

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

PRINTED: 07/23/2010  
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  08/29/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  STARR FARM NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05401
---	---

(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

A Life Safety Code survey was conducted on June 29, 2010. Accompanying the Inspector on the tour of the facility was the Head of Maintenance. The following deficiency has been cited.

*This Plan of Correction is the center's credible allegation of compliance.  
  
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.*

K 069 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=D

K 069

Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 96

This STANDARD is not met as evidenced by:  
Based on observation and confirmed by interview, the facility failed to assure that the cooking facilities are protected in accordance with requirements of NFPA 96.

K069

8/30/2010

No residents were affected by this issue.

Per observation during the tour on 6/29/10, that a griddle was being used in the dining room to cook, producing grease laden vapors without a kitchen hood or fire suppression being in place. This was confirmed by the Head of Maintenance during the tour.

Grill will not be used in dining room.

Education will be completed for appropriate staff to ensure knowledge of NFPA code affecting this issue.

Maintenance Director will monitor that cooking facilities are protected in accordance with NFPA 96.

*Rec Accepted  
Joseph Bonar  
8-6-10*

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

TITLE

(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.