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

June 25, 2018

Ms. Susan Biondolillo, Administrator
Starr Farm Nursing Center
98 Starr Farm Rd
Burlington, VT 05408-1396

Dear Ms. Biondolillo:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 31, 2018**. 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 05/31/2018

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 a complaint investigation on 5/31/18. The following regulatory deficiencies were cited as a result:	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or	F 580	*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.* F 580 1. Resident #1's face sheet was updated with the current contact information for the daughter. B) Resident # 1's family received notification on 5/6/18. 2. All residents have the potential to be affected by this alleged deficient practice 3. A) Demographic data including resident contact information will be audited, reviewed and updated to reflect the residents current contact information. B) Demographic information will be reviewed and updated as necessary at admission, quarterly at resident review meetings and as needed.	06/29/18

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

Susan B Biondolillo Executive Director 06/19/18

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 580	Continued From page 1 (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to immediately notify, consistent with his or her authority, the resident representative(s) when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention for 1 applicable resident (Resident #1). Findings include: Per staff interview and record review, Resident # 1 received full thickness burns due to staff's failure to follow proper procedure when serving a hot food item. Per record review, Resident # 1's family was not notified of the injury until 5/6/18, 2 days after the incident. The family member was made aware of the incident by Resident # 1. The facility Executive Director confirmed on 5/31/18 at 8:05 AM that the Resident's family was not notified.	F 580	C) Staff will be educated on the notification to family /designee of resident changes when there is an injury, adverse event, change in treatment, change in physical, mental or psychosocial wellbeing or discharge /transfer. D) Notification to family /designee of resident changes will be documented in the clinical record. 4. Random weekly audits of clinical record documentation will be completed to ensure appropriate notification to family/designee was completed. Until compliance is obtained B) Audit results will be reviewed at monthly Performance Improvement meetings for three months then as directed by the committee to ensure compliance is maintained. 5. Responsible Party -DNS F-580 POC accepted 6/25/18 R. Tremblay RN / S. Reny, RN	

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F 689 SS=G	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 interviews and record review, the facility failed to ensure that the resident environment remains as free of accident hazards as is possible for 1 applicable Resident (Resident #1). Findings include: Per staff interview and record review, Resident # 1 received full thickness burns due to staff's failure to follow proper procedure when serving a hot food item. On 5/4/18, Resident # 1 requested a staff Licensed Nursing Assistant (LNA) to heat some soup that belonged to Resident # 1. Per record review and confirmed by staff interview, the LNA did not take the temperature of the soup prior to serving it to Resident #1. The LNA placed the soup within the Resident's reach and left the room. The clinical record notes that Resident #1 has hand tremors. The facility Microwave Ovens and Safety policy states to "check temperature with a clean, sanitized food thermometer or T-stick". The policy also states "Allow foods to stand covered for 2 minutes after cooking (unless otherwise indicated) to obtain temperature equilibrium". Under the Patient Safety section of the policy, it states to "Allow food to sit uncovered for approximately 2 to 7	F 689	*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.* F 689 1. 1. Resident #1 received cold compresses and the on call physician was notified. B) The wound nurse completed an assessment and recommended treatments C) The medical director completed an evaluation and consulted with dermatology physician D) Occupational therapy screen was completed for positioning while eating and new tremors with new orders for adaptive equipment. 2. All residents who eat in bed or have new tremors have the potential to be affected by this alleged deficient practice. 3A) Nursing audited and identified all resident at risk for injury related to positioning while self-feeding in bed and/ or new tremors. B) Nursing will monitor residents at risk for injury related to positioning while self-feeding in bed and for the presence of new onset of tremors upon admission and monthly thereafter. C) Occupational therapy screens were requested for all residents who were	06/29/18

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F 689	Continued From page 3 minutes after the standing time before serving". Facility documentation indicates that the LNA was not aware of the policy to check the food temperature with the strip. The Assistant Director of Nurses (ADON) confirmed on 5/31/18 at 9:50 AM that the LNA did not check the temperature of the soup after heating as per facility policy and did not wait the required time period prior to serving soup as per policy.	F 689	identified as being at risk for injury related to positioning while eating and/ or new tremors. OT screens will be requested for any resident who has been identified as being at risk for injury related to positioning issues while self–feeding in bed and onset of new tremors. D) Staff were educated on the policy for reheating/warming foods. Staff will be educated upon hire and annually	
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able	F 726	E) Thermometers were placed in all unit kitchenettes. F) Precautions for Heating food including appropriate temperature ranges were posted in all unit kitchenettes. G) The Microwave Oven and Safety Guideline was reviewed and revised. Staff will be educated on the guideline revisions. 4A) Random weekly audits will be completed with staff. Staff will demonstrate the ability to warm foods as per the Microwave Oven and Safety Guideline Audits will be completed until compliance is reached B) The audit results will be reported at the monthly Performance Improvement Committee meetings for 3 months then as directed by the committee to ensure compliance is maintained. 5) Responsible Party - DNS F689 POC accepted 6/25/18 R. Trombley RN / S. Reny RN	

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F 726	Continued From page 4 to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure nursing staff with the appropriate competencies and skills assessed 1 applicable resident (Resident #1) after a significant injury. Findings include: Per staff interview and record review, Resident # 1 received full thickness burns due to staff's failure to follow proper procedure when serving a hot food item. The incident occurred on 5/4/18. Resident # 1 was assessed and treated by Licensed Practical Nurses (LPNs) until the morning of 5/7/18 when an assessment by a Registered Nurse (RN) was done. The RN noted burns on the Resident's chest, left breast and upper abdomen. The RN also noted full thickness burns over the sternum and partial thickness burns on the Resident's left side. Per record review and confirmed by staff interview, staff did not notify the facility nursing leadership or the Medical Director until 5/7/18 despite facility policy to do so. This was confirmed by both the Executive Director and the Assistant Director of Nurses on 5/31/18. Per the Vermont Nurse Practice Act (26 V.S.A. Chapter 28, revised September 14, 2015) "LPNSs may not independently assess the health status of an individual or group and may not independently develop or modify the plan of care. LPNs may contribute to the assessment and nursing care planning processes; however,	F 726	*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.* F. 726 1. An RN Assessment was completed by the Wound Nurse on 5/7/18 2. All residents have the potential to be affected by this alleged deficient practice 3. Nurses will be educated on the requirement for an RN assessment after an injury that has the potential for physician intervention, including but not limited to significant burns. B) LPN's will continue to contribute to the assessment of residents as directed / guided by the RN.. C) Nurses were educated on the requirements to notify the Executive Director/DNS of any resident injury that has the potential to require physician intervention. 4. Random weekly audits of the clinical record will be completed to ensure RN assessments were completed for injuries that have the potential for physician intervention. The ED/DNS will monitor to	06/29/18

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F 726	Continued From page 5 patient assessment and care plan development or revision remain the responsibility of the RN/APRN/Licensed physician/Licensed dentist".	F 726	ensure they received notification of injuries that may require the intervention of a physician. Audit results will be reported to the monthly Performance Improvement Committee for 3 months then as directed by the committee to ensure compliance is maintained. 5. Responsible Party - DNS F726 POC accepted 6/25/18 RTremblay,RN /S. Perry,RN	