

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

PRINTED: 06/12/2009
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 05/28/2009
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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
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F 280 Continued From page 1
in status. Per the most recent MDS (Minimum Data Set), completed 4/5/09, Resident #5 requires physical assist for transfers, dressing, bathing, toilet use, and personal hygiene. The current care plan for ADL's states that the resident is independent for toileting and hygiene, requires only set-up for grooming and hygiene, and that only supervision is needed for bathing. On 5/27/09 at 3:30 PM, the Unit Manager confirmed that the ADL profile was not updated to reflect current care needs.

2. Per record review on 5/26/09, the care plan for ADL's for Resident #1 was not updated to reflect changes in the Resident's needs. Per the MDS dated 3/17/09, the Resident required extensive assistance with dressing and hygiene/bathing. The current care plan states that the Resident required only set-up assistance with these ADL's. On 5/26/09 at 2:51 PM, the Unit Manager confirmed that the care plan had not been updated to reflect the Resident's current needs.

F 282 483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS
SS=D

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview the facility failed to provided treatment and services according to the written care plan for 1 of 21 residents. (Resident #9) Findings include:

F 280

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.

*POC written 6/28/09
R. Timbley / SSK*

F 282

F282D~Care Plan Implementation by a Qualified person

- Resident #9 is being turned timely, wearing his arm sleeves, and his Palm Guard as ordered.
- All residents have the potential to be affected by this alleged deficient practice.
- Each Nurse Manager reviewed treatment orders for their resident's and ensured that they are still current and that the nurse as is following them as ordered. SDC/rehab manager is providing education to nursing staff on applying protection equipment / positioning devices as ordered as well as educating nursing staff on repositioning resident's who cannot reposition themselves.

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F 282 Continued From page 2
1. Per record review on 5/26/09 of the care plan, Resident # 9 requires a palm protector, bi-lateral arm protectors and repositioning every 2 hours. During observation on 5/26/07 and confirmed by the Staff Nurse, Resident# 9 did not have the arm protector on the left arm. Per observation on 5/27/09 from 8:45 AM until 12 noon, the right palm protector was not being utilized nor was the resident repositioned. The unit manager confirmed that the above treatment and services were not provided as care planned.

F9999 FINAL OBSERVATIONS
Per State of Vermont Licensing and Operating Rules for Nursing Homes dated December 15, 2001, Section 3.17 (d) Staff treatment of residents. (e)" A nursing facility shall report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the Vermont State Nurse Assistants Registry or the appropriate licensing authority and the licensing agency. Actions by a court of law which indicate unfitness for service include a charge of abuse, neglect, or exploitation substantiated against an employee or conviction of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction within or outside the State of Vermont".

Based on record review and interview the facility failed to inform the Licensing Agency of a criminal violation against 1 of 5 employees in the targeted sample. Findings include:

Per record review of employee background

F 282
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F9999

- An audit will be conducted daily by the NM/Supervisor for 4 weeks of application of protection equipment / positioning devices then weekly for a total of 3 months. The results of this audit will be presented to the Performance Improvement Committee monthly for 3 months for review and recommendation.

F9999 No requested waiver from the Director of Licensing and Protection on one employee

- Employee identified during survey has a letter requesting a variance sent to the Director of Licensing and Protection by the facility.
- All residents have the potential to be affected by this alleged deficient practice.
- Employee records have been reviewed to identify who may not have had this waiver in place. For any employee who may need this waiver the process has been implemented to obtain a waiver. The SDC is providing education to all department heads regarding

*for audit
8/28/09
RT...
SDC*

requiring this waiver to be obtained

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F9999	Continued From page 3 checks on 5/28/09, the facility failed to notify the Director of Licensing and Protection regarding one employee's criminal background check report of a misdemeanor. Per interview on the afternoon of 5/28/09, the Executive Director confirmed that the facility had not requested a variance from the Director of Licensing and Protection regarding the criminal violation of the employee.	F9999	<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>for employees that meet this requirement. A log of new employees will be completed with the following information: whether the waiver was needed or not, what date the documents were sent to Division of Licensing and protection and the date in which the waiver was received.</p> <ul style="list-style-type: none"> The administrator or designee will be responsible for this process. An audit will be completed monthly to validate that the log is accurate for new employees needing the waiver is accurate. The results of this audit will be presented to the Performance Improvement Committee monthly for 3 months for review or recommendation. <p><i>Re audit 6/28/09</i> <i>R. T. [Signature]</i></p>	