VERMONT

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

July 25, 2023

Mr. Aaron Aldridge, Manager
Spruce Mountain Inn, Inc
Po Box 153, 155 Towne Avenue
Plainfield, VT 05667-0153

Dear Mr. Aldridge:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **May 10, 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

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0527 | A. BUILDING: _____ B. WING _____ | C 05/10/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRUCE MOUNTAIN INN, INC | PO BOX 153, 155 TOWNE AVENUE PLAINFIELD, VT 05667 |

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| T 001 | Initial Comments<br><br>On 5/9/23 and 5/10/23 the Division of Licensing and Protection conducted an unannounced on-site investigation of one facility reported incident and one complaint. The following regulatory deficiencies were identified as a result of the investigation: | T 001 | | |
| T 032 SS=E | V.5.7.b Resident Care and Services<br><br>5.7 Treatment Plan<br><br>5.7.b The residence shall ensure that the treatment plan reflects steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource. The treatment plan shall be completed within fourteen (14) days of admission.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview there was a failure to update the treatment plans for 2 applicable residents (Resident #1 and #2) to include the steps to be taken to solve identified problems. Findings include:<br><br>1. Resident # 1 is a 20 year old with diagnoses of Attention Deficit/Hyperactivity Disorder and Generalized Anxiety Disorder, and has a history of trauma during early childhood. Per record review his/her treatment plan was not updated to include the steps to be taken to address incidents of alcohol consumption and engaging in a consensual physical relationship with another resident which are not permitted per facility's policies; and allegations of engaging in unwanted sexual contact reported by another resident on | T 032 | See attached | |

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| T 032 | Continued From page 1<br>5/5/23.<br><br>An "On Notice Contract" dated 5/5/23 and signed by Resident #1 and a facility clinician identifies areas of concern including breaking facility substance abuse and relationship policies, and engaging in dishonest behaviors undermining treatment by fostering distrust in relationships. The contract outlines expectations for improvements and states any future violations of the specific policies identified will result in discharge from the program. Facility incident reports identify concerns related to allegedly engaging another resident in a nonconsensual sexual act.<br><br>While Resident #1 was initially admitted into the Therapeutic Community Residence (TCR) on 6/13/22, the policy violations and alleged nonconsensual sexual contact occurred while Resident #1 was residing in the treatment program's "Annex" in an independent apartment located on property shared with the TCR. Per resident interview the identified policy violations occurred within the TCR residence and within the "Annex". Per record review Resident #1 was required to move back into the TCR on 5/4/23. An Individual Therapy Note dated 5/8/23 indicates Resident #1 was given "homework" by his/her therapist to include the "expectation to develop a plan for the remainder of his/her time in treatment".<br><br>At 1:58 PM on 5/9/23 the Executive Director confirmed Resident #1's Master Treatment Plan was not updated to include the steps to be taken to address alcohol use and engaging in physical relationships with another resident against facility policies, and potential non-consensual sexual contact. | T 032 | | |

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| T 032 | Continued From page 2<br><br>2. Resident #2 was admitted to the facility on 1/23/23 with diagnoses including Generalized Anxiety Disorder and recurrent Major Depressive Disorder. S/he has a history of trauma related to abuse. Resident #2 reportedly engaged in substance use and consensual sexual contact with another resident against facility policies. On 5/5/23 Resident #2 reported an allegation of an unwanted sexual contact with another resident after s/he expressed of lack of consent. Resident #2 was notified of expectations and terms which would result in discharge from the facility if not met via an "On Notice Contract" dated 5/5/23 and signed by Resident #2 and a facility clinician. The On Notice Contract identifies areas of concern including "substance use... and dishonesty about using", "substance use interfering with the milieu's treatment", and "relationship engagement with other residents that violates the relationship policy".<br><br>At 1:58 PM on 5/9/23 the Executive Director confirmed Resident #2's Master Treatment Plan was not updated to include the steps to be taken to address identified problems including substance abuse and concerning relationships with other residents. | T 032 | | |
| T 035 SS=D | V.5.8.a.1.2.3.4.5.6.7.8 Resident Care and Services<br><br>5.8 Medication Management<br><br>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: | T 035 | See attached | |

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| T 035 | Continued From page 3<br>(1) If a therapeutic community residence provides medication management, it shall be done under the supervision of a registered nurse.<br><br>(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.<br><br>(3) Qualifications of the staff who will be managing medications or administering medications and the residence's process for nursing supervision of the staff.<br><br>(4) How medications shall be obtained for residents including choices of pharmacies.<br><br>(5) Procedures for documentation of medication administration.<br><br>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.<br><br>(7) Procedures for monitoring side effects of psychoactive medications.<br><br>(8) Procedures for assessing a resident ' s ability to self-administer and documentation of the assessment in the medical record<br><br>This REQUIREMENT is not met as evidenced by: | T 035 | | |

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| T 035 | Continued From page 4<br><br>Based on record review there was a failure to ensure one applicable resident's ability to self administer medication was assessed and documentation of the assessment was maintained in the medical record (Resident #3). Findings include:<br><br>Resident #3 was admitted to the facility on 12/13/22 and signed a Medication Self-Administration Assessment and Consent form on 12/29/22 stating "I have discussed my medications, dosages, times and reasons prescribed with [the facility psychiatrist]. I understand why these medications are prescribed for me. I agree to take the medication as prescribed".<br><br>A statement beneath the resident's signature on the form reads "In my assessment,_____, is capable of self administration of their medications, upon receipt of the medications from staff from the locked cabinet. I will provide information on medications ongoing." which was not completed, signed, and dated by the facility provider.<br><br>A hand written note on the form indicates the form was sent to the provider via email and states Resident #3 was discharged before the psychiatrist responsible for conducting and approving the assessment returned to the facility. | T 035 | | |
| T 063 SS=D | V.5.10.c Resident Care and Services<br><br>5.10 Records/ Reports<br><br>5.10.c The residence shall ensure that resident records are safeguarded and protected against loss, tampering or unauthorized disclosure of | T 063 | See attached | |

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| T 063 | Continued From page 5 | T 063 | | |

information, that the content and format of resident records are kept uniform and that all entries in resident records are signed and dated.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview there was a failure to ensure the Discharge Summary of one applicable resident (Resident #3) was safeguarded and protected against tampering. Findings include:

Per record review Resident #3's Discharge Summary was changed between the date this document was provided for review during the on-site investigation conducted by the Division of Licensing and Protection on 1/23/23 and a subsequent on-site investigation conducted on 5/9/23-5/10/23.

Resident #3 was emergently discharged from the facility on 1/2/23 following allegations of non-consensual physical contact with another resident. A Therapist/Case Manager's note posted to Resident #3's record at 12:14 PM on 1/2/23 states "Based on my conversation with [Resident #3], the response from the residents in therapy group, and reports of his/her behavior s/he will discharge as soon as possible. [Resident#3] was informed of his/her discharge ...". Per Staff interview Resident #3 died by suicide 14 days after discharge from the facility on 1/16/23.

During the complaint investigation beginning on 5/9/23 inconsistencies were noted between Resident #3's Discharge Summary provided for review on 1/23/23 and the Discharge Summary on file during the investigation beginning on 5/9/23. In the Discharge Summary section

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| T 063 | Continued From page 6<br><br>labeled "Reason for Discharge" there were changes in the description and details of Resident #3's behaviors that led to emergency discharge; and changes in the rationale for increased observation and monitoring from an intervention intended to "provide the structure necessary to manage his/her assurance seeking behaviors" on the original document to an intervention intended to "provide immediate support if needed". An additional statement was added to this section of the Discharge summary indicating Resident #3 asked to be discharged. In the section labeled "Recommendations" the original document included "Create a safety plan that involves managing medication that could be lethal if used in a suicide attempt" and was changed to include "Create a safety plan that involves managing medications to account for an increase in SI (suicidal ideation)".<br><br>During an interview commencing at 4:43 PM on 5/10/23 Resident #3's Therapist/Case Manager confirmed s/he amended Resident #3's Discharge Summary following notification of Resident #3's death by suicide due to concerns about the level of detail in the initial document and the potential impact of the information in the original summary on the family's memory of Resident #3. | T 063 | | |

T032 V.5.7.b Resident care and Services

5.7 Treatment Plan

5.7.b The residence shall ensure that the treatment plan reflects steps to be taken to solve identified problems, either by direct service at the residence or indirectly by referral to a community resource. The treatment plan shall be completed within fourteen (14) days of admission.

5.7.b Correction and Measures/Systemic Changes

1. When a problem/behavior occurs that warrants a resident needing to have a written "on-notice contract," the issues identified in the on-notice contract will be added to the treatment plan. When the behavior/issue relates to a diagnosis, the plan will be included in that section of the treatment plan. When the behavior does not relate to an issue(s) (diagnosis) the resident is here to address it will be added under the heading of "Other." Residents are not allowed to use substances (e.g. beer, wine, marijuana) while enrolled in Spruce Mountain Inn. However, many of our residents do not have any issues with substance abuse and are of legal age to purchase and consume alcohol. We would not create a diagnosis code as the resident does not meet criteria.

Monitoring

To ensure this process is taking place this will become part of the treatment plan audit that is conducted quarterly by the clinical director.

Date of completion for implementation of corrective action

Training for this step occurred on June 27, 2023.

**Tag T032 POC accepted on 7/25/23 by J. Evans/P. Cota**

T035 V.5.8.a. 1.2.3.4.5.6.7.8 Resident Care and Services

5.8 Medication Management

5.8.a Each therapeutic community residence must have written policies and procedures describing the residence's medication and practices. They survey found a deficiency in item #8 – listed below.

8) Procedures for assessing a resident's ability to self-administer and documentation of the assessment in the medical record

5.8.a Correction and Measures/Systemic Changes

We have changed the procedure for the assessment of a resident's competency to self-administer his/her/their medication(s). We are having our RN assess each resident prior to, or on the day of, admission.

Monitoring

The director and/ or assistant director will audit this this step to ensure completion on the day of admission.

Date of completion for implementation of corrective action

July 5, 2023

**Tag T035 POC accepted on 7/25/23 by J. Evans/P. Cota**

T063 V.5.10.c Resident Care and Services

5.10 Records/Reports

5.10.c The residence shall ensure that residents records are safeguarded and protected against loss, tampering or unauthorized disclosure of information, that the content and format of resident records are kept uniform and that all entries in resident records are signed and dated.

5.10.c Correction and Measures/Systemic Changes

1. After a therapist completes a discharge summary for a resident, the discharge summary will be reviewed by one of the following – clinical director, assistant director, director. Any changes needing to be made are to be completed prior to the document being published in BestNotes for signature(s). In the rare event it is discovered changes need to occur to the discharge summary, this is to be accomplished by doing an addendum to the original document.
2. Therapist do not have the security setting that would allow her/him/them to delete a discharge summary.

Monitoring

The director, assistant director, or clinical director will review discharge summaries prior to the document being published for signatures.

Date of completion for implementation of corrective action

A training was held for the clinical team on June 27, 2023.

**Tag T063 POC accepted on 7/25/23 by J. Evans/P. Cota**