



**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 21, 2022

Ms. Wendy Brodie, Manager  
Arbors  
687 Harbor Road  
Shelburne, VT 05482-7698

Dear Ms. Brodie:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 10, 2022**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 10/10/2022
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NAME OF PROVIDER OR SUPPLIER  
**ARBORS**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**687 HARBOR ROAD  
SHELBURNE, VT 05482**

(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 10/10/22 an unannounced on -site complaint investigation was conducted by the Division of Licensing and Protection. While there were no regulatory deficiencies identified related to the complaint, a regulatory deficiency was identified during the course of the investigation. Findings include:	R100	The filing of this plan of correction does not constitute an admission regarding the alleged findings, deficiencies or violations. The plan of correction is filed in compliance with applicable law and demonstrates the community's continuing commitment to quality care.	
R266 SS=E	IX. PHYSICAL PLANT  9.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to provide and maintain a safe, sanitary, homelike environment. Findings include:  1. During a facility tour commencing at 9:40 AM on 10/10/22 a stainless steel cart in the East Wing dining room was observed to be jutting into the main resident walkway into the dining area. The top shelf of the cart held bins filled with dirty dishes covered with food and an uncovered compost bucket containing food scraps that were left accessible to residents. The outside surfaces of a trash can beside the stainless steel cart were soiled and stained. Several used, unlabeled cups containing partially consumed beverages were left on the countertop in the dining area and were accessible to residents. Many of the residents of the facility have advanced dementia and cognitive	R266	No residents were identified to be affected by the alleged deficient practice.  ACTION:  Stainless steel cart will no longer be used in the dining room.  Associates will clear tables and bring dirty dishes into dish area.  All compost bins replaced with new compost bin with hinged covers and disposable compost bags.  Trash can replaced  MEASURE TO PREVENT REOCCURENCE:  Staff re-educated on process of clearing tables during meal service, discontinuation of cart, keeping covers on compost.	11/21/22

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

LABORATORY FORM

6899

7XR311

If continuation sheet 1 of 3

Rabbe POC accepted 12/20/22 pncolarN

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER  <b>ARBORS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>687 HARBOR ROAD SHELBURNE, VT 05482</b>		
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R266	<p>Continued From page 1</p> <p>impairment.</p> <p>On the morning of 10/10/22 the LPN (Licensed Practical Nurse) conducting the facility tour confirmed the cart jutting into the walkway to the dining room; the open bin of food scraps and dirty dishes stored on the top shelf of the cart, the soiled and stained trash can in the dining area, and the cups of partially consumed beverages left on the countertop in the dining area in the East Wing.</p> <p>2. During the facility tour on the morning of 10/10/22 an uncovered compost bin and a trash can without a lid were observed in the West Wing kitchenette.</p> <p>A shower room on this wing was observed to not be homelike for the next resident using the room due to a number of items observed. There was a dirty washcloth on the floor, a urinal, a square plastic tub, and several plastic coat hangers on the shower curtain rod that had not been removed after the last use. There were two long handled floor squeegees laying across the shower room floor, presenting a risk of tripping.</p> <p>In the West Wing Lake Room there were 3 metal baseboard heater covers that were significantly bent jutting outward from the heating unit; and a section of the baseboard was missing an end cap leaving sharp metal edges exposed.</p> <p>On the morning of 10/10/22 the LPN conducting the facility tour confirmed the uncovered compost bin without a lid; a dirty cloth, two long handled squeegees, urinal and plastic tub on the shower room floor; plastic coat hangers hung on the</p>	R266	<p><b>MONITORING:</b> DSD/designee will audit weekly x4 and monthly x2 that compost bins/ trash are covered and clean, dining room is cleared timely of dirty dishes/ cups at end of service and re-educate associates as needed.</p> <p><b>ACTION:</b> Storage cabinets purchased for both spa rooms to store supplies i.e. squeegee, hangers and other supplies needed in bathrooms. Covered hampers purchased for spa room for caregivers to collect soiled laundry and towels.</p> <p><b>MEASURE TO PREVENT REOCCURENCE:</b> Caregivers provided re-education on maintaining the spa room in a clean and orderly manner</p> <p><b>MONITORING:</b> POD/Designee will complete weekly audit that spa room is clean and orderly weekly x 4 weeks and then monthly x2 and re-educate associates as needed.</p>	11/21/22

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NAME OF PROVIDER OR SUPPLIER  ARBORS		STREET ADDRESS, CITY, STATE, ZIP CODE 687 HARBOR ROAD SHELBURNE, VT 05482		
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R266	Continued From page 2  shower curtain rod of the shower room; and the bent metal sections and missing end cap of the baseboard covers in the West Wing.  3. Throughout the facility the carpeting was observed to be stained, worn, and in need of replacement. In the West Wing the carpeting surrounding the metal drain covers in the hallways was fraying and ripped, leaving the plywood beneath the carpeting exposed and creating a trip hazard.  On the morning of 10/10/22 the LPN conducting the facility tour confirmed the worn stained carpeting in need of replacement throughout the facility, frayed and ripped carpeting surrounding the hallway drains, and the exposed plywood around the drains in the West Wing hallway.  4. While touring the nurse's station in the East Wing the LPN was observed preparing medications for administration without checking the orders in the Medication Administration Record (MAR). Checking the MAR to confirm the correct resident, medication, dose, method of administration and administration schedule is an essential aspect of safe medication administration and prevention of medication errors. At 10:00 AM on 10/10/22 the LPN conducting the tour confirmed medications were administered without checking the MAR by an LPN. On the afternoon of 10/10/22 the Executive Director and Director of Nursing acknowledged an LPN was observed passing medications without checking the MAR during the tour commencing at 9:40 AM on 10/10/22.	R266	Westwinds Lake room baseboard heat was replaced  Frayed carpet around drain covers replaced Carpet to be replaced community wide Summer 2023  ACTION:  Nurse observed passing meds without 10/11/22 checking MAR provided re-education on 5 rights of medication administration and medication competencies evaluation  MEASURE TO PREVENT REOCCURENCE: All nurses re-educated on medication administration safety and medication administration competency completed on all nurses.  MONITORING: RCD/Designee will audit medication pass on 2 nurses weekly x 4 weeks then monthly x 2, re-educate nurses as needed.	10/12/22  10/28/22  11/21/22