VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

March 6, 2019

Mr. Bradley Heller, Administrator
Elderwood At Burlington
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Mr. Heller:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 5, 2019**. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475030	A. BUILDING _____ B. WING _____	C 02/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARR FARM NURSING CENTER	98 STARR FARM RD BURLINGTON, VT 05408

(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
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted investigations of 2 facility reported incidents and 2 complaints on 2/5/19. The following regulatory violation was cited as a result.	F 000	This Plan of Correction is the Facility's 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.	3/18/19
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that the resident environment remains as free of accident hazards as is possible for 1 sampled resident (Resident # 1). Findings include: An electric recliner chair belonging to Resident # 1 was not inspected by facility maintenance staff prior to be put into use by the resident. The resident was admitted on 11/27/18. The facility reported that on 1/16/19, a reclining chair belonging to resident # 1 was smoking and sparking. Facility policy dated 10/12/18 and modified on 11/7/18 states that the supervisor of maintenance will ensure upon admission and throughout a stay at this facility, the personal electrical appliances of a resident will be inspected for fire and electrical safety before use of the item is permitted in the resident's room.	F 689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bradley Keller — TITLE: Administrator — (X6) DATE: 3/1/2019

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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F 689	Continued From page 1 The supervisor or designee initials and records the date of the appliance inspection on an equipment inspection tag. That tag is placed on the cord or the underside of the appliance. On 2/5/19 at 10:50 AM, the Maintenance Director (MD) stated that h/she was unaware that Resident # 1 had an electric chair in his/her room until the incident on 1/16/19. The MD confirmed that the chair had not been inspected or tagged by maintenance staff as required by facility policy.	F 689	F: 689 Free of Accident Hazards/Supervision/Devices: Resident #1 Family brought a recliner into the facility after the Resident was admitted. Staff did not alert maintenance that the recliner was in the building and required inspection. A facility wide audit of all Resident personal electrical equipment was completed on January 18th to ensure electrical equipment is safe for use by Residents. We reviewed the facility's Resident personal electrical equipment policy and the TELS maintenance work order system with all staff. Review the TELS system daily. Complete weekly audits on all Admissions for two months to ensure any Resident personal electrical equipment brought into the facility is promptly inspected. Audit results will be reported on during our daily IDT meeting. Responsible Party: Director of Maintenance F689 POC accepted 3/6/19 RTremblay RN/PMC	3/18/19