



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

October 3, 2023

Ms. Beatrice Birch, Manager
Inner Fire
26 Parker Road
Brookline, VT 05345

Dear Ms. Birch:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 12, 2023**. 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,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0662	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/12/2023
NAME OF PROVIDER OR SUPPLIER INNER FIRE			STREET ADDRESS, CITY, STATE, ZIP CODE 26 PARKER ROAD BROOKLINE, VT 05345		
(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) COMPLETE DATE	
{T 001}	Initial Comments On 9/12/23 an unannounced on-site 2nd follow-up survey was conducted to determine if the TCR (Therapeutic Community Residence) was back in compliance with regulatory violations identified during a re-licensure survey which was originally conducted on 6/27/23 by the Division of Licensing and Protection. The following regulatory violations were found to not be back in compliance with the Licensing and Operating Regulations for TCRs, effective March 1, 2022:	{T 001}			
{T 025} SS=F	V.5.5.c Resident Care and Services 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there was a failure by the RN to obtain a physician order for the discontinuation of a medication and resumption of a previous medication for 1 applicable resident. (Resident #1) Findings include: Resident #1 required a visit to a local emergency department after experiencing an elevated blood pressure. Medication changes recommended on 6/20/23 was to discontinue Lisinopril 20 mg (used for hypertension) and start Propranolol 20 mg twice daily to lower the residents blood pressure. After 2-3 days, the resident expressed s/he was experiencing symptoms of side effects from the Propranolol and requested to stop this medication	{T 025}			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Heather Burk Executive Director

9/28/23

STATE FORM

6889

TYK13

If continuation sheet 1 of 3

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0662	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/12/2023
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{T 025}	Continued From page 1 and to resume Lisinopril. The RN failed to obtain an order for the discontinuation of the Propranolol and the resumption of the Lisinopril. Per interview on 9/12/23 at 1:15 PM, the RN confirmed the failure to obtain a written physician order for the discontinuation of the Propranolol. This is a repeat citation.	{T 025}	POC Accepted T-025 10/2/23 10/2/23 M. McIntosh
{T 052} SS=F	V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services 5.9 Staff Services 5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, hand washing, handling of linens,	{T 052}	

Division of Licensing and Protection

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{T 052}	<p>Continued From page 2</p> <p>maintaining clean environments, blood borne pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview the Therapeutic Community Residence (TCR) Executive Director failed to ensure all staff received the required 12 hours of training each year. Findings include:</p> <p>During the course of a follow-up to the re-licensure survey, again it was determined staff had not completed the 12 hours of training required for staff employed at the TCR who provide direct care to residents. Per interview in the afternoon of 9/12/23 the Executive Director confirmed although the TCR recently contracted for on-line training the present staff providing care and services at the TCR still have not completed the required 12 hours of yearly training: Resident Rights; Fire Safety; Mandatory Reporting; Infection Control; Emergency Response; Respectful Interactions and General Supervision. 8 employee education/training records were reviewed. None of the 8 employees have completed the required 12 hours of training.</p> <p>This is a repeat citation.</p>	{T 052}	<p>POC Accepted 10/2/23 T-052 M. McIntosh, RN</p>	
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ID Prefix T 025

Action: The discontinuation script for Propranolol and the script for a resumption of the previous medication for Resident #1 was requested from our doctor and obtained on 9/22/2023.

Policy Change: Any discontinuation of the medication will be requested and the new directives obtained from our doctor by the Registered Nurse. All of the prescription medications for any seeker will be listed on the same order sheet whenever there's a change in the prescription.

Monitored by: Beatrice Birch

Completion date: 9/22/2023

POC accepted
10/2/23 T-025
M. McIntosh, RN

ID Prefix T 052

Action: A training plan for the current year has been set up to meet the state requirement for a minimum of 12 hrs. of annual training including the 7 required areas.

- For the 2023 year: 11.5 hrs. on the Relias platform as follows:
 - Fire Safety .5 hr.
 - Fire Safety – the Basics .5 hr.
 - Food Handling – Part I 1 hr.
 - Food Handling – Part II 1 hr.
 - Basics of Medication Management 1 hr.
 - About Infection Control and Prevention 1 hr.
 - Assisting with Self-Administration of Medications: Procedures 1 hr.
 - Knowing the Rights of Residents 1 hr.
 - First Aid Self-Paced 1 hr.
 - Preventing, Identifying and Responding to Abuse and Neglect 1 hr.
 - Working with Difficult Individuals .25 hr.
 - About Trauma Informed Care 1 hr.
 - Communicating Effectively .25 hr.
 - Conflict Resolution .5 hr.
 - Natural Disasters and Workplace Emergencies: An Overview .5 hr.
- and .5 hrs. of specific, in-house training: 4/26/23 “Witnessing self-administration of Medication” by our Inner Fire RN.

Policy Change: Once the requirement for 2023 is met, we will provide a minimum of 12 hours of training annually, to be scheduled monthly beginning in January of each year.

Monitored by: Beatrice Birch

Completion Date: 10/23/23

POC Accepted
10/2/23 T-052
M. McIntosh, RN

BB:icb 9/28/23