



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 30, 2022

Ms. Wendy Brodie, Administrator
Arbors Nursing Home
687 Harbor Road
Shelburne, VT 05482

Dear Ms. Brodie:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 14, 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: 47S001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2022
NAME OF PROVIDER OR SUPPLIER ARBORS NURSING HOME		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
S 000	Initial comments The Division of Licensing and Protection conducted an unannounced onsite re-licensure survey on 3/14/22. The following regulatory deficiency was cited as a result:	S 000		4/15/22
S375 SS=E	10.6 (b) NURSE AIDE TRAINING - REGULAR IN SERVICE ED 10.6 (b) In-service training. The in-service training must: 1. be sufficient to ensure the continuing competence of nurse aides but must be no less than twelve (12) hours per year. 2. address areas of weakness as determined in nurse aide's performance reviews and may address special needs of residents as determined by the facility staff; and 3. for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure the continuing competence of nurse aides is no less than 12 hours per year for four of five sampled nurse aides. Findings include: Per record review, nurse aide 1 had 3.75 documented hours of continuing education in the previous year from the date of the survey. Nurse aide 2 had 6.5 documented hours of continuing education in the previous year from the date of the survey. Nurse aide 3 had 7.75 documented hours of continuing education in the previous year from the date of the survey. Nurse aide 4 had 8.75 documented hours of continuing education	S375	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. No residents were identified to be affected by the alleged deficient practice. Sample identified Director of Business Administration and nurse's aide #1, #2, #3, and #4 have been re-educated on nurses' aide's in-service and training requirements in accordance with State regulation S375. Sample identified nurses' aides #1, #2, #3 and #4 have completed in-servicing training hours to meet the requirement of 12 hours in accordance with State regulation S-375. An audit of current nurses' aides education files was completed to ensure compliance with in-services and training hours in accordance with State regulation S-375.	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wendy Brodie LNHA, ED

3/29/22

STATE FORM

5899

LH5U11

If continuation sheet 1 of 2

S375 POC accepted 3/29/22 Atremlay RN/PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 47S001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/14/2022
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S375	Continued From page 1 in the previous year from the date of the survey. Per interview on 3/14/2022 at approximately 2:30 PM, the Director of Business Administration confirmed that four of the five sampled nurse aides had not had the required 12 hours of continuing education in the last year.	S375	Executive Director / Designee to conduct and audit of nurses' aides education files weekly x4 weeks then monthly x2 to ensure sustained compliance with S375. The results of these audits will be brought to the Quality Assurance Performance Improvement Committee Meeting for discussion until the team determines resolution.	