



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 19, 2024

Cathy Etheze, Manager
Kingdom Way 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 18, 2024**. 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,

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 11/18/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER KINGDOM WAY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 71 NEWPORT, VT 05855
---	---

(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
--------------------	--	---------------	---	--------------------

R100	Initial Comments: On 11/18/24 the Division of Licensing and Protection conducted an unannounced on-site investigation of one complaint and an annual relicensure survey. The following deficiency was identified related to the annual relicensure survey:	R100		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home 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:	R179	See attached	
	<ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by:</p>			

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature] TITLE
Director of Residential Services (X6) DATE
12/6/24

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 11/18/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KINGDOM WAY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 71 NEWPORT, VT 05855
---	---

(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
--------------------	--	---------------	---	--------------------

R179	<p>Continued From page 1</p> <p>Based on staff interview and record review there was a failure to ensure 3 out of 5 sampled staff completed all required yearly trainings, Findings include:</p> <p>The home's policies and procedures governing staff training are consistent with this regulatory requirement.</p> <p>On the afternoon of 11/18/24 the Manager was requested to provide documentation of trainings completed during the previous year for a sample of 5 Staff. Per review of the training records provided for review, 3 out of 5 sampled Staff did not complete all required yearly trainings.</p> <p>This finding was confirmed by the Manager of the home at 2:42 PM on 11/18/24.</p>	R179		
------	--	------	--	--

Facility: Kingdom Way

Survey Date: 11/18/2024

R179 – V. RESIDENT CARE AND HOME SERVICES

5.11.b Staff Services

Plan of Correction:

- The identified staff will complete the remaining required trainings by 12/10/24 to be in full compliance with the regulation.
- The Residential Managers will conduct regular audits of all staff training records and rectify any deficits to ensure ongoing compliance with the regulation.
- The Licensee will complete periodic audits of staff training records to ensure ongoing compliance.

Date of corrective action – 12/10/24 and ongoing

R179 Plan of Correction accepted by Jo A Evans RN on 12/18/24