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

April 6, 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 investigation survey conducted on **February 15, 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,

Pamela M Cota RN

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 |
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| T 001 | Initial Comments<br><br>An unannounced on-site complaint investigation was conducted on 2/14/23 and completed on 2/15/23 by the Division of Licensing and Protection to determine compliance with the Vermont Licensing and Operating regulations for Therapeutic Community Residence. The following regulatory violations were identified: | T 001 | | |
| T 025 SS=F | V.5.5.c Resident Care and Services<br><br>5.5 General Care<br><br>5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview, and record review there was a failure by the Registered Nurse (RN) to obtain physician's orders for any medication, prescription or over-the-counter medications for 4 of 4 residents (Resident #1, 2, 3, 4). Findings include:<br><br>Per staff interview and record review on the afternoon of 2/14/23, the RN confirmed s/he has not obtained written, signed physician's orders for all medications prescribed along with over the counter medications for the 4 residents of the facility who are presently receiving Medication Assistance. | T 025 | Medication: We now have our physician's order for all medications and supplements for each seeker in our Medication administration log binder. This will be updated whenever their medication or supplements are adjusted with the help of the physician.<br>Treatment: please see 5.7 below<br>Diet: Before enrolling in the Inner Fire program, each Seeker has recorded their dietary needs and when enrolled they meet individually with our chef. The diet is a balanced organic, gut- friendly diet, caffeine and sugar free. The diet is considered part of the detox and healing program. Our physician reviews all applications and is aware of the individual dietary needs.<br>If our physician deems another diet or aspect of a diet is necessary, their order shall be kept in the Seeker's file.<br>Complete Date: Completed<br>Monitored by: Ken, Seeker Care Coordinator<br><br>**Tag T 025 POC accepted on 4/6/23 by M. McIntosh/P. Cota** | |
| T 031 SS=F | V.5.7.a Resident Care and Services<br><br>5.7 Treatment Plan | T 031 | | |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Beatrice Birch | TITLE: Executive Director | (X6) DATE: 4/3/23

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| T 031 | Continued From page 1<br><br>5.7.a The residence shall set forth in writing its treatment goals, approach, orientation, and methods for achieving goals.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview and record review, the TCR failed to develop formalized treatment plans and goals for 4 of 4 applicable residents. (Resident #1, 2, 3, 4) Findings include:<br><br>During the course of the on-site complaint investigation on 2/14/23 requests were made to the Executive Director and TCR RN to demonstrate the individualized treatment plans and goals specific to each of the 4 residents. Although the TCR program is focused on holistic healing and avoiding the use of psychotropic medications, it was confirmed specific treatment plans for each resident had not been formalized nor have individualized goals been established. | T 031 | Treatment Plan: It is only after the Seeker's 3 Day Visit, when they get a taste of all aspects of the program as well as whether they feel safe, respected and believed-in, that they are able to choose to apply and engage in the Inner Fire comprehensive healing program which addresses all aspects of the human being: physical body, soul and spirit. The 'treatment plan' is the 'daily schedule'. The schedule, both general and also individualized, is essential to the individual's healing journey and in the details it addresses the individual's needs and in general makes sure there is balance and order in each individual's day, evening and night.<br>Therefore, the 6 Week Reviews, when we meet regularly with each individual Seeker as a team of Guides and therapists, reflects their progress and their renewed commitment to their aims or perhaps their new aims.<br>Each Sunday afternoon, the Seekers record their Aims for the week. A copy of this could also be kept in their file.<br>However, our mistake has been that we have not made records and kept them in each individual's file. We will use our form and fill it out and keep a paper copy in each Seeker's file. In addition, the schedule of each Seeker throughout their year with us will also be kept in their file, serving as proof of their engagement in their healing journey.<br>Please be assured, that these meetings have nevertheless been held regularly and the Guides and therapists have taken note and worked together in specific ways to support the individual's healing process.<br><br>We have always used Seekers' Six Week Review session to assess and review their progress and their goals. We have not kept records in their files but will from now on.<br>Complete Date: Completed<br>Monitored by: Ken, Seeker Care Coordinator<br><br>**Tag T 031 POC accepted on 4/6/23 by M. McIntosh/P. Cota** | |
| T 038 SS=F | V.5.8.d.1.2.3.i.ii.iii.iv. Resident Care and Services<br><br>5.8 Medication Management<br><br>d) If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:<br><br>(1) A registered nurse must conduct an assessment of the resident's care needs consistent with the physician's or other health care provider ' s diagnosis and orders. | T 038 | | |

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| T 038 | Continued From page 2<br><br>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents.<br><br>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:<br><br>i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;<br><br>ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications;<br><br>iii. Assessing the resident's condition and the need for any changes in medications; and<br><br>iv. Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview there was a failure to ensure all unlicensed staff responsible for assisting with prescribed medications and over the counter medication to residents of the TCR have been trained and delegated to specific medications to specific residents by the Registered Nurse. Findings include: | T 038 | Designated staff will receive training from the registered nurse in how to fill out all necessary forms and all protocols for administering medications and this will be documented on their training log which will be stored in their personnel file. The registered nurse will check the medication administration log book on a weekly basis and review each Seeker's medical log for accuracy and meet with designated staff as needed.<br><br>i-iv: Every Monday at our Seeker Care Group meeting any updates in Seeker conditions and effects of medication as well as any changes in medications are shared. If necessary, at our Guide Operational Meetings or Therapist Meetings, alternate weeks, such information is also shared if needed. Designated staff will be required to receive updated training on all procedures for administering medications and record keeping on an annual basis.<br>Complete Date: 3/31/2023<br>Monitored by: Ken, Seeker Care Coordinator | |

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| T 038 | Continued From page 3<br><br>Per interview on the afternoon of 2/14/23 the RN confirmed there was no formalized training process for delegation of responsibility for providing assistance of specific medications to the 5 designated staff for the 4 designated residents. Although the RN did describe an informal process utilized to train staff for medication assistance, there was no written evidence to document a training process and confirming delegated staff demonstrated competency. | T 038 | **Tag T 038 POC accepted on 4/6/23 by M. McIntosh/P. Cota** | |
| T 052 SS=F | V.5.9.b.1.2.3.4.5.6.7 Resident Care and Services<br><br>5.9 Staff Services<br><br>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:<br><br>(1) Resident rights;<br><br>(2) Fire safety and emergency evacuation;<br><br>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or<br>ambulance contact and first aid;<br><br>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;<br><br>(5) Respectful and effective interaction with | T 052 | Once again, some of these trainings mentioned above have happened in addition to ones we have felt were needed to better meet the needs of our Seekers, Guides and Community as a whole. Our short falling has been not keeping records of said trainings in each Guide's file. A record of the Guide's trainings will be kept in their file and updated as trainings happen. This training will be offered annually.<br>Complete Date: Completed<br>Monitored by: Ingrid, Office Manager<br><br>**Tag T 052 POC accepted on 4/6/23 by M. McIntosh/P. Cota** | |

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| T 052 | Continued From page 4<br>residents;<br><br>(6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and<br><br>(7) General supervision and care of residents<br><br>This REQUIREMENT is not met as evidenced by:<br>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:<br><br>During the course of complaint investigation on 2/14/23 the Executive Director was asked if staff had been provided the 12 hours of training required for staff employed at the TCR who provide direct care to residents. Per interview in the afternoon of 2/14/23 the Executive Director 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 054 SS=E | V.5.9.d Resident Care and Services<br><br>5.9 Staff Services<br><br>5.9.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for | T 054 | Every other Guide has completed the criminal background check. This was an oversight from our previous office manager, who we trusted had arranged for this as she had done other employees. We will make sure this will not happen again.<br>Complete Date: Completed<br>Monitored by: Ingrid, Office Manager | |

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| T 054 | Continued From page 5<br>actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the residence as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection and the Department for Children and Families in accordance with 33 V.S.A. §6911 and 33 V.S.A. §4919 to see if prospective employees are on the abuse registry or have a record of convictions.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview and review of personal pre-employment background checks for 1 of 3 employees on 2/14/23 the TCR failed to complete the screening for criminal background check via the VCIC (Vermont Criminal Information Center) for another employee. Findings include:<br><br>Per review of personal records noted there was a failure to conduct a criminal record check via VCIC for 1 applicable staff member. The Executive Director confirmed on the afternoon of 2/14/23, the oversight in required employee screening. | T 054 | Every other Guide has completed the criminal background check. This was an oversight from our previous office manager, who we trusted had arranged for this as she had done other employees. We will make sure this will not happen again.<br>Complete Date: Completed<br>Monitored by: Ingrid, Office Manager<br><br>**Tag T 054 POC accepted on 4/6/23 by M. McIntosh/P. Cota** | |
| T 078 SS=D | V.5.16.a Resident Care and Services<br><br>5.16 Reporting of Abuse, Neglect or Exploitation<br><br>5.16.a The licensee and staff shall report any | T 078 | | |

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| T 078 | Continued From page 6<br>case of suspected abuse, neglect or exploitation to Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within forty-eight (48) hours of learning of the suspected, reported or alleged incident.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview and record review, TCR staff failed to report an incident of abuse to APS as required within 48 hours of learning of an alleged reportable incident. Findings include:<br><br>On 11/26/22 a resident approached a TCR employee regarding an incident involving the resident and an employee on the night of 11/24/22. The resident confided in the TCR employee what occurred in the residence where the former employee was assigned to provide overnight monitoring of the residents. It was during the overnight shift, on 11/24/22 the former employee engaged in manipulating the resident into performing a sexual act. Although a report was filed with APS, it was not until 11/30/22, 4 days after being informed of the incident, not within the required 48 hours. | T 078 | Education about mandatory reporting was not sufficiently completed, partly due to staffing shortage issues. We are grateful to have our Guide numbers swelling and this aspect of the Orientation and Training will be addressed at our next Retreat on March 8, 2023. This training will be signed by the instructor for each guide's training log and will be kept in their personnel file. This training will be offered annually.<br>Complete Date: March 8, 2023.<br>Monitored by: Ingrid, Office Manager<br><br>**Tag T 078 POC accepted on 4/6/23 by M. McIntosh/P. Cota** | |
| T 080 SS=D | V.5.16.c Resident Care and Services<br><br>5.16 Reporting of Abuse, Neglect and Exploitation<br><br>5.16.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an | T 080 | | |

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| T 080 | Continued From page 7<br>injury requiring medical intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident ' s record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview and record review, the TCR failed to report to the licensing agency an incident of alleged sexual abuse between a resident and a former employee of the TCR. Findings include:<br><br>Per interview on 2/14/23 at 3:50 PM, Resident #1 confirmed s/he had a sexual encounter on 11/24/22 with an employee (who was later terminated). Resident #1 stated the former employee frequently shared his/her personal life with the resident, eliciting a response by focusing on his/her own "toxic relationships" and private dilemmas. Instead of providing support to Resident #1 for his/her specific mental health challenges s/he was experiencing and encouraging wellness/healing as per the TCR philosophy, this former employee took direct advantage of the resident's vulnerability. With total disregard for Resident#1's dignity, privacy and self-respect, the former employee persuaded the resident to engage in a sexual act. The incident resulted in the victimized resident expressing increased stress, remorse and anxiety.<br><br>Initially, the resident delayed in sharing the incident of 11/24/22 with other staff at the TCR until 11/26/22. Resident #1 approached a staff | T 080 | Plan of Correction: This was our mistake. We reported to APA and the Police but forgot to the Licensing Agency. We will remember next time and this will also be reviewed during our training on March 8, 2023. This training will be signed by the instructor for each guide's training log and will be kept in their personnel file. This training will be offered annually.<br>Complete Date: March 8, 2023<br>Monitored by: Beatrice, Executive Director<br><br>**Tag T 080 POC accepted on 4/6/23 by M. McIntosh/P. Cota** | |

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| T 080 | Continued From page 8<br>member, and confided in the individual what had occurred in the residence where the former employee was assigned to provide overnight monitoring of the residents. It was during the overnight shift, the former employee engaged in manipulating the resident into a performing a sexual act. Per interview with the Executive Director on the afternoon of 2/14/23, stated once informed of the incident the former employee was terminated. However, after being informed of the incident of sexual abuse both the Executive Director and the TCR RN confirmed on the afternoon of 2/14/23, they failed to file a report with the licensing agency, as required. | T 080 | | |
| T 085 SS=G | VI. 6.1 Residents' Rights<br><br>VI. Resident Rights<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff and resident interview and record review, there was a failure by a former employee to treat a resident with respect and dignity, taking advantage of the resident's vulnerability and demonstrating a total disregard of the resident's rights. (Resident #1) Findings include:<br><br>Per interview on 2/14/23 at 3:50 PM, Resident #1 confirmed s/he had a sexual encounter on 11/24/22 with an employee (who was later terminated). Resident #1 stated the former | T 085 | At our next Retreat, March 8th, 2023, where all Guides and Therapists are present, we will read the Resident's Rights aloud and discuss and respond to any questions. Each Guide shall have a paper copy of the Policy and Procedure Handbook in which they can refer to the Resident Rights and other matters to remind themselves if need be. This is part of each Guide's orientation and will be documented.<br>Complete Date: March 8th, 2023<br>Monitored by: Ingrid, Office Manager<br><br>**Tag T 085 POC accepted on 4/6/23 by M. McIntosh/P. Cota** | |

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| T 085 | Continued From page 9<br>employee frequently shared his/her personal life with the resident, eliciting a response by focusing on his/her own "toxic relationships" and private dilemmas. Instead of providing support to Resident #1 for his/her specific mental health challenges s/he was experiencing and encouraging wellness/healing as per the TCR philosophy, this former employee took direct advantage of the resident's vulnerability. With total disregard for Resident#1's dignity, privacy and self-respect, the former employee persuaded the resident to engage in a sexual act. The incident resulted in the victimized resident expressing increased stress, remorse and anxiety.<br><br>Initially, the resident delayed in sharing the incident of 11/24/22 with other staff at the TCR until 11/26/22. Resident #1 approached a staff member, and confided in the individual what had occurred in the residence where the former employee was assigned to provide overnight monitoring of the residents. It was during the overnight shift, the former employee engaged in manipulating the resident into a performing a sexual act. Per interview with the Executive Director on the afternoon of 2/14/23, stated once informed of the incident the former employee was terminated. | T 085 | | |