

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

November 17, 2015

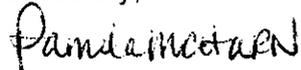
Ms. Candace Beardsley, Manager  
Spruce Mountain Inn, Inc  
Po Box 153, 155 Towne Avenue  
Plainfield, VT 05667-0153

Dear Ms. Beardsley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 3, 2014**. 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  
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0527	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/03/2014
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NAME OF PROVIDER OR SUPPLIER  SPRUCE MOUNTAIN INN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 153, 155 TOWNE AVENUE PLAINFIELD, VT 05667
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T 001	Initial Comments  An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection on 11/03/14. The following are Therapeutic Community Residence regulatory findings.	T 001		
T 022 SS=D	V.5.4.c Resident Care and Services  5.4 Discharge Requirements  5.4.c A summary of the resident 's stay at the facility shall be added to the resident record within two weeks of his or her leaving. The summary shall include the reason for leaving, areas in which progress, no progress, or regression was observed, and the medication the resident was prescribed at the time of leaving.  This REQUIREMENT is not met as evidenced by: Based on record review and interviews, there was no discharge summary for 1 of 3 discharged residents in the sample. (Residents #3) Findings include:  1. Per record review, Resident #3 was admitted on 10/04/12 with a noted discharge date of 12/16/13. Upon further exam of the record and confirmed by the Resident Council Staff (RCS), the resident no longer lived at the TCR since 05/08/13. There is no documentation of the reason for leaving the TCR or documentation of the progress, no progress or regression. Per interview, the RCS stated the resident went to a 'step-down' housing unit located across the parking area and continued to receive services	T 022	See attached	ASAP upon your reply

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Candace Pearlberg, LICSW, Director</i>	TITLE 11-20/14	(X8) DATE
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T022 - T999 POCs accepted 11/17/15 Pmcotaew

Variances granted to regulations 8.1 and 9.11.d. Pmcotaew

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T 022	Continued From page 1  through the Community integration program. Per interview at 2:38 PM the Administrator acknowledged that it is not apparent that the resident was discharged from the TCR on 05/08/13 and confirmed there is no discharge summary at the time of discharge from the TCR.	T 022		
T 025 SS=E	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, the facility failed to assure that resident medication administration procedures were consistent with physician orders for 3 of 3 residents in the total sample. (Residents #1, 2 and 3). Findings include:  Per reviews on 11/3/14, the medical records and Medication Administration Records for Residents #1, 2 and 3 did not include physician orders that each resident had been deemed appropriate to self-administer their medications, upon receipt of the medications from staff from the locked medication cabinet. During interview on 11/3/14 at 2:45 PM, the Manager stated that all current residents of the home have been determined to be capable of medication self-administration and that staff hand out the medications at the ordered times from the home's locked medication cabinet. She stated that the process included an	T 025		

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T 025	Continued From page 2  assessment of each resident by the psychiatrist to determine the resident's appropriateness for self-administration and that this documentation should be in the medical record. Per review, there was no documentation, including physician orders, that the 3 residents reviewed were deemed capable of self-administration of medications.	T 025	<p style="text-align: center;"><i>see attached form # 4 has been amended</i></p>	<p><i>12/14/14</i></p>
T 035 SS=E	<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</p>	T 035		

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T 035	<p>Continued From page 3</p> <p>residents including choices of pharmacies.</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 and record review, the home failed to provide written procedures for assessing a resident's ability to self-administer medications for 3 of 3 residents in the total sample. (Residents #1, 2 and 3). Findings include:</p> <p>Per record reviews on 11/3/14, the home's "Medication Policy" failed to include any written procedure for assessing a resident's ability to self-administer medications. The Manager provided a form titled "Intake Medications" (used to fulfill this requirement), that is to be filled out upon admission by the psychiatrist (and signed by both the psychiatrist and the resident.) Per review, the form does not include, nor address, any procedure for assessing the resident's competence to self-administer medications; it states only that the resident agrees to take the medication as prescribed. There was no</p>	T 035		

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T 035	Continued From page 4  documentation by the psychiatrist in the medical records for Residents #1, 2 and 3, stating that they were deemed appropriate for self-administration of medication. The lack of required self-administration procedure was confirmed with the Manager at 3:10 PM on 11/3/14.	T 035	<i>see attached</i>	<i>12/14/14</i>
T 037 SS=E	V.5.8.c Resident Care and Services  5.8 Medication Management  5.8.c Staff shall not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's or other licensed health care provider's written, signed order and supporting diagnosis or problem statement in the resident's record.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that there were written signed orders for all medications administered in each resident's medical record for 2 of 3 residents in the total sample. (Residents #1 and 2). Findings include:  Per record reviews on 11/3/14, the medical records for Residents #1 and #2 did not have individual signed orders for the home's physician (psychiatrist) approved Standing Orders (SO) for the 'over-the-counter' (OTC) medications in each resident's medical record. Per review of the Medication Administration Records for October, 2014 and November, 2014, both residents had received OTC medications (ibuprofen), not	T 037	<i>see attached</i>	<i>completed</i>

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T 037	Continued From page 5  included with the routine signed physician orders. The copy of the physician's SO was provided to surveyors post survey via email from the manager. Per review, the orders stated the following "Standing Orders for all residents at Spruce Mountain Inn. The following over-the-counter medications may be dispensed by staff to residents for the indications and at the dose recommended on the label except when otherwise specified." There was no signed order in each record, including each resident's name and the date and signature of the physician, upon initiation of orders after admission to the home.	T 037		
T 053 SS=C	V.5.9.c Resident Care and Services  5.9 Staff Services  5.9.c All training to meet the requirements of 5.10 (b) shall be documented. Training in direct care skills by a residence ' s nurse may meet this requirement, provided the nurse documents the content and amount of training.  This REQUIREMENT is not met as evidenced by: Based on staff interview, the home failed to maintain written documentation of staff's completion of the State Agency's TCR (Therapeutic Community Residence) required annual trainings. Findings include:  Per interview on 11/3/14 at 3:10 PM, the Manager confirmed that although he/she had conducted trainings to meet the required topics mandated in the TCR regulations, he/she had failed to maintain written documentation of the dates and times of the specific staff trainings. There was no	T 053		

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T 053	Continued From page 6 evidence of trainings available to surveyors to show compliance with this requirement.	T 053	<i>see attached #5</i>	<i>system on board</i>
T 105 SS=C	VI.6.21 Residents' Rights  VI. Residents' Rights  6.21 The obligations of the residence to its residents shall be written in clear language, large print, given to residents on admission, and posted in an accessible, prominent and public place on each floor of the residence. Such notice shall also state the residence's grievance procedure and directions for contacting the designated Vermont protection and advocacy organization.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the TCR failed to assure the grievance procedures are posted in an accessible, prominent and public place on each floor of the residence. Findings include:  Per observation on 11/04/14, there were no grievance procedures posted on all floors of the TCR. Per interview on 11/03/14 at 3:44 PM, the Administrator confirmed that the grievance procedures were not posted on each floor of the residence.	T 105	<i>see attached</i>	<i>Continuing to develop more resources</i>  <i>completed</i>
T 115 SS=C	VII.7.1.a.3 Nutrition and Food Service  7.1 Food Services  7.1.a Menus and Nutritional Standards  7.1.a.3 The current week's regular and	T 115	<i>see attached</i>	<i>completed</i>

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T 115	<p>Continued From page 7</p> <p>therapeutic menu shall be posted in a prominent public place for residents and other interested parties.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to post the resident menu for the current week in a public space in the home for the residents and other interested parties. All residents are potentially affected. Findings include:</p> <p>Based on observations during the initial tour of the home on 11/3/14 at 9:45 AM, the menu posted on the wall near the dining room included only supper meals (no breakfast and lunch meals) and ended on 11/3/14. During interview at 12:15 PM the same day, the Chef/Food Service Director confirmed that he/she had not been posting completed menus for the current week. The Manager stated that the Chef was recently hired and is new to the position and that there are plans to post the weekly menus.</p>	T 115		
T 142 SS=C	<p>VIII. 8.1 Laundry Services</p> <p>VIII. Laundry Services</p> <p>8.1 The residence shall provide laundered bed and bath linens at least once a week.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, the TCR failed to provide laundered bed and bath linens at least once per</p>	T 142	<i>see attached</i>	<i>process in place</i>

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T 142	Continued From page 8 week. Findings include:  During the tour on 11/03/14 at 10:36 AM, the washer and dryer was observed in the basement laundry area, which is accessible to the residents of the home. The staff person conducting the tour stated that residents do their own laundry, which includes the bath and bed linens. Per interview on 11/03/14 at 11:16 AM, the Manager explained that as part of the resident's activities of daily living, they are expected to keep their rooms clean; no food is allowed in their rooms, residents will vacuum and take out their trash as well as do their own bed linens. On a weekly basis, an Operations Assistant (OA) will do an inspection of the rooms which includes the bed and linens. If the linen is not clean then the OA will notify the support worker who will provide assistance if needed. If after two days the bed linen is still not clean then the resident will get fined. The Manager acknowledged at 3:44 PM that the TCR provides the opportunity and will provide help as needed but the expectation is that residents will clean their own bed and bath linens.	T 142		
T 187 SS=C	IX.9.11.c Physical Plant  9.11 Disaster and Emergency Preparedness  9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the	T 187		

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T 187	<p>Continued From page 9</p> <p>names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the TCR failed to show that the fire drills rotate times of day among morning, afternoon, evening and night and that documentation includes the names of participating staff members. Findings include:</p> <p>During the tour on 11/03/14 at 10:36 AM with the Manager, a note pad was identified as the fire drill log. Per review of the note pad for the past year, January 2014 until present, six notations from February through July 2014, presents as "F.D.- all out" and a staff initial. This person was identified as working during the day and sometimes in the afternoon. For one of the months, identified through the process of the staff's initials, shows that the fire drill was held on the overnight hour. Two months had morning hours listed. There were no afternoon or evening hours noted. The Manager confirmed at 3:44 PM that the fire drill log did not identify whether the drills were rotated among morning, afternoon, evening and night nor were the names of the staff who were present documented.</p>	T 187	<i>see attached</i>	<i>Complete</i>
T 188 SS=E	<p>IX.9.11.d Physical Plant</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.d There shall be an operable telephone on each floor of the residence, at all times. A list of emergency telephone numbers shall be posted by each telephone.</p>	T 188		

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T 188	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview there was no telephone on the second floor nor was there a list of emergency telephone numbers posted by the downstairs phone. Findings include:</p> <p>1. During the initial tour on 11/03/14 at 10:36 AM no telephone was noted on the second floor and third floors which housed a total of ten residents. There were no emergency numbers listed on the downstairs bulletin board. Per interview, the Administrator stated Residents are able to have personal cell phones until 10:00 PM. The overnight staff carries a cordless phone and does rounds hourly. The Administrator confirmed there is no upstairs telephone and no emergency numbers posted.</p>	T 188	see attached	await your response
T999 SS=C	<p>Final Comments</p> <p>This REQUIREMENT is not met as evidenced by: 4.13 Survey/Investigation</p> <p>(f) The residence shall make current written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them. The residence shall post a notice of the availability of all other written reports in a prominent place. If a copy is requested and the residence does not have a copy machine, the residence shall inform the resident or member of the public they may request a copy from the</p>	T999		

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T999	<p>Continued From page 11</p> <p>licensing agency and shall provide the address and telephone number of the licensing Agency.</p> <p>Based on interview and record review the TCR failed to have the current report readily available. Findings include:</p> <p>During the initial tour on 11/03/14 at 10:26 AM, no posting of the current report or notice of the availability of other reports were observed. Per interview at 3:44 PM the Administrator confirmed that the results of the inspection was not readily available and accessible to the residents.</p>	T999		11/25/14

## Responses to Re-licensing survey deficiencies

### V.5.4c Resident Care and Services

#### 5.4 Discharge Summary

Spruce Mountain Inn is a transitional program with the goal of independent living for its participants. We offer a continuum of services from our residential facility, the "Inn," to apartments in our backyard, the "Annex," to "Greatwood Lodge"==, an unsupervised house ¼ mile away. Our clients are predominantly from out of state. In our treatment model, clients maintain their same treatment team through the step down process and are not considered discharged by us until they leave our care. When discharged from our care, we write very thorough Discharge Summaries within a two week period. Generally within a week.

The survey report indicates that no discharge summary was found for client #3. When client #3 left our Program altogether, we wrote her discharge summary as is customary. See attachment (#1). The surveyors indicated that they would like to see a discharge date when this woman moved from the Inn to the Annex. Going forward, I would suggest that we add a 'date of transfer from the Inn' on the top of the electronic file where we have admission dates and discharge dates.

I believe the surveyors also indicated that they would like to see, in effect, a 'progress report' at the time of transfer. Our step down process is VERY involved with considerable assessment. I have attached our "Applying to the SMI Independent Living Program" form that outlines this very detailed process. (#2) Further, I attached a summary of client #3's individualized form indicating her progress and demonstration of readiness for the step down. (#3)

We are able to input 'dates of transfer' for any clients in our step-downs immediately upon your approval.

### V.5.5c Resident Care and Services

5.5 General Care 5.5c Each resident's medication, treatment and dietary services will be consistent with the physician's orders.

We have been operating with a standing order written by Dr. Bernstein to cover all residents at Spruce to take a short list of OTC medications (Previously emailed to your office). I have asked Dr. Bernstein to put this document with each client's name in each of their respective files and this has been completed.

Upon admission, Dr. Bernstein reviews medications with each client to be certain they understand the medications they are taking and possible side effects. He repeats this process when prescribing a new medication. He further certifies that, in his assessment, the client is capable of self-administration of medications once they have received them from staff. We have asked him to file a form, signed by each client, to this effect in each file. We have had this form but apparently it has not been being completed consistently. (See attachment # 5) This documentation process will require repeat visits and therefore cannot likely be complete until December 16, 2014.

#### Resident Care and Services

##### 5.8 Medication Management 5.8c

Re: OTC orders, we had a standing order from Dr. Bernstein that covered all residential clients. We now have a name identified signed order in each client file.

##### V.5.9c Resident Care and Services 5.9 Staff Services

Staff training is valued at Spruce Mountain Inn. I have attached our training checklist for new employees that illustrates the extent of initial training. (#4) I have also attached our Training Policy (#6) which outlines individual monies for outside training and some of our In-house training. We have staff meetings from 9-3 for all staff except third shift every Wednesday. Training aspects of these various meetings are largely focused on Resident Care. Each week includes a "Policy Review" which covers topics such as: infection control, fire drills, medication procedures, etc. While we take 'group notes' from some of these meetings, we do not document individual participation in these groups. I have created a form (attachment #6) which has been input onto our computer shared drive where each staff can document their personal participation in the various

aspects of required training. I have quoted from the regulations the specific requirements. I am asking each staff person to document time spent on training, cover the topics indicated and identify the presenter. I have explained this process to staff and am beginning to document recent trainings they have attended that have been noted previously.

I have also begun to develop updated resources for trainings for the 3<sup>rd</sup> shift staff. They do not have access to the same meetings and trainings as other staff. I have begun to compile resources for trainings on-line, on dvd and written training materials for this group. I will establish mechanisms for verifying the training has occurred, if not in an in-person presentation, for each resource by December 23, 2014.

#### VI.6.21 Residents' Rights VI Residents' Rights

We provide a copy of our Residents' Rights Policy upon admission and have had it posted on the Resident bulletin board in the most high traffic area of the house. We have added copies on the other two residence floors.

#### VII.7.1.a 3 Nutrition and Food Service

We have a new chef who offers 'farm to table' food. He has been updating menus as he purchases what is fresh and available. He has been advised that he needs to post full menus a week in advance and may make changes on them, in writing, on the posted menu as necessary.

#### VIII.1 Laundry Services

In accordance with our philosophy of providing a non-institutional setting and a program designed to promote independent living skills, Spruce does not routinely offer linens to program participants. We ask them to bring their own linens as they would to college. Most of our clients have had stints in college and have been forced to take leave due to emotional challenges. They will likely return to school or independence when they leave here. Spruce has linens available should they be needed at admission and thereafter. Our emphasis is on helping clients

do their own laundry regularly and maintain clean rooms. As the report indicates, our Operations Assistant does weekly room checks on Mondays. There are 6 criteria that we expect to be met, including clean bed linens. Should any of the criteria not be met, the client has two days to bring it up to standard or be fined. Further, the client's support worker is notified and asked to offer assistance to the client. This system works very well. Please let me know if I need to request a variance to not "offer" linens on a weekly basis as I believe this would be counterproductive in preparation for independent living.

#### IX,9.11.c Physical Plant 9.11 Disaster and Emergency Preparedness

##### 9.11.c

We do regular fire drills. The times of the drills were not consistently noted. Sometimes staff initials were used. I have created a form (# 7) that will be in a small binder attached to the fire panel to make sure each piece of information is noted with each drill. A note on the outside of the notebook indicates that one drill annually must be each: morning, afternoon, evening and night. Although the recording was somewhat incomplete, I have verified that this did occur in the past year.

##### 9.11.d

We have policies regarding client phone access based on clinical considerations. I have attached the policy (#8). We provide a land line for clients in a public, main floor area. We have posted emergency numbers more prominently there. Assess to their cell phones and computers phase in over time. We prefer to be able to monitor phone use. Clients agree to our policy before coming to SMI. Our clients are young, bright and ambulatory. Our strong preference is to limit opportunities for clients to speak with persons who may be a negative influence, arrange to obtain substances, etc. Please advise whether our policy covers this base or I should apply for a variance.

Final Comments

I will make our survey report available with my responses by November 25, 2014  
in a binder in our foyer.

# 2

## **APPLYING TO THE SMI INDEPENDENT LIVING PROGRAM**

The Spruce Mountain Inn Independent Living Program offers residents the opportunity to move into a more independent living setting in the Annex, at Greatwood, or in the greater community while continuing to receive support from staff and peers. Applicants follow the process described here to ask for consideration for admission to the various Independent Living Program settings.

### **PROCESS:**

#### **1. APPROVAL TO BEGIN THE PROCESS:**

The Case Manager discusses the resident's circumstances in relation to our Independent Living Program with the Director or Assistant Director. The resident's goals, family perspective, financial resources, and space availability are considered. If consideration for a move seems appropriate, the Case Manager begins the application process.

#### **2. RATING FORM FOR STEPPING DOWN:**

The resident and the Case Manager will begin the process with the Rating Form for Stepping Down (F-529 and F-529A) to determine if the resident is eligible to begin the process. The resident will complete the Self-Rating Form (F-529A) and submit to the Case Manager. The resident will also distribute the Rating Form (F-529) to specified members of his/her team to be completed and submitted to the Case Manager. Any serious deficiencies are noted and significant warning signs and/or skills deficits will require additional attention prior to beginning the process.

#### **3. ESTABLISHING READINESS CRITERIA:**

The Case Manager determines readiness criteria through team review and a team meeting with the resident to define individual prerequisites (see F-528). The candidate's readiness will be determined by many criteria including the following:

- a. A review of the skills assessment, treatment plans and WRAP
- b. Successful employment/educational placement meeting these guidelines:
  1. Annex: a minimum of 4 hours outside work and/ or courses
  2. Greatwood Lodge: a minimum of 8 hours of outside work and/or courses
  3. Off premises apartment: employment at the highest level of capability is expected 20 hours per week to move off premises
- c. The resident's overall engagement in treatment as evidenced by: ability to plan treatment goals, work toward goals and review them, use of WRAP, participation in individual meetings and groups, vocational or educational issues, ability to ask for support and assistance, response to feedback, attitude toward treatment, etc.
- d. Ability to support peers, contributions to the community
- e. Ability to work within the structure of program policies
- f. Initiation of taking medications
- g. Participation in assigned recovery activities etc.

Consistent compliance with all of the above is expectation for 30 days consecutively.

**Form 528 Prerequisite Plan will be completed and signed at this time.**

**Residents will read the Prerequisite plan in the next therapy group and ask for feedback.**

4. APPLICATION COMPLETION:

The resident will work with the Case Manager and Support Person to continue the application.

5. CRISIS INTERVENTION AND EMERGENCY PLANNING:

- a. The applicant will complete the Crisis Intervention and Emergency Backup Plans. The Case Manager will seek review from the Support Worker and Therapist.
- b. The applicant will share the Crisis Intervention Plan and Emergency Backup Plans in Community Meeting and ask for feedback.

IF PREREQUISITES ARE BEING MET, THE RESIDENT CONTINUES TO PLAN FOR THE MOVE

Residents planning to move to a non-SMI residence may begin their apartment search at this point. See F518 Apartment Search Worksheet and F519 Tasks to Complete Before Moving.

IF CRITERIA ARE NOT BEING MET, A SECOND TEAM MEETING WILL BE HELD WITH THE RESIDENT TO PROVIDE FEEDBACK AND SUPPORT. THE MOVE WILL BE POSTPONED AND IN GENERAL, THE 30 DAYS WILL BEGIN AGAIN.

6. When this process has been followed and all criteria are met, the resident will be approved to move.

AT ANY TIME IN THIS PROCESS READINESS MAY BE REASSESSED,

AND CONCERNS MAY PUT THIS PROCESS ON HOLD.

**SUMMARY AND CHECKLIST**

Date Completed

- 1. Administrative Approval \_\_\_\_\_
- 2. Complete Rating Form for Stepping Down at Spruce (F-529) \_\_\_\_\_
- 3. Review and sign F 500 Applying for the SMI Independent Living Program \_\_\_\_\_
- 4. Procure staff input re: prerequisites \_\_\_\_\_
- 5. Team meeting to define prerequisites (F-528) and finalize in writing \_\_\_\_\_
- 6. Resident shares prerequisites in Therapy Group \_\_\_\_\_
- 7. Review pre-requisites after two weeks. Proceed with plans if pre-requisites are being met or 2<sup>nd</sup> team meeting if not being met \_\_\_\_\_
- 8. Complete Crisis Intervention Plan and Emergency Back Up Plan with CM \_\_\_\_\_
- 9. Solicit review/feedback of these plans by Therapist and Support Worker and return to Case Manager well in advance of presentation in Community Meeting \_\_\_\_\_
- 10. Resident shares Crisis Intervention and Emergency Backup Plans in Community Meeting and asks for feedback \_\_\_\_\_
- 11. Once prerequisites are met for defined period, move is approved and the Plan Summary and Fee Schedule are finalized \_\_\_\_\_
- 12. Comprehensive Skills Assessment 2 (F-334b) completed with Support Worker \_\_\_\_\_

\_\_\_\_\_  
Resident Printed Name

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**\*ORIGINAL TO PERMANENT FILE \_\_\_\_\_ COPY TO RESIDENT \_\_\_\_\_\***  
**\*SCANNED AND UPLOADED TO BESTNOTES \_\_\_\_\_**

Client Name: \_\_\_\_\_

## Rating Form for Stepping Down at Spruce Mountain Inn

Please check when completed:

- Case Management Section
- Therapy Section
- Recovery Section
- Career Educational Section
- Med Management Section
- Activities of Daily Living Section

Client Name: \_\_\_\_\_

## CASE MANAGEMENT SECTION

- To be completed by Case Manager -

**Please rate each issue on the following scale:**

- 5 Excellent Performance (90% - 100%)
- 4 Very Good Performance (81% to 89%)
- 3 Acceptable Level (80%)
- 2 Needs Work (50% - 79%)
- 1 Serious Concern (0% to 49%)

**Consistent program participation. This includes, for a minimum of 4 weeks:**

\_\_\_\_\_ Maintaining 30 hours of scheduled activity

\_\_\_\_\_ Active participation in groups

Consistency in attending individual appointments with:

\_\_\_\_\_ Case Manager

\_\_\_\_\_ Therapist

\_\_\_\_\_ Support Worker

\_\_\_\_\_ Substance Abuse Counselor

\_\_\_\_\_ Career & Education Development Coordinator

\_\_\_\_\_ Psychiatrist

\_\_\_\_\_ Non-programmatic structured, group activities (yoga, art lessons, music lessons, etc.)

**Emotional stability. This includes, for a minimum of 4 weeks:**

\_\_\_\_\_ Demonstrated regular sleep patterns, or awakening in time to attend treatment activities

\_\_\_\_\_ Considering and accepting the consequences of one's actions

\_\_\_\_\_ Managing mood to keep daily commitments

\_\_\_\_\_ Demonstrated ability to follow any special plans, such as Stress Management, Check Ins, etc.

Client Name: \_\_\_\_\_

\_\_\_\_\_ Demonstrated ability to use healthy coping skills in managing stressful events

\_\_\_\_\_ Other emotional stability related issues as determined by the treatment team: \_\_\_\_\_

**Ability to manage relationships with staff and peers. This includes, for a minimum of 4 weeks:**

\_\_\_\_\_ An absence of outbursts and or other grossly inappropriate behavior

\_\_\_\_\_ Demonstrated ability to offer and receive support from peers regularly, including an absence of enabling (e.g. not lending money, cell phones, or interfering in others treatment plans)

\_\_\_\_\_ Demonstrated ability to recreate with at least a few peers

\_\_\_\_\_ Demonstrated ability to work constructively with staff members in their intended roles

\_\_\_\_\_ Adheres to the Relationship Policy

\_\_\_\_\_ Demonstrated ability to decide whether a person needs help and take the appropriate course of action (e.g. finding staff when one recognizes other's unmanageability, offering support to another resident)

**Family Issues. This includes, for a minimum of 4 weeks:**

\_\_\_\_\_ Follows plans for family communication within conference calls

\_\_\_\_\_ Follows plans for family communication, outside of conference calls

\_\_\_\_\_ Constructive negotiation with parents regarding visits, spending, travel, etc.

Client Name: \_\_\_\_\_

CASE MANAGEMENT ASSESSMENT

- To be completed by Case Manager -

\_\_\_\_\_ is ready to begin the Step Down process: YES or NO (PLEASE SPECIFY)

If Client is not ready to start the process, please specify exactly what the client needs to demonstrate, including length of time, in the space below:

Case Manager Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_

## THERAPY SECTION

- To be completed by Therapist -

**Please rate each issue on the following scale:**

- 5** Excellent Performance (90% - 100%)
- 4** Very Good Performance (81% to 89%)
- 3** Acceptable Level (80%)
- 2** Needs Work (50% - 79%)
- 1** Serious Concern (0% to 49%)

**Participation in individual therapy. This includes, for a minimum of 4 weeks:**

- \_\_\_\_\_ Active engagement in one's treatment and treatment goals
- \_\_\_\_\_ Demonstrated ability to follow any special plans and/or homework assignments
- \_\_\_\_\_ Working relationship with therapist
- \_\_\_\_\_ Demonstrated positive change and/or is making progress
- \_\_\_\_\_ Active participation in Therapy Group
- \_\_\_\_\_ Demonstrated ability to remain safe and free from self-harm
- \_\_\_\_\_ Demonstrated ability to follow a plan should the resident feel at risk for self-harm.
- \_\_\_\_\_ Demonstrated ability to set and maintain one's personal boundaries with others
- \_\_\_\_\_ Ability to engage in conflict resolution. This is reflected in:
  - \_\_\_\_\_ Offering criticism when it would be constructive
  - \_\_\_\_\_ Consideration of constructive criticism without unhealthy reaction
  - \_\_\_\_\_ Direct and assertive communication
- \_\_\_\_\_ Other therapy related activities as determined by the treatment team: \_\_\_\_\_

Client Name: \_\_\_\_\_

## THERAPY ASSESSMENT

- To be completed by Therapist -

NOTES:

Therapist Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_

## RECOVERY SECTION

- To be completed by Addictions Counselor -

**Please rate each issue on the following scale:**

- 5** Excellent Performance (90% - 100%)
- 4** Very Good Performance (81% to 89%)
- 3** Acceptable Level (80%)
- 2** Needs Work (50% - 79%)
- 1** Serious Concern (0% to 49%)

**Active participation in recovery. This includes, for a minimum of 4 weeks:**

- \_\_\_\_\_ Maintains Sobriety
- \_\_\_\_\_ Attendance at 12 Step Meetings as recommended by the Substance Abuse Counselor
- \_\_\_\_\_ Active Participation in Relapse Prevention Group
- \_\_\_\_\_ Active Participation in building sober supports
- \_\_\_\_\_ Active work on WRAP Plan
- \_\_\_\_\_ Adherence to any special plans regarding phone, computer use, etc.
- \_\_\_\_\_ Other recovery related activities as determined by the treatment team: \_\_\_\_\_

Client Name: \_\_\_\_\_

## RECOVERY ASSESSMENT

- To be completed by Addictions Counselor -

\_\_\_\_\_ is ready to begin the Step Down process: YES or NO (PLEASE SPECIFY)

If Client is not ready to start the process, please specify exactly what the client needs to demonstrate, including length of time, in the space below:

Addictions Counselor Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_

## CAREER/EDUCATION SECTION

- To be completed by Career/Ed Development Coordinator -

**Please rate each issue on the following scale:**

- 5** Excellent Performance (90% - 100%)
- 4** Very Good Performance (81% to 89%)
- 3** Acceptable Level (80%)
- 2** Needs Work (50% - 79%)
- 1** Serious Concern (0% to 49%)

**Participation in career and/or educational placement(s). This includes, for a minimum of 4 weeks:**

- \_\_\_\_\_ Regular attendance at a work placement
- \_\_\_\_\_ Shows up on time to work placement
- \_\_\_\_\_ Regular attendance in academic class
- \_\_\_\_\_ Shows up on time to academic class
- \_\_\_\_\_ Follows study plan and study times, if applicable
- \_\_\_\_\_ Adheres to course work and homework assignments
- \_\_\_\_\_ Follows job search plan, if applicable
- \_\_\_\_\_ Employer satisfaction with client's performance at community placement
- \_\_\_\_\_ Teacher satisfaction with client's performance in academic class
- \_\_\_\_\_ Consistency in turning in community placement sheets, documenting study time, etc.

Client Name: \_\_\_\_\_

## CAREER/EDUCATION ASSESSMENT

- To be completed by Career/Ed Development Coordinator -

\_\_\_\_\_ is ready to begin the Step Down process: YES or NO (PLEASE SPECIFY)

If Client is not ready to start the process, please specify exactly what the client needs to demonstrate, including length of time, in the space below:

Career & Education Counselor Signature: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

H4

**Intake Medications**

Below is a list of your medications as discussed with Dr. Richard Bernstein

MEDICATION NAME	DOSAGE (STRENGTH)	FREQUENCY	REASON

I have discussed the medications, dosages, times and reasons prescribed with Dr. Richard Bernstein.

I understand why these medications are prescribed for me. I agree to take the medication as prescribed.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

In my assessment, \_\_\_\_\_, is capable of self-administration of their medications, upon receipt of the medications from staff from the locked cabinet.

\_\_\_\_\_  
Dr. Richard Bernstein

\_\_\_\_\_  
Date

# 5

ORIENTATION FOR NEW EMPLOYEES AND SUBSTITUTE STAFF  
**MAKE SURE THIS FORM GETS RETURNED TO  
ADMINISTRATIVE ASSISTANT WHEN COMPLETED**

Trainee: NAME: \_\_\_\_\_  
Date of initial orientation: \_\_\_\_\_ With (staff): \_\_\_\_\_  
Date of initial orientation: \_\_\_\_\_ With (staff): \_\_\_\_\_

Schedule Shadow Time: \_\_\_\_\_ With (Staff): \_\_\_\_\_  
Schedule Shadow Time: \_\_\_\_\_ With Staff): \_\_\_\_\_  
Schedule Shadow Time: \_\_\_\_\_ with (Staff): \_\_\_\_\_

**Orientation, Welcome to Spruce Mountain Inn**

\_\_\_\_\_ Brief history of SMI and intro to philosophy of SMI, and the "Spruce Mountain Inn Way". Review the mission statement.

\_\_\_\_\_ General overview of what we do, types of clients, our operation in general.

\_\_\_\_\_ Overview of staff meetings, retreats, special community events (SMI day, Camping, Beach Day, Staff Committees, etc.)

\_\_\_\_\_ Review their position description, overview of different staff positions, and check with them to see if they have questions about their position.

\_\_\_\_\_ Best Notes Training: DATE- \_\_\_\_\_

- \_\_\_\_\_ Review reading material
- 1. Website
  - 2. Section VIII Personnel Policy regarding staff/client relationships
  - 3. F-1112 The SMI Life Skills Program

\_\_\_\_\_ Review rules F-202 **in detail**, and give them a copy to keep.

\_\_\_\_\_ Steps to the training, and who they will meet with next. Let them know there will be a follow up session to see if everything is being understood in 3 months.

**Trainer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Meeting with Payroll & Benefit Manager**

\_\_\_ Go over new employee packet and fill out all forms according to check list on memo in employee packet.

\_\_\_ Personnel Policies

\_\_\_ Smoking Policy F-1234 /**Staff smoking**

\_\_\_ Go over time sheets and 1:1 policy. Show them time sheets on the share drive. Talk about pay periods and accurate recording.

\_\_\_ Talk about vehicle logs and recording rides. Also talk about expense sheets, and mileage on there. Give them form F-814

\_\_\_ Leave request forms and tell them they will be shown where to find forms later. Review procedure for requesting leave time. Talk about use in the first three months.

\_\_\_ Review of benefits if applicable.

\_\_\_ Discuss if they would like Hep B shots or Flu shots and how procedure works.

**Date completed:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Trainee: (Please sign that you have a understanding of all the above areas)**

**Signed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Trainers**  
**assigned:** \_\_\_\_\_

**Practical Orientation**      **Initial Training Date:** \_\_\_\_\_

**Review after 2 weeks:** \_\_\_\_\_

- \_\_\_ Staff Manual of Policies and Procedures
- \_\_\_ F-414 Universal Precautions (Located in Safety Manual on bench)
- \_\_\_ Explain Client Group Schedule and go over group schedule on the wall in foyer. Refer to F-1112 and review.
- \_\_\_ Show them the Green Book and talk about documentation and record keeping. Pay Sheet/Attendance Records, Fines & Bonuses.
- \_\_\_ Explain documentation (keep it brief and concise).
- \_\_\_ Explain Plan Summary
- \_\_\_ Go over Duty Roster.
- \_\_\_ Explain shift change meetings
- \_\_\_ Emergencies: Review emergency procedures (F- 806)  
Show them where emergency numbers are. (Located in Safety Manual on bench)
- \_\_\_ Explain On Call and the use of On Call to come in staff, Administrative on call, and Psychiatric on call
- \_\_\_ Explain Therapeutic Responses (TRP's)
- \_\_\_ Combination locks/keys (office, kitchen, snack cabinet & med cabinet, security and key description)
- \_\_\_ Talk about Second and Third Shift Checklists and responsibilities.
- \_\_\_ Explain Group Check in
- \_\_\_ Show Admissions packet and explain intake process
- \_\_\_ Explain Newcomer's Meetings

\_\_\_\_\_ Security System

\_\_\_\_\_ Universal Precautions: Review procedure for contaminated fluids. Show them where all the supplies are kept (rubber gloves, mouthpieces, etc) (Refer to information in Safety Manual on bench)

\_\_\_\_\_ Explain Room Checks and fines

\_\_\_\_\_ Show staff member the **client** designated smoking area and discuss fines.

\_\_\_\_\_ Discuss controlled items, and personal belongings that are kept in the med room. Show them how to sign these things in and out.

\_\_\_\_\_ Meals: preparation, menus, and responsibilities of residents and staff; fines; switching, keep the fridge and freezer locked. Introduce them to Doug, the chef.

\_\_\_\_\_ Recycling

\_\_\_\_\_ Show them the client mail boxes and the process of how to handle package opening.

\_\_\_\_\_ Review phone policies

\_\_\_\_\_ Review computer policies

**Initial Training completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Trainee: (by signing below you acknowledge you have been shown all these things)** \_\_\_\_\_

**4 week follow up on Date):** \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

**Meet with Administrative Assistant**

\_\_\_ Show them how to run phone system, talk about VM and how to answer referral calls.

\_\_\_ Explain phone codes.

\_\_\_ Recording of Petty Cash, Stipends, Charge accounts, and banking hours. Explain how to purchase gas and other necessities

\_\_\_ Show them the forms on share drive.

\_\_\_ Show how to log on to email

**Date completed:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Meet with Medication Person**

\_\_\_ Go over all medication procedures, documentation, security, generic code list.

\_\_\_ Administration procedures and recording.

\_\_\_ Explain PRN's.

\_\_\_ Explain medications of resident vs. independent livers.

\_\_\_ Controlled medication.

\_\_\_ What to do in case of medication error.

**Date completed:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Comments:**

**Meet with Substance Abuse Counselor**

- \_\_\_\_\_ Drug Screen Procedures
- \_\_\_\_\_ AA Meetings and documentation

**Date Completed:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Meet with Fire Marshall**

- \_\_\_\_\_ Alarm System
- \_\_\_\_\_ Fire Safety Plan F-206 (see Safety Manual) and Fire Drills
- \_\_\_\_\_ Disaster Plan F-806 (see Safety Manual)

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Meet with Operations Manager**

- \_\_\_\_\_ How to arrange for repairs and whom to call when something goes wrong within the building.
- \_\_\_\_\_ Psychiatrist schedule
- \_\_\_\_\_ Scheduling of doctor appointments for clients
- \_\_\_\_\_ Ride Sheets and Vehicle rules and care.
- \_\_\_\_\_ Substitute system (calendar / sub list/communications).
- \_\_\_\_\_ If a sub, collect trainees information for revision of sub list.
- \_\_\_\_\_ Security System

**Follow-through Agenda for Trainer:**

Set up shadowing sessions with the trainee. Be clear on the time and whom they will shadow with. If possible introduce them to that person.

Please make sure that both the trainee and trainer have signed this form showing that all procedures have been covered.

**Make a copy and give it to the trainee.**

**The original should then be given to the Payroll and Benefit Person so that this will become part of their personnel record.**

**Use the last page of the original to make comments about the trainee and note any areas of concern, or further follow up.**

F-807  
09/08/11  
2/2/12 updated

# 6

## SPRUCE MOUNTAIN INN TRAINING POLICY

Spruce Mountain Inn supports staff training and development as it enhances the quality of the services we provide as well as enhancing personal professional growth.

A two member Staff Training Committee exists to explore and promote training opportunities and to make decisions about the funding of training by Spruce Mountain Inn. The Training Committee maintains a "Training" Bulletin Board in the office (to which other staff may contribute) for the purpose of sharing information about available training. The Training Committee membership is reviewed annually in November. Should a member need to resign from this Committee for any reason, he/she will solicit a replacement from the staff as a whole.

### Funding For Training

Each year the Training Committee will allocate a portion of the annual training budget for in-house training, individual request and training supplies. Each individual has an annual allotment which cannot be carried forward from one year to the next.

IN HOUSE TRAINING PROGRAMS will generally be developed for each Staff Retreat by the Retreat Committee based on interest presented by staff and available funds.

WEDNESDAY TRAININGS may also be organized when there are five Wednesdays in a given month. This would be an hour slot which can be used for further development of an internal topic or an outside resource person may be utilized.

INDIVIDUAL TRAINING REQUESTS should be made to the Committee (through Candace) as well in advance as possible. Literature about the training should be submitted along with a completed Training Request Form (F-826). Trainings should ideally be approved for continuing education credits in the appropriate body in the state in which it is offered.

Funding will be approved in sum or in part based on:

1. Relevance to a person's position here (to enhance job performance)
2. Potential benefit to the organization (to program development, clinical work, etc.);

From time to time, training funds may be temporarily frozen during a cash shortage in the organization.

### Calculating Training Funds

Approved training fees will be determined by the number of hours you wish to be paid for, the cost of training, and any travel and food expenses requested.

To ensure that all staff have equal access to training opportunities, the hourly wage base- allocation is \$12./hour. This is not the hourly wage paid for training hours requested. Training hours will be paid based on individual hourly wage. Staff may choose to take accrued leave in lieu of hours paid and furnish their own food and travel expense in order to better provide for training costs.



DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

STAFF PRESENT:

\_\_\_\_\_  
\_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOLLOW-UP NEEDED:

\_\_\_\_\_  
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## Technology Policies for Spruce Mountain Inn

Spruce residents have graduated access to technology in order for them to focus on their treatment. Technology use may be restricted further if a resident's team determines it is counter therapeutic.

### *General Information regarding media use at Spruce*

- ▲ Residents will generally have access to their computer and their phone after four weeks. This includes tablets and iPads. This decision is based on each individual Technology Assessment.
- ▲ Gaming devices expressly for gaming are not allowed for residents of the Inn, but are permitted once residents enter the step down process to live at Greatwood or the Annex. The Inn has a Wii that can be used during phone/computer hours. Cord must be checked in and out.
- ▲ Cutler library (one block away) has computers with internet access and there is a Spruce computer in the basement without internet access.
- ▲ The only time that residents have access to staff computers (using client login) is with team member approval and must be supervised by staff.
- ▲ Once residents receive access to their computer, they can use it only off-site during the day in free time, unless they have approval to use it for employment or academic reasons.
- ▲ All residents have access to the Spruce resident phone 802-454-7336. There is a long distance block on the resident phone. Calls can be made with pre-paid calling cards.
- ▲ If someone needs the resident phone while a resident is using it, the resident should finish the call within ten minutes.
- ▲ Phone ringers on hand held phones must be turned off during groups and meetings.
- ▲ Technology devices **may not be loaned out to peers for any reason**. Loaning will result in loss of device for 2 days.
- ▲ Technology access may be restricted if staff believe counter therapeutic use is occurring.
- ▲ All technology use must protect client confidentiality and not compromise the therapeutic community.

### *Policies pertaining to Inn Residents*

- ▲ E-readers and portable music devices that do not have browser or app capability may be kept with residents, but should not be used in group (except with group leader permission).
- ▲ All cell phones and computers will be stored in the office. All computer cords and carrying cases etc. will be kept with clients.
- ▲ Phones, computers and other approved technology devices can be checked out after 5:30pm Tuesday thru Friday and Saturday and Sunday after 11:45am. Devices must be returned by 9:45pm week nights. On weekends phones and computers need to be checked-in by 11:45pm.
- ▲ If a resident's phone, computer or other devices are not returned on time, he/she **will lose all personal technology devices** for two days.
- ▲ Phones and computers are not available on Mondays after 5:30 pm.
- ▲ If residents are driving their own vehicle they can have access to their phone during their trip.
- ▲ Once residents begin the thirty day process toward living at GWL or the Annex they will have full access to their phones.

***Policies pertaining to Greatwood Lodge and Annex Residents***

- ^ GWL and Annex residents have full access to their phones and computers.
- ^ GWL residents will be given a password to access wireless internet.
- ^ The hours of access may be limited depending on a resident's treatment plan.
- ^ There is a land line at GWL which has a long distance block.
- ^ If Annex residents want internet access, they will need to set this up directly with an ISP. **They may not give access of any kind to another program participant.**
- ^ Any illegal activity, downloading or otherwise on GWL internet will result in suspension of use.

**\*\*\*TO BE REVIEWED AND SIGNED WITH SPRUCE MOUNTAIN INN STAFF\*\*\***

I HAVE READ AND UNDERSTAND THESE POLICIES AND I AGREE TO ABIDE BY THEM. I UNDERSTAND THAT IF I DO NOT, MY PRIVILEGES COULD BE SUSPENDED OR TERMINATED. I ALSO UNDERSTAND THAT I AM SOLELY RESPONSIBLE FOR MY ACTIONS ON THE INTERNET AND THAT SPRUCE MOUNTAIN INN AND THEIR EMPLOYEES ARE NOT LIABLE IN ANY WAY FOR ANY HARM THAT MAY RESULT FROM USE OF THE COMPUTER.

\_\_\_\_\_  
**Program Participant Printed Name**

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**Program Participant Signature**

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**Date**

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**Staff Witness Printed Name**

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**Staff Witness**

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**Date**