



**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

November 22, 2023

Ms. Loren Deron  
Soteria House  
226 Manhattan Drive  
Burlington, VT 05401

Dear Ms. Deron:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 16, 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

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

Carolyn Scott, LMHC, MS  
State Long Term Care Manager  
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0650</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/16/2023</b>
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T 001	<p><b>Initial Comments</b></p> <p>On 10/16/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey and investigation of one complaint. There were no regulatory deficiencies related to the complaint investigation. There following regulatory deficiencies were identified during the relicensure survey:</p>	T 001		
T 035 SS=F	<p>V.5.8.a.1.2.3.4.5.6.7.8 Resident Care and Services</p> <p>5.8 Medication Management</p> <p>5.8.a Each therapeutic community residence must have written policies and procedures describing the residence ' s medication practices. The policies must cover at least the following:</p> <p>(1) If a therapeutic community residence provides medication management, it shall be done under the supervision of a registered nurse.</p> <p>(2) Who will provide the professional nursing delegation if the residence administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the residence.</p> <p>(3) Qualifications of the staff who will be managing medications or administering medications and the residence's process for nursing supervision of the staff.</p> <p>(4) How medications shall be obtained for residents including choices of pharmacies.</p>	T 035		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Loren Deron*

Soteria TCR House Manager/Team Lead

11.15.23

STATE FORM

6899

S8YJ11

If continuation sheet 1 of 8

Revised 11.20.23 *LD*

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T 035	<p>Continued From page 1</p> <p>(5) Procedures for documentation of medication administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p> <p>(8) Procedures for assessing a resident ' s ability to self-administer and documentation of the assessment in the medical record</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview there was a failure to ensure a the facility has written policies and procedures for disposal of outdated or unused medication, including the designation of a person or persons responsible for disposal. Findings include:</p> <p>During a review of the medication storage area on the afternoon of 10/16/23 a pill in a Ziploc bag labeled only with the date 2/13 and two house stock medications which expired in July 2022 and August 2023 were observed to be stored in the medication closet. The Program Manager was requested to provide a copy of the home's policies and procedures for disposal of medications including the designation of staff responsible for disposal.</p> <p>On the afternoon of 10/16/23 the Program Manager and Director of Services for the organization that manages the home confirmed</p>	T 035	<p>Following the audit, we located our written policy. We are updating our policy and our Policy and Procedures Manual to reflect our latest medication disposal policy, outlined below:</p> <p>Medication Disposal Policy</p> <p>In the event that discontinued, expired, abandoned, or found medications are present at Soteria, these medications will be clearly labeled and locked in a separate container. These medications will be disposed of by the Soteria nurse when the nurse is next on site at Soteria. (The nurse is scheduled to be on site at least one time weekly, unless the nurse is out. In the event of an extended absence, another Pathways nurse or our medical director would have direct oversight of this.) The Soteria nurse will also conduct regular monthly medication disposal of all discontinued, expired, abandoned, or found medications. This will be documented in our medication disposal tracking sheet. In the event that no medications are disposed of in that month, this will also be documented. Additionally, any found medications will be documented as a Soteria incident.</p> <p>T035 Plan of Correction accepted by Jo A Evans RN on 11/22/23</p>	11.15.23

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T 035	Continued From page 2  the home had not developed a written policy and procedure for medication disposal and designation of staff responsible for disposal.  Please refer to tag 0049	T 035	Medication Disposal Policy	11.15.23
T 049 SS=D	V.5.8.h.4 Resident Care and Services  5.8 Medication Management  5.8.h.4 Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the residence ' s policy and applicable standards of practice and regulations.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure proper disposal of expired and found medications stored in the home's medication closet. Findings include:  Per observation during a review of the medication storage area on 10/16/23 the following medications were not promptly disposed : a. Expired medications not disposed included house stock Narcan which expired in July of 2022 and house stock Ibuprofen 200 mg gel caps which expired in August of 2023.  b. An unlabeled tablet identified by the Surveyor via use of an online pill identifier as a Haloperidol 2 mg tablet. The tablet was reportedly found on the floor of the home and placed in a Ziploc bag in the medication storage closer. The Ziploc bag was observed with the date 2/13 on the label and had reportedly been awaiting disposal since 2/13/23.	T 049	In the event that discontinued, expired, abandoned, or found medications are present at Soteria, these medications will be clearly labeled and locked in a separate container. These medications will be disposed of by the Soteria nurse when the nurse is next on site at Soteria. (The nurse is scheduled to be on site at least one time weekly, unless the nurse is out. In the event of an extended absence, another Pathways nurse or our medical director will have direct oversight of this.) The Soteria nurse will also conduct regular monthly medication disposal of all discontinued, expired, abandoned, or found medications. This will be documented in our medication disposal tracking sheet. In the event that no medications are disposed of in that month, this will also be documented. Additionally, any found medications will be documented as a Soteria incident.  The medications improperly disposed of at the time of the audit were:  Narcan (house stock) Haloperidol 2 mg ("found") Ibuprofen (house stock) 200 mg  These have since been disposed of.  T049 Plan of Correction accepted by Jo A Evans RN on 11/22/23	10.17.23

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T 049	Continued From page 3  On the afternoon of 10/16/23 the Program Manager and Director of Services confirmed two expired house stock medications and one unlabeled pill found on the floor of the home were not disposed promptly.	T 049		
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, maintaining clean environments, blood borne pathogens and universal precautions; and	T 052		

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T 052	<p>Continued From page 4</p> <p>(7) General supervision and care of residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of the required trainings for 5 out of 5 sampled staff. Findings include:</p> <p>Per review of the training documentation the following trainings 5 out of 5 sampled staff did not complete all required yearly trainings. The following trainings were not completed as required:</p> <p>a. 2 out of 5 sampled staff did not complete Resident Rights; Mandatory Reporting of Abuse, Neglect and Exploitation; and Respectful and Effective Interactions with Residents trainings</p> <p>b. 4 out of 5 sampled staff did not complete Emergency Response and First Aid training</p> <p>c. 1 out of 5 sampled staff did not complete Infection Control and General Care and Supervision trainings.</p> <p>At 1:43 PM on 10/16/23 the Program Manager confirmed 5 out of 5 sampled staff did not complete all required trainings.</p>	T 052	<p>Five out of five of the sampled staff have completed all missing trainings.</p> <p>Moving forward, Soteria will ensure better tracking of required trainings and their annual cycle. Soteria will ensure that new staff are trained in the 7 TCR required trainings prior to their first shift. Soteria will utilize a Learning Management System (LMS) to monitor training completeness as well as streamline onboarding documents to prompt for completeness. This transition is in progress within our current LMS, ADP Workforce Now with anticipated full implementation in January 2024. The TCR Manager will be in charge of monitoring and ensuring timely completion of required trainings.</p> <p>T052 Plan of Correction accepted by Jo A Evans RN on 11/22/23.</p>	<p>11.20.23</p> <p>01.01.24</p>
T 062 SS=E	<p>V.5.10.b.4 Resident Care and Services</p> <p>5.10 Records/Reports</p> <p>5.10.b.4 The results of the criminal record and abuse registry checks for all staff.</p>	T 062		

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T 062	Continued From page 5  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure completion of criminal background and abuse registry checks as required. Findings include:  Per record review a criminal background check was not completed as required for 1 out of 5 sampled staff ; and an abuse registry check was not completed as required for 1 out of 5 sampled staff. These findings were confirmed by the Program Manager at 2:19 PM on 10/16/23.	T 062	Pathways has confirmed that the background checks referenced were completed for each employee. However, in these two instances they were not completed in a timely manner at time of hire to Soteria.  Beginning November 15, 2023, we have added these checks to our new hire checklist to ensure that completion is reviewed by both supervisor and HR prior to a new hire's first shift at Soteria.	10.16.23  11.15.23
T 146 SS=F	IX.9.1.a Physical Plant  9.1 Environment  9.1.a The residence must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to ensure care in a safe, functional, homelike and comfortable environment. Findings include:  During the facility tour commencing at 10:00 AM on 10/16/23 the following environmental concerns were observed"	T 146	Additionally, we have updated our employee transfer process to reflect that VCCI and AHS checks will be completed again if an employee is moving positions internally within Pathways from another program to Soteria.  T062 Plan of Correction accepted by Jo A Evans RN on 11/22/23	11.15.23

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T 146	<p>Continued From page 6</p> <p>1. The third floor bathroom was closed due to water damage reportedly sustained due to a resident flushing items that are not meant to be flushed down the toilet. The floor of the bathroom was observed to be spongy when the surveyor walked on it. The bathroom vanity was observed to be in need of replacement as the particle board cabinet doors were swelling and eroding, and the painted surface was peeling off. The resulting damage also impacted the ceiling of the dining room located directly beneath the bathroom, which was observed to be discolored and with areas that were cracked and peeling.</p> <p>2. Ceiling tiles in the bathroom located in the basement of the home were in poor repair with some of the metal frames that hold the tiles in place observed to be bent and peeling. Ceiling tiles were observed to be in need of replacement with long cracks in the areas with a recessed sprinkler head and where pipes passed through the tiles. Some of the tiles were not properly fitted within the frames leaving gaps in the ceiling structure.</p> <p>3. Additional environmental concerns in the home included:</p> <p>a. Flooring in the first floor computer room and the third floor hallway which had gaps due to movement of the laminate floor boards.</p> <p>b. There was a hole in the wall along the staircase between the first and second floors.</p> <p>c. There were unfinished painting projects observed throughout the home as several of the colorful walls still had white areas along the edges.</p> <p>The Case Manager confirmed these findings during the facility tour commencing at 10:00 AM on 10/16/23, and the Program Manager</p>	T 146	<p>Pathways has been in the process of purchasing and moving to a new building for Soteria since 2022. This move is in part an effort to address ongoing structural issues at the house, which in combination with resident misuse, have contributed to the existing issues.</p> <p>Please see below our remediation for existing issues:</p> <p>1. Third Floor Bathroom:</p> <p>a. The third floor bathroom is now fully functional. We had a new toilet installed.</p> <p>b. The dining room ceiling has been repaired.</p> <p>c. As discussed during the audit, we will continue with our pre-existing plan to redo the entire bathroom. The floor of the bathroom, the bathroom vanity, the kitchen sink, and the shower will all be replaced.</p> <p>2. The ceiling tiles in the basement bathroom have been replaced.</p> <p>3. Additional environmental concerns:</p> <p>a. The first floor computer/sprinkler room, first floor hallway, and first floor living room area floors are being fully replaced due to an incident on 11.08.23 (same resident's misuse of a toilet). This remediation project also includes the third floor hallway repairs. This project started on 11.14.23.</p> <p>b. The hole in the wall has been repaired.</p> <p>c. We are hiring a contractor to finish the painting projects.</p>	<p>a. 11.11.23 b. 11.13.23 c. projected completion 01.01.24</p> <p>2. 11.15.23</p> <p>a. 1st floor completed: 11.16.23; 3rd floor started 11.14.23 and projected completion 11.22.23 b. 11.14.23 c. scheduled to start by 11.29.23 and projected completion 12.08.23</p>



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T 146	Continued From page 7  acknowledged these findings on the morning of 10/16/23..	T 146	T146 Plan of Correction accepted by Jo A Evans RN on 11/22/23	