



**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

March 21, 2024

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 **February 21, 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,

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:  <b>0102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/21/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ARBORS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>687 HARBOR ROAD SHELBURNE, VT 05482</b>		
(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	<p>Initial Comments:</p> <p>An unannounced on-site re-licensure survey in conjunction with a complaint investigation was conducted by the Division of Licensing and Protection on 02/21/24. The following regulatory violations were identified related to re-licensure survey:</p>	R100	<p>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.</p>	
R200 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.15 Policies and Procedures</p> <p>Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the RCH failed to ensure a policy and procedure was established to account for expired foods maintained on the premises in storage areas. Findings include:</p> <p>During the facility tour commencing at 9:45 AM, expired food was noted to be stored within the facilities dry food storage.</p> <p>Per record review of the facilities policies and procedures it was noted that no identifiable process were in place to ensure the facility does not maintain expired food on the premises.</p> <p>Per interview on 2/21/24 at approximately 11:00 AM kitchen staff confirmed a policy and procedure is not in place to monitor for expired food items within the storage areas.</p>	R200	<p>No residents were identified to be affected by the alleged deficient practice.</p> <p>Dry food storage protocol Policy No: 400-2 created</p> <p>Dietary department educated on Dry Food Storage Policy No: 400-2</p> <p>R200 Accepted on 3/20/24. Sherry Ross, RN</p>	<p>3/19/24</p> <p>3/22/24</p>

Division of Licensing and Protection

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

*Wendy Brodeur, RN/HA*

TITLE

*Exec. Director*

(X6) DATE

*3/19/24*

Division of Licensing and Protection

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R200	Continued From page 1  The deficient practices is a risk for more than minimal harm, as policy and procedures identify processes the facility staff can reference to ensure all regulatory requirements are adhered to.  Refer to Tag 250.	R200		
R250 SS=F	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview there was a failure of the Residential Care Home (RCH) to ensure that outdated, unlabeled, or damaged canned goods were not maintained on the premises in accordance with Section 7.2e of the Vermont Residential Care Home Licensing Regulations effective 10/3/2000. Findings include:  During the facility tour conducted on the morning of 02/21/2024 food located in the facilities dry food storage area was noted to be outdated. These items included eight 14 oz containers of condensed milk expired on 4/22/23; three boxes of sugar cones expired on 4/29/23, and six containers of Vegetable shortening expired in 2021. This observation was confirmed at the time of finding by the facilities Manager.  Per interview with the facility kitchen staff conducted at the time of finding s/he stated that	R250	Type text here  All identified expired product was disposed on the day of survey.  Dry storage audited to ensure that no other food was expired  Going forward dry storage will be audited by DSD or designee for expired foods monthly to ensure that expired food are disposed of timely. Designated staff educated on audit process.  Going forward DSD will utilize first in, first out system when stocking deliveries  R250 Accepted on 3/20/24. Sherry Ross, RN	2/21/24  2/22/24  3/19/24  3/19/24

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R250	Continued From page 2  s/he usually rotates food within the dry storage area, but that s/he missed these items.  In conclusion this deficient practice is a potential risk for more than minimal harm for all facility residents related to risk of food contamination and food born illnesses.	R250		
R266 SS=F	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 of the RCH to provide and maintain care in a safe environment for residents of the Memory Care. Findings include:  Per observation during the facility tour, at 9: 30 AM a housekeeping cart was observed in the hallway unattended, the cover to the cart of where cleaning chemicals are stored was found unsecured and the cleaning chemicals were accessible by lifting the compartment door. The manager confirmed the observation at time of finding.  The facility policy and procedure titled " Environmental Round Program", indicates Cleaning and personal hygiene liquids are organized and stored away from food and residents, locked away.	R266	All housekeepers were provided re-education on all chemical safety  An additional housekeeping cart has been ordered to ensure a back up is available in the event of a locking mechanism failure  Bi-weekly random audits by POD or designee that housekeeping carts are locked x 4 weeks, weekly audits x4  R266 Accepted on 3/20/24. Sherry Ross, RN	3/14/24  3/6/24  5/19/24

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R266	<p>Continued From page 3</p> <p>Per interview on 2/21/24 at 9:10 AM the Manager confirmed a locking mechanism is on the cart, however is broken and a new housekeeping cart is being provided to the staff. The manager confirmed the policy in place and chemicals are to be secured. At approximately 11:00 AM, the Plant operations Director confirmed a housekeeping cart with a working lock/securement mechanism was provided to the staff housekeeper.</p> <p>An additional observation on 2/21/24 at 1:28 PM the housekeeping cart was observed unsecured, the top of medication cart was unsecured and unattended, with staff behind closed doors. The manager was notified of the observation on 2/21/24 at 2: 00 PM.</p> <p>The deficient practice poses a risk for more than minimal harm to all residents due to accessibility to poisonous compounds.</p>	R266		
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**Policy Protocol**

<b>Category:</b>	Dining Services	<b>Effective Date:</b>	03-14-2024
<b>Title:</b>	Dry Food Storage	<b>Revision Date:</b>	—
<b>Policy No:</b>	DS-400-2	<b>Supersedes Date:</b>	—
<b>Applies to:</b>	Independent Living, Assisted Living, Memory Care		
<b>Review Date:</b>	—		

**Policy:**

Dry food storage is necessary for foods that do not require refrigeration or freezing and requires proper guidelines.

**Process:**

1. Dry storerooms must be cool and dry. The temperature of the storeroom should be between 50°F and 70°F.
2. All open food items must be dated, labeled, and sealed.
3. Make sure that storerooms are well ventilated.
4. Store dry food two inches from walls, six inches off the floor on an enclosed shelf, and 18 inches from sprinkler heads.
5. Keep the floors, walls, ceilings, and shelving clean.
6. Rotate products to ensure that the oldest inventory is used first. (First in, first out [FIFO])
7. Establish a schedule to ensure that stored product is depleted on a regular basis.
8. Transfer food between containers properly. The use of steam table pans is not recommended. Food-grade storage containers are recommended for proper food storage, especially if items are opened and placed back into storage.
9. Keep dry storage rooms locked or secured at all times.