VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
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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

August 29, 2025

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 **August 12, 2025.** 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
	0102	A. BUILDING: _____ B. WING _____	C 08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS	687 HARBOR ROAD SHELBURNE, VT 05482

R213 Accepted 8-29-25
Susan Gregoire RN

(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 August 12, 2025, the Division of Licensing and Protection conducted an unannounced on-site annual relicensure survey, during which two facility reported incidents were investigated. There were no deficiencies cited as a result of the investigations. The following regulatory deficiency was identified during the annual survey:	R100		
R213 SS=F	5.11.e (2) Staff Services The licensee must take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references, contacting the Division of Licensing and Protection, the Department for Children and Families and the Department of Public Safety's Vermont Criminal Information Center (VCIC) or another national background check vendor to see if prospective employees are on the Vermont abuse registries or have a record of convictions in any state or territory. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the Residential Care Home (RCH) failed to ensure that Criminal Background Checks were obtained and maintained and made available for review for one out of five sampled staff. Findings include: Per the home's Associate Background Checks & Credential Verification policy, state-specific background checks are conducted by the Director of Business Administration. The policy further states that criminal background checks will be conducted for all associates working in the community.	R213		

Division of Licensing and Protection

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R213	Continued From page 1 On the morning of August 12, 2025, the home was requested to provide documentation of Criminal Record and Abuse Registry Checks for five sampled staff. Upon review of the documentation provided by the Manager on the afternoon of August 12, 2025, current annual background check documentation was not available for review for one of the five sampled staff. Per interview conducted on the afternoon of August 12, 2025, the Manager confirmed the facility did not have the required background checks available for review. The Manager subsequently completed the missing National Background Check immediately.	R213		

Deficiency Statement Plan of Correction (POC)

Survey Date:August 12,2025

Facility Name:The Arbors at Shelburne

Deficiency Tag	How the deficiency was corrected	How other potential residents identified, and corrective action taken	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R213	The identified missing Nationwide background check was completed immediately	An audit was completed on all associates that all required backgrounds and registry checks were completed	8/25/25	New Dayforce HRIS platform requires that Director of Business Administration audits that backgrounds are complete prior to hiring associates	Director Of Business Admiinistration
		R213 Accepted 8-29-25 Susan Gregoire RN		Executive Director will audit 10% of associates quarterly x4 for background checks	Executive Director