

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

November 6, 2012

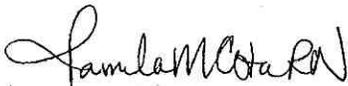
Ms. Rachael Parker, Administrator
Starr Farm Nursing Center
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Ms. Parker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 3, 2012**. 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

OCT 30 2012

PRINTED: 10/15/2012
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 10/03/2012
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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 201 SS=D	<p>483.12(a)(2) REASONS FOR TRANSFER/DISCHARGE OF RESIDENT</p> <p>The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;</p> <p>The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;</p> <p>The safety of individuals in the facility is endangered;</p> <p>The health of individuals in the facility would otherwise be endangered;</p> <p>The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge a resident only allowable charges under Medicaid; or</p> <p>The facility ceases to operate.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 201	<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 201 Reasons for Transfer/Discharge</p> <p>Resident is no longer living at the facility</p> <p>There are no other residents in this situation</p> <p>The clinical team has been reeducated about required documentation for difficult to manage behaviors.</p> <p>Documentation will be reviewed at PI committee monthly x3months and reeducation will be conducted as needed.</p> <p><i>F 201 POC accepted 11/11/12 M. Higgins, RM / S. Perry, ED</i></p>	Nov 3, 2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

AMC

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F 201	<p>Continued From page 1</p> <p>by:</p> <p>Based on record review and staff interview, the facility failed to assure that a discharge for one resident (Resident #1) was necessary for the resident's welfare and that the resident's needs could not be met in the facility. Findings include:</p> <p>Per record review, Resident #1 (R#1) was admitted to the facility on 6/6/2012 from home. The resident did have a history of drug-seeking over the counter medications at his/her local pharmacy(s) and of leaving the hospital twice during medical crises.</p> <p>In record review, a Recreation/Leisure Patterns assessment was conducted on 6/15/12, but there is no Activities Care Plan found in the record. Additionally no evidence was found in the Care Plan of development/revisions of specific strategies/activities to reduce exit-seeking behaviors. There are no interventions from the assessment found on the Behavior/Intervention Monthly Flow Records during the time the resident resided in the facility. The record did not provide evidence of interdisciplinary meetings being conducted to reassess the current strategies and to develop resident specific approaches/interventions to try to reduce/prevent exit seeking behaviors.</p> <p>Per staff interview on 10/3/12 at 3:10 PM both the Social Worker and Administrator describe the resident as aggressively seeking to exit the building as soon as one or two days after admission to the facility.</p> <p>In a review of Behavior/Intervention Monthly Flow Records and Nursing notes there are instances of the resident requesting rides from staff to go</p>	F 201		

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F 201	Continued From page 2 home or to the store for Tylenol and there are two documented occasions of active intent to elope. The first instance was at 12:30 P.M. on 6/21/12 when the facility received a call from a local cab company that Resident #1 had called at 12:20 P.M. asking for a cab to take her home. At 1:30 PM the same day, the notes state that the resident called 911 and was re-educated regarding the use of 911. There are no other calls to cab companies or 911 noted. The second attempt was on 7/2/12 when the resident, with his/her 1:1 aid following, left the facility. After attempts by multiple staff the resident agreed to return to the facility. On 6/26/12 a Social Work note states that a conversation was held with the Daughter/Legal Guardian to inform her that the resident was not appropriate to remain at the facility due to the exit seeking behaviors and to request permission to make referrals to local facilities with a locked unit. The nearest facility identified was in St. Albans which the guardian refused, stating it was too far north. A Nursing Home in Rutland offered a bed on 7/2/12 according to the record. The nurses note states that the daughter was notified of the resident's leaving the facility and that there was an MD order in place for the resident's discharge to the Rutland facility. In interview on 10/3/12 at 1:40 PM the Administrator confirmed that the Legal Guardian was not informed of appeal rights or given a written discharge notice.	F 201		
F 203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a	F 203		

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F 203	<p>Continued From page 3</p> <p>resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the</p>	F 203	<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>F203 Notice Requirement for Transfer/Discharge</p> <p>Resident is no longer at the facility.</p> <p>No other residents require notice.</p> <p>Leadership team was reeducated about when to provide written notice for discharge.</p> <p>PI team will review whether any residents require notice monthly x3month.</p> <p>F203 POC accepted 11/1/12 M. Higgins, Carl S. Leung</p>	11/3/2012

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F 203	Continued From page 4 protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that the legal representative for Resident #1 was notified in writing of the discharge and reasons for the move. In addition, the written notice was required to include the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman, as well as the appeal rights. Findings include: Per record review Resident #1 was admitted to the facility on 6/6/12. On 6/7/12 the Resident's daughter was notified that the Resident was asking staff for a ride to a pharmacy to obtain Tylenol and was considered an elopement risk. On 6/8/12 a Social Work note states that the Resident's daughter wishes the Resident to remain in the facility for long-term care (LTC). It also states that the Guardian was informed that the Resident "might be more appropriate for a locked/secure unit and would likely do well at assisted living since [Resident] is fairly	F 203		

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F 203	Continued From page 5 independent with ADL's [Activities of Daily Living]. Dtr understands that [this facility] may not be appropriate for LTC." On 6/26/12 a Social Work note states that there was a prolonged conversation with the Daughter/Guardian regarding exit seeking behaviors and a request for permission to seek a local secure/locked unit was obtained. The note stated "Will continue to work with family on more appropriate placement." In interview, the Administrator and Social Worker stated that though they had spoken with the Daughter/Guardian they had never stated that the resident was being discharged and that they believed that the daughter was in agreement with the discharge until 7/2/12 when she (Daughter/guardian) stated that the Resident would not be leaving Starr Farm or going to Rutland. Both the Administrator and SW confirmed that the Legal Guardian was not provided with a written notice of discharge and/or appeal rights information that there was a right to appeal and a right for the Resident to remain in place during the appeal.	F 203		