility staff member, the facility failed to meet all applicable Life Safety Code requirements. Findings include: 1. Per inspection on 6/7/11, the outlets for the portable water coolers located in the main copier room and at the Champlain Nursing Station are not GFCI (Ground Fault Circuit Interruption) protected. 2. Per inspection on 8/7/11, the exterior egress doors for the Chittenden Wing Dining Room have rusted hinges and the doors close hard.	K130	Outlets for the portable water cooler in Champlain nursing station and copier have been fixed. Door hinges on Chittenden Wing Dining Room doors were replaced. Other outlets have been reviewed and updated as needed with GFCI. Other Egress doors have been audited. Any new outlets that require GFCI will be installed per code.	7/15/2011
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	Maintenance Director will monitor GFCI outlets through annual inspections. And Egress doors are checked monthly to ensure proper closer. Any issues identified will be reviewed at PI meeting. K130 Prc Accepted 7/13/11 J.Bernard (fncotorn) F147	7/15/2011
	This STANDARD is not met as evidenced by: Based on inspection, accompanied by a facility staff member, the facility failed to assure electrical wiring and equipment is in accordance		It is the practice of this center to assure compliance with NFPA 70, National Electrical Code at all times to include:	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Rachael Faith Admin* TITLE *7/11/11* (X6) DATE

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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K 147	Continued From page 1 with NFPA 70, National Electrical Code 9.1.2. Findings include: 1. Per inspection on 6/7/11, the outlets for the portable water coolers located in the main copier room and at the Champlain Nursing Station are not GFCI (Ground Fault Circuit Interruption) protected.	K 147	<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> Outlets for the portable water cooler in Champlain nursing station and copier have been fixed. Other outlets have been reviewed and updated as needed with GFCI. Any new outlets that require GFCI will be installed per code. Maintenance Director will monitor GFCI outlets through annual inspections. Any issues identified will be reviewed at PI meeting. K147 POC Accepted 7/13/11 J. Bernard / Pincetarn	7/15/2011

