

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

October 9, 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 **August 28, 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

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

PRINTED: 10/04/2018  
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 08/28/2018
NAME OF PROVIDER OR SUPPLIER  STARR FARM NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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 an unannounced onsite investigation of 4 facility reported incidents and 1 anonymous complaint from 8/27 - 8/28/18. The following regulatory finding was identified.	F 000	
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.  §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.  §483.10(b)(1) The facility must ensure that the	F 550	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Susan B. Bondolillo* *Executive Director* *10/4/18* *09/20/2018*

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 550	<p>Continued From page 1</p> <p>resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff and resident interviews and record review, the facility failed to protect and promote the rights of 1 of 5 residents in the applicable sample (Resident #5). The facility failed to treat Resident #5 with respect and dignity and in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing the resident's individuality. Findings include:</p> <p>Per record review, Resident #5 was admitted to the facility with diagnoses that include, but are not limited to PTSD, Borderline Personality Disorder, Depression and Anxiety. Per review of the facility's internal investigation along with written witness and alleged perpetrator statements, and resident interview, one employee (Employee #4), a Licensed Practical Nurse (LPN) used language that was abusive, disrespectful and demeaning to the resident. On 8/7/18 at approximately 8:15pm an LPN went into Resident #5's room to pass out evening medications. Resident #5 accidentally spilled water onto the overbed table getting various items wet and s/he subsequently threw the items into the trash. The LPN told the resident that after the items dried out they would be fine. A verbal altercation ensued between the</p>	F 550	<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>F550: 09/21/18</p> <ol style="list-style-type: none"> <li>1. Resident #5 – Facility immediately removed the LPN from the unit and contract employment was terminated. LPN was reported to Vermont Licensing Board.</li> <li>2. All residents have the potential to be affected by this alleged deficient practice. Facility immediately removed the LPN from the unit and contract employment was terminated. LPN was reported to Vermont Licensing Board.</li> <li>3. Current Staff will be educated on Resident Rights and Challenging Resident Behaviors. New employees will be educated on Resident Rights and Challenging Resident Behaviors upon hire at General Orientation</li> </ol> <p>Agency staff will be educated on Resident Rights and Challenging Resident Behaviors prior to being assigned to nursing care.</p>	

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F 550	Continued From page 2 LPN and Resident #5 that included the nursing using profanity towards the resident. The LPN at one point threatened to take away the resident's medication and also stated "you don't throw your f...ing cup at me". During an interview on 8/28/18 at 9:50am the resident admitted that s/he also used profanity. However, that does not allow staff to respond inappropriately. After this incident the resident did express being fearful and having difficulty sleeping as a result of this interaction.  The regulation interpretive guidelines clearly indicates that nursing homes have diverse populations that include resident with mental disorders, disabilities and behaviors. Staff interactions with residents should take into account the individuality of the resident in a nursing home setting. All staff are expected to be in control of their own behavior, are to behave and act professionally, and should understand how to work with the nursing home population and respond appropriately to resident behavior.	F 550	4. A weekly audit of new hires to include agency staff will be completed to ensure compliance with completion of education.  5. Audit results will be reported to the Performance Improvement Committee until 100% compliance is achieved then per recommendations of the committee  <i>F550 POC accepted 10/4/18 mctar</i>
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or	F 600	



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F 600 Continued From page 3  
physical abuse, corporal punishment, or involuntary seclusion;  
This REQUIREMENT is not met as evidenced by:  
Based on observation, staff and resident interviews and record review, the facility failed to assure that 1 of 5 residents in the applicable sample (Resident #5) remained free from verbal abuse. Findings include:

Per record review, Resident #5 was admitted to the facility with diagnosis that include, but are not limited to PTSD, Borderline Personality Disorder, Depression and Anxiety. Per review of the facility's internal investigation along with written witness and alleged perpetrator statements, and resident interview, one employee (Employee #4), a Licensed Practical Nurse (LPN), used language that was abusive, disrespectful and demeaning to the resident. On 8/7/18 at approximately 8:15pm an LPN went into Resident #5's room to pass out evening medications. Resident #5, accidentally spilled water onto the overbed table getting various items wet and s/he subsequently threw the items into the trash. The LPN told the resident that after the items dried out they would be fine. A verbal altercation ensued between the LPN and Resident #5 that included the nursing using profanity towards the resident. The LPN at one point threatened to take away the resident's medication and also stated "you don't throw your f...ing cup at me". During an interview on 8/28/18 at 9:50am, the resident admitted that s/he also used profanity. However, that does not allow staff to respond inappropriately. During the interview the resident was tearful and reported that, as a result of this incident s/he was upset, had difficulty sleeping, and were fearful that they

F 600

*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.*

F600.

09/21/18

1. Resident #5 – Facility immediately removed the LPN from the unit and contract employment was terminated. LPN was reported to Vermont Licensing Board.
2. All residents have the potential to be affected by this alleged deficient practice.  
  
Facility immediately removed the LPN from the unit and contract employment was terminated. LPN was reported to Vermont Licensing Board.
3. Current Staff will be educated on Resident Abuse and Challenging Resident Behaviors.

New employees will be educated on Resident Abuse and Challenging Resident Behaviors upon hire at General Orientation

Agency staff will be educated on Resident Abuse and Challenging Resident Behaviors prior to being assigned to nursing care.

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F 600 Continued From page 4  
would be "kicked out of the facility".

The regulation interpretive guidelines clearing indicates that all staff are expected to be in control of their own behavior, are to behave professionally, and should understand how to work with the nursing home population and respond appropriately to resident behavior.

F 600

4. A weekly audit of new hires to include agency staff will be completed to ensure compliance with completion of education.

5. Audit results will be reported to the Performance Improvement Committee until 100% compliance is achieved then per recommendations of the committee

*F600 POC accepted 10/4/18 Pmeturn*