



**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

January 12, 2023

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

Provider ID #:

Dear Ms. Brodie:

The Division of Licensing and Protection completed a survey at your facility on **January 4, 2023**. The purpose of the survey was to determine if your facility was in compliance with State Licensing Regulations for Nursing Homes. This survey found that your facility was in substantial compliance with the participation requirements. Congratulations to you and your staff.

Please **sign the enclosed CMS 2567 and return** to this office by **January 22, 2023**.

Sincerely,

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

Pamela M. Cota, RN  
Licensing Chief

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>47S001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/04/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARBORS NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>687 HARBOR ROAD</b> <b>SHELBURNE, VT 05482</b>
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(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	<p>Initial comments</p> <p>The Division of Licensing and Protection conducted an unannounced onsite investigation of a facility self-report on 1/4/23. there were no regulatory violations as a result.</p>	S 000		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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