VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

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 14, 2025

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 **June 23, 2025**. 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0295	A. BUILDING: _____ B. WING _____	C 06/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGDOM WAY HOME	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 6/23/25 the Division of Licensing and Protection conducted on unannouced on-site investigation of one complaint. The following regulatory deficiency was identified:	R100		
R101 SS=D	5.1.a Resident Care and Home Services The licensee must not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, as described in the Division's Level of Care Criteria Guidelines, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide, without first having met the requirements of Section 12 and having obtained a variance from the licensing agency. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and record review there is a failure to ensure the home obtained a variance from the licensing agency prior to accepting and retaining one applicable resident who meets level of care eligibility for nursing home admission (Resident #1). Findings include: Policies and procedures governing care for residents who require nursing home level of care and obtaining level of care variances have not been developed by the home. Per observation, staff interviews, and record review Resident #1 was admitted to the home on 6/12/24 and is fully dependent on staff for all activities of daily living; is bound to their	R101	See attached	

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R101	Continued From page 1 wheelchair or bed; and requires the assistance of 2 staff for all personal care, repositioning, and transfers. Resident #1 requires a suprapubic catheter for urinary drainage and a gastrostomy tube (g tube) for intake of nutrients and fluids. Resident #1's complex medical and personal care needs meet the criteria for nursing home level of care and indicate a level of care variance granted by the licensing agency is required prior to being accepted or retained in a Residential Care Home setting. Per record review, as of 6/23/25 the licensing agency had not received a request for level of care variance that would allow Resident #1 to reside at the home. During interviews conducted on the afternoon of 6/23/25 the home's Residential Manager and Registered Nurse were unable to provide documentation of a level of care variance granted by the licensing agency allowing the home to admit and retain Resident #1. On the afternoon of 6/23/25 the Residential Manager and Registered Nurse confirmed a level of care variance had not been obtained from the licensing agency for Resident #1.	R101		

Facility: Kingdom Way **Survey Date:** 6/23/25

R101 – 5.1.a Resident Care and Home Services

Plan of Correction:

- A Level of Care Variance for the identified resident was submitted and approved on 7/7/25.
- The home's policies, including the Level of Care Variance policy, have been in place and were provided to the surveyor during the on-site visit.
- The Residential Manager and Registered Nurse will ensure that all potential and existing residents are screened prior to and regularly during admission to assess their needs and level of care.
- The Residential Manager and Registered Nurse will ensure that no residents who meet level of care eligibility for nursing home admission are admitted or retained without obtaining a Level of Care Variance. Residents whose care needs exceed what the home can safely and appropriately provide will be subject to discharge as outlined in the home's Admission Agreement.
- The Licensee will complete periodic record checks to ensure ongoing compliance.

Date of corrective action – 7/7/25 and ongoing

R101 Plan of Correction accepted by Jo A Evans RN on 7/13/25