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

May 18, 2026

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 **April 13, 2026.** 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 _____	04/13/2026

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 4/13/2026 the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey. The following deficiencies were identified:	R100		
R105 SS=F	5.2.a Uniform Consumer Disclosure-Admit Agreements The licensee upon initial licensure must state the services it can and will provide, the public programs or benefits that it accepts or delivers, the policies that affect a resident's ability to remain in the home, and any other relevant information. (1) The uniform consumer disclosure must be completed on a form provided by the licensing agency and must be kept on file by the licensee. (2) The uniform consumer disclosure must include a statement describing the daily, weekly or monthly rate to be charged, a description of the services that are covered in the rate and all other applicable financial issues. (3) The uniform consumer disclosure must include a statement that rates are subject to change, including rate changes due to increased care needs,and describe the situations in which the changes (s) could occur. (4) The uniform consumer disclosure must be provided; i. to residents prior to or at admission and at any time it is changed or is requested by the resident; and ii. to the public upon request (5) The availability of a uniform consumer disclosure must be noted prominently in all marketing brochures and written materials.	R105	See attached	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Director of Residential Services	5/8/26

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R105	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there is a failure to develop and provide all residents with a Uniform Consumer Disclosure. Findings include: The facility's policy regarding the Uniform Consumer Disclosure is consistent with the licensing rules.. Per staff interview and record review, the Uniform Consumer Disclosure has not been completed by the facility. This was confirmed by the Residential Manager of the facility on 4/13/2026 at 9:48 AM.	R105		
R162 SS=E	5.9.c (5) Nursing Services For each resident requiring nursing overview, administration of medication, or nursing care, the registered nurse must: Maintain a current list for review by staff and physician of all residents' medications. The list must include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;	R162	See attached	

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R162	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure medication orders include a specific frequency of administration for 2 applicable residents. Findings include: The home's policies and procedures are consistent with this licensing rule. Per review of the April 2026 Medication Administration Record (MAR), the following medication orders did not include all required information: 1. Resident #1's order for the anti-psychotic medication Olanzapine 5 mg Oral Disintegrating Tablet indicates this medication is to be administered PRN (as needed) via oral/sublingual route. This order does not include a specific frequency of administration including the number of doses that can be administered in 24/hours and/or the amount of time required between doses. 2. Resident #2's orders for Miralax, hydromorphone, and acetaminophen indicate these medications are to be administered PRN (as needed) via oral route. These orders do not include a specific frequency of administration including the number of doses that can be administered in 24 hours and/or the amount of time required between doses. These findings were confirmed by Residential Manager on the afternoon of 4/13/2026.	R162		

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R202	Continued From page 3	R202	See attached	
R202 SS=D	5.10.g Medication Management Homes must establish procedures for documentation sufficient to indicate to the licensed health care provider, registered nurse, manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this must include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a registered nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure medication administration as ordered for one applicable resident (Resident #1). Findings include: The home's policies and procedures governing administration of the right medication strength, dose and frequency of administration are consistent with the licensing rules. On 4/13/2026 the Residential Manager and Registered Nurse confirmed policies and procedures governing	R202		

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R202	Continued From page 4 actions to be taken when medication deliveries are received from the pharmacy have not been developed by the home. Resident #1 is living with the signs and symptoms of Cerebral Palsy and Spastic Quadriplegia and is prescribed Amantadine, which is a medication that treats movement disorders. Per review of medication orders, on 4/9/2026 Resident #1's medication order for Amantadine capsules was changed from 100 mg once daily to 50 mg twice daily. Per review of Resident #1's April 2026 Medication Administration Record (MAR), administration of Amantadine 100 mg capsules continued through the afternoon of 4/13/2026, and an order written in the MAR for Amantadine 50 mg capsules twice daily was covered with a note that stated "Not Yet!". During an interview commencing at approximately 1:55 PM on 4/13/26, the Residential Manager discovered the pharmacy delivered Resident #1's Amantadine 50 mg capsules to the home on 4/10/2026. At 2:03 PM on 4/13/2026 the Residential Manager confirmed Amantadine 50 mg capsules were not administered as ordered for Resident #1 from 4/10/2026 - 4/13/2026.	R202		
R210 SS=F	5.11.c Staff Services The home must provide, or arrange for the provision of, at least twelve (12) hours of training upon hire and each year to each staff person providing direct care to residents. The manager may give credit towards the required 12 hours of training upon hire, for any formal training received in the twelve months preceding the date of hire,	R210	See attached	

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R210	Continued From page 5 provided the home maintains documentation of the training and ensures competency in the subject matter. The training must include, but is not limited to, the following: (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, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; (7) General supervision and care of residents; (8)Communication strategies, person-centered care, challenging behaviors and understanding dementia; (9) Recognition of and sensitivity to different cultures, belief systems, abilities, gender identities, sexual orientation; and (10) Trauma-informed care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure required staff training was completed for 1 of 5 sampled staff. Findings include: The facility's staff training policies and procedures are consistent with licensing rules. On the morning of 4/13/2026, training	R210		

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R210	Continued From page 6 documentation for 5 sampled staff was reviewed. Review of the documentation provided indicated that 1 direct care staff lacked evidence of completion of required training. These findings were acknowledged by the Residential Manager at 1:02 PM on 4/13/2026.	R210		
R215 SS=F	5.11.e (4) Staff Services All background checks must be rechecked based on facility policy. The policy must include, at a minimum an annual re-check of Vermont criminal and abuse registries, and an annual re-check of all jurisdictions if a staff member has worked or lived in another state since the initial background check was completed and/or does so on a regular basis, and at any time any employee or caregiver notifies the home of a conviction or substantiation. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there is a failure to ensure that applicable criminal record and abuse registry checks were completed by the facility as required for 1 out of 5 sampled staff. Findings include: The facility's background check procedures are consistent with the licensing rules. Documentation of criminal and abuse registry checks completed on 5 sampled staff was requested the morning of 4/13/2026. Per review of the documentation provided, the required annual checks of applicable criminal and abuse registries were not completed by the facility for 1	R215	See attached	

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R215	Continued From page 7 out of 5 sampled staff. This finding was confirmed by the Residential Manager of the facility the afternoon of 4/13/2026.	R215		
R366 SS=C	6.18 Resident's Rights The enumeration of residents ' rights will not be construed to limit, modify, abridge or reduce in any way any rights that a resident otherwise enjoys as a human being or citizen. A copy of the Residents Rights set forth in this section must be written in clear language, large print (font size 18), given to residents on admission, and posted conspicuously in a public place in the home. The home's grievance procedure and directions for contacting the Office of the Long-Term Care Ombudsman and Disability Rights Vermont also must be written in the same font size, provided to each resident, and posted in the same location as the statement of Residents ' Rights. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to post the home's grievance procedure in the same location as the statement of Residents' Rights. Findings include: Policies and procedures governing posting of required documents were not on file and available for review on 4/13/2026. On the morning of 4/13/2026 it was observed that the home's grievance procedure and directions for contacting the Office of the Long-Term Care	R366	See attached	

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R366	Continued From page 8 Ombudsman and Disability Rights Vermont were not posted in the same location as the statement of Resident's Rights. This finding was confirmed by the Residential Manager at 10:59 AM on 4/13/2026.	R366		
R999 SS=C	Miscellaneous This REQUIREMENT is not met as evidenced by: 4.12 License Certificate The home's current license certificate must be protected and appropriately displayed in such a place and manner as to be readily viewable by persons entering the home. Any conditions which affect the license in any way must be posted adjacent to the license certificate. This requirement is NOT MET as evidenced by: Policies and procedures governing posting of required documents were not on file and available for review on 4/13/2026. On the morning of 4/13/2026 the license posted in the home's entryway was observed to have expired on November 30, 2025. Per record review the home's current license is effective from December 1, 2025 through November 30, 2026. A copy of the home's current license was issued to the Residential Manager on October 20, 2025. At 9:58 AM on 4/13/2026 the Residential Manager confirmed the license posted at the home was not the home's current license.	R999	See attached	

Facility: Kingdom Way **Survey Date:** 4/13/26

R105 – 5.2.a Uniform Consumer Disclosure-Admit Agreements

Plan of Correction:

The survey report incorrectly states that the Uniform Consumer Disclosure "has not been completed by the facility". The Home's Uniform Consumer Disclosure had been updated in January 2026 to reflect an annual increase in Room and Board rates. The new Disclosures had not been provided to residents.

- The current version of the Uniform Consumer Disclosure was provided to residents and guardians on 4/14/26.
- The Residential Manager will ensure that Uniform Consumer Disclosures are provided to residents and their guardians prior to admission and when any changes are made to the document, in accordance with the regulation.
- The Residential Manager will ensure that residents and/or their guardian sign a Receipt of Uniform Disclosure form to indicate that they have received the document in accordance with the Home's policy.
- The Licensee will complete periodic record checks to ensure ongoing compliance.

Date of corrective action – 4/14/26 and ongoing

R105 Plan of Correction accepted by Jo A Evans, RN on 5/14/2026.

R162 – 5.9.c (5) Nursing Services

Plan of Correction:

The cited regulation states that the Registered Nurse must *"maintain a current list for review by staff and physician of all residents' medications"* and that the list will contain specified elements including "dosage and frequency of administration". A current list of each resident's medications, including each of the required elements, was in place and available for review by the surveyor.

- The MARS for the identified residents were corrected on the day of the survey to include the frequency of administration and maximum doses per 24 hours for the identified PRN medications.
- The Registered Nurse will continue to maintain a current list of each resident's medications in accordance with the cited regulation.
- The Residential Manager and Registered Nurse will ensure that MARs contain the frequency of administration and the number of doses that can be administered in a 24-hour period and or the amount of time required between doses.
- The Licensee will complete periodic record checks to ensure ongoing compliance.

Date of corrective action – 4/13/26 and ongoing

R162 Plan of Correction accepted by Jo A Evans, RN on 5/14/2026.

R202 – 5.10.g Medication Management

Plan of Correction:

- The identified medication was administered under the new ordered dosage and frequency beginning on 4/14/26.
- The Residential Manager and Registered Nurse will ensure that medications are administered as ordered and that changes are implemented promptly once the correct medication is received.
- A Prescription/Medication Tracking Process and Log was implemented on 4/14/26 to ensure that all incoming medications are reviewed, logged, and communicated so that any new or changed medications can be administered without delay.
- The Licensee will complete periodic record checks to ensure ongoing compliance.

Date of corrective action – 4/14/26 and ongoing

R202 Plan of Correction accepted by Jo A Evans, RN on 5/14/2026.

R210 – 5.11.c Staff Services

Plan of Correction:

The 1 identified *direct care staff* was the Home's Registered Nurse who had not tracked their training related to trauma-informed care, despite having extensive experience, training and expertise in the area.

- The identified staff completed the training in the Home's training system immediately following the survey and was in full compliance on 4/13/26.
- The Residential Manager will continue to ensure that all direct care staff receive and track trainings in accordance with the regulation.
- The Licensee will complete periodic record checks to ensure ongoing compliance.

Date of corrective action – 4/13/26 and ongoing

R210 Plan of Correction accepted by Jo A Evans,RN on 5/14/2026.

R215 – 5.11.e (4) Staff Services

Plan of Correction:

- The identified staff's annual re-check of the criminal and abuse registries was completed on the day of the survey, 4/13/26.
- The Licensee's Human Resources department will complete required re-checks in accordance with the regulation for all staff who provide relevant resident-based services within the home.
- The Licensee will complete periodic record checks to ensure ongoing compliance.

Date of corrective action – 4/13/26 and ongoing

R215 Plan of Correction accepted by Jo A Evans,RN on 5/14/2026.

R366 – 6.18 Resident Rights

Plan of Correction:

- Although each of the required documents were posted, they were not posted in the same location. This was rectified on the day of the survey.
- The Residential Manager will ensure that the required documents are posted in accordance with the regulation.
- The Licensee will complete periodic checks to ensure ongoing compliance.

Date of corrective action – 4/13/26 and ongoing

R366 Plan of Correction accepted by Jo A Evans, RN on 5/14/2026.

R999 – Miscellaneous – 4.12 License Certificate

Plan of Correction:

- The Home's current license certificate was posted on the day of the survey, replacing the expired version.
- The Residential Manager will ensure that the current license certificate is posted in accordance with the regulation.
- The Licensee will complete periodic checks to ensure ongoing compliance.

Date of corrective action – 4/13/26 and ongoing

R999 Plan of Correction accepted by Jo A Evans,RN on 5/14/2026.