



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

December 18, 2023

Ms. Cathy Etheze, Manager
Kingdom Way Group Home
Po Box 71
Newport, VT 05855

Dear Ms. Etheze:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 14, 2023**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

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

Sincerely,

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

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0295	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2023
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NAME OF PROVIDER OR SUPPLIER KINGDOM WAY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 71 NEWPORT, VT 05855
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R100 Initial Comments:

R100

On 11/14/23 the Division of Licensing and Protection conducted an unannounced on-site relicensure survey in conjunction with an investigation of 1 complaint and 1 facility reported incident. The following regulatory deficiencies were identified. Findings include:

R222 VI. RESIDENTS' RIGHTS
SS=F

R222

6.10 The resident's right to privacy extends to all records and personal information. Personal information about a resident shall not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from or information contained in such records shall be subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law.

See attachment

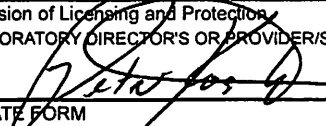
R-222 Accepted on 12/13/23.
Sherry Ross, RN

This REQUIREMENT is not met as evidenced by:

Based on observation and staff interview, the facility failed to ensure that resident's rights to privacy extends to all records and personal information. Findings include:

During the re-licensing survey on 11/14/23, Resident medical records were observed stored unsecured in boxes located underneath a desk in the manager's office, making them accessible to residents, visitors, or unauthorized personnel.

Per record review of written policies and procedures provided on request during re-licensing survey on 11/14/23, it was noted the

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Senior Director of Residential Services	(X6) DATE 12/5/23
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R222 Continued From page 1 R222

facility has a policy entitled: Confidentiality Policy stating " Client information is confidential. Only those employees directly involved with providing care and treatment of clients or those clerical personnel authorized to handle client materials, shall have access to records and other relevant data".

The facility Manager confirmed that resident records are stored unsecured stating " I never lock the office door".

R259 VII. NUTRITION AND FOOD SERVICES R259
SS=F

7.3 Food Storage and Equipment

7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview there was a failure to ensure all cleaning products and other poisonous compound were stored in a locked compartment. Findings include:

During the relicensing survey on 11/14/23 at 1:00 PM cleaning products and poisonous chemicals were observed to be stored in an unsecured laundry room including 1 60 oz bottle of Sout, 3 24 oz bottles Lysol, 7 bottles Lysol all-purpose spray, 10 containers of Clorox disinfected wipes, 23 bottles of Lysol disinfectant aerosol spray, 1 128 oz container of floor wax, 2 containers of

See attachment

R-259 Accepted on 12/13/23.
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R259 Continued From page 2 R259

disinfectant cleaner containing ammonium chloride, 4 3.78 QT containers of Clorox Bleach, and one unlabeled bottle containing an unknown substance.

Per review of the facilities policy and procedure manual it was confirmed that the facility failed to develop a policy and procedure for securing cleaning products and other poisonous compounds.

On 11/14/2023 at 1:00 PM the manager confirmed that the laundry room was unlocked and unattended stating "this room is supposed to be locked at all times".

R315 XI. Resident Funds and Property R315
SS=F

11.3 The personal property of the resident shall be available for the resident's use and securely maintained when not in use.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview the facility failed to ensure residents funds were securely maintained. Findings include:

Pre review of facility incident reports conducted on the afternoon of 11/14/23, it was noted that on 9/3/23 at approximately 10:30 AM a staff member that was accounting for resident money noted that one resident had extra money. Staff called the facility manager to report the discrepancy at which time the manager instructed staff to check the resident funds accounting book. While in the manager's office staff observed that the lock box containing 4 separate residents funds was

See attachment

R315 Accepted on 12/13/23.
Sherry Ross, RN

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R315 Continued From page 3

R315

missing from an unlocked cabinet located within the manager's office.

Per review of the facilities' signed agreement titled Request for Management of Resident Funds, states "If we are requested to hold a resident's money, we will keep the funds secured and separate from any other funds and will maintain a record of each transaction". Additionally, the facilities policy titled Resident Funds and Property states "The facility will maintain the resident's property securely when not in use".

Per interview with the Manager conducted on the afternoon of 11/14/23 s/he confirmed that a lock box containing resident funds was missing from the facility. S/he further confirmed that the resident funds were stored in an unsecured cabinet located within the unlocked manager's office.

R222 – VI. RESIDENT’S RIGHTS

6.10

Plan of Correction:

- The identified files have been secured by locking the office door when not in use by the Residential Managers.
- The Residential Managers will ensure that any confidential resident records are secured and stored in a locked location when not directly in use.
- The Licensee will complete periodic checks to ensure ongoing compliance.

Date of corrective action – Immediate and ongoing

R259 – VII. NUTRITION AND FOOD SERVICES

7.3 Food Storage and Equipment: 7.3.i

Plan of Correction:

- Although the laundry room identified by the surveyors is not a food storage area nor is it located near any area where food is stored, prepared or consumed, the identified chemical cleaning products were secured by locking the laundry room door. In addition, the unlabeled bottle was discarded.
- The Residential Managers and all Residential Staff will ensure that the chemical products remain secured by locking the laundry room door when not directly in use.
- The Residential Manager will ensure that all chemical products used or stored in the home are properly labeled for easy identification.
- The Licensee has developed and implemented a Chemical Storage and Handling policy within the home.
- The Licensee will complete periodic checks to ensure ongoing compliance.

Date of corrective action – Immediate and ongoing

R315 – XI. RESIDENT FUNDS AND PROPERTY

11.3

Plan of Correction:

- The Residential Manager will ensure that resident funds are maintained securely in a lock box and stored in a locked drawer in the Residential Manager’s office.
- The funds may only be accessed by the Residential Manager, Residential Assistant Manager, and/or one Residential Staff designee.
- The Home will continue to maintain an accounting of all transactions and will report any discrepancies.
- The Licensee installed security cameras in various locations throughout the home. The interior and exterior cameras are solely intended to augment security and do not encompass resident living spaces.
- The Licensee will conduct periodic checks to ensure ongoing compliance.

Date of corrective action – Immediate and ongoing