



HUMAN SERVICES

AGENCY OF

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

August 7, 2023

Ms. Beatrice Birch
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 **June 27, 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 cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Disability and Aging Services	Blind and
Licensing and Protection	Vocational
Rehabilitation	

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 06/27/2023
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NAME OF PROVIDER OR SUPPLIER INNER FIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 26 PARKER ROAD BROOKLINE, VT 05345
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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) COMPLETE DATE
{T 001}	Initial Comments On 6/27/23 an unannounced on-site follow-up survey was conducted to determine if the TCR (Therapeutic Community Residence) was back in compliance with regulatory violations identified during a complaint investigation which was originally conducted on 2/14/23 and completed on 2/15/23 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: Per staff interview and record review there was a failure by the RN (Registered Nurse) to administer medications consistent with the physicians' orders for 2 residents of the applicable sample (Resident #1, #2). Findings include: Per record review on 6/27/23 Resident #1 and Resident #2 were prescribed orders to Micro taper (a small daily microgram reduction of a medication). The orders read as follows: 1. Resident #1, Escitalopram (antidepressant) 5 mg tablet. Micro-taper over 2 weeks from 3.00 mg to 2.70 mg. Measure out using jeweler's	{T 025}	Tag T025 accepted on 8/7/23 - M. McIntosh RN	

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Beatrice Birch</i>	TITLE	(X6) DATE
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{T 025}	<p>Continued From page 1</p> <p>scale. Tapering schedule day one 2.98 mg, day two 2.96, day three 2.94 mg, day four 2.91 mg, day five 2.89 mg, day six 2.87 mg, day seven, 2.85 mg, day eight 2.83 mg, day nine 2.81 mg, day ten 2.79 mg, day eleven 2.76 mg, day twelve 2.74 mg, day thirteen 2.72 mg, day fourteen 2.70 mg.</p> <p>2. Resident #2, Lamotrigine (Anticonvulsant) 25 mg tablet and Lamotrigine 5 mg chewable tablet. The physician order for micro tapering directions state from 6/11/23 to 6/17/23 Lamotrigine 25 mg tablet (take half of 25 mg) and from 6/11/23 to 6/17/23 take Lamotrigine 5 mg oral chewable tablet (take 2 of 5 mg). Total daily Lamotrigine Dose 22.5 mg PO Daily. Measure dosage with jeweler's scale. From 6/18/23-6/24/23 Lamotrigine 25 mg tablet (Take half of 25 mg), and from 6/18/23- 6/24/23 take Lamotrigine 5 mg chewable tablet (take 1 and half of the 5 mg). Total daily Lamotrigine dose 20 mg by mouth daily. Measure dosage with jeweler scale.</p> <p>Per interview with RN at 1:50 PM, when asked how the taper doses were being obtained for Resident # 1 and Resident #2, RN stated "I am crushing the medications and encapsulating the medication to obtain proper dosing." The RN confirmed that the physicians' orders for Resident # 1 and Resident # 2 do not include instructions to crush and encapsulate.</p>	{T 025}		
{T 052} SS=F	<p>V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services</p> <p>5.9 Staff Services</p> <p>5.9.b. The residence must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before</p>	{T 052}		

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{T 052}	<p>Continued From page 2</p> <p>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:</p> <ul style="list-style-type: none"> (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, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents <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>Per record review on 6/27/23 the office manager was asked to demonstrate that staff had been provided the 12 hours of training required for staff employed at the TCR who provide direct care to</p>	{T 052}	Tag T052 accepted on 8/7/23 - M. McIntosh RN	

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{T 052}	Continued From page 3 residents. Per interview on the afternoon of 6/27/23 the Executive Director via telephone interview confirmed the present training program did not include the 12-hours of yearly training to include: Resident Rights; Fire Safety; Mandatory Reporting; Infection Control; Emergency Response; Respectful Interactions and General Supervision.	{T 052}		
{T 085} SS=G	<p>VI. 6.1 Residents' Rights</p> <p>VI. Resident Rights</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident ' s dignity, individuality, and privacy. A residence may not ask a resident to waive the resident ' s rights. A resident has the right to exercise any rights without reprisal.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, there was a failure by staff and manager to protect each resident's right to privacy as it relates to their personal history and clinical information and ongoing treatment for 3 applicable residents. (Residents #1, #2, #3) Findings include:</p> <p>During the course of the on-site at the TCR, the RN provided to the surveyors requested information related to the care and services received by the 3 residents presently residing at the TCR. The RN confirmed on the afternoon of 6/27/23 s/he has on his/her personal cell phone some of the pertinent personal/clinical information for each of the residents. Utilizing a personal cell phone to collect and save specific information is a breach of resident rights, lacking protection and</p>	{T 085}	Tag T085 accepted on 8/7/23 - M. McIntosh RN	

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{T 085}	Continued From page 4 personal privacy for each of the residents. On the afternoon of 6/27/23 the Executive Director acknowledged the use of an employees personal cell phone for the storage of resident's clinical and personal information was inappropriate.	{T 085}		