VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

November 12, 2025

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 re-licensure survey conducted on **October 8, 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,

Pamela M Cota RN

Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

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
	47S001	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS NURSING HOME	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 10/8/25. The following deficiency was identified:	S 000		
S233 SS=D	3.12 (b) BED HOLD AND RIGHT OF RETURN 3.12 (b) Upon payment of his or her usual rate or, in the case of Medicaid residents, his or her certified per diem compensation, each resident has the right to retain his or her bed in the nursing home while absent from the facility due to hospitalization or therapeutic leave, provided such absence does not exceed ten successive days. Upon admission, before a nursing facility allows a resident to go on therapeutic leave and upon or as soon as practicable after transfer to a hospital, a nursing facility must provide written information to the resident and a family member or legal representative that specifies: 1. The duration of the bed-hold policy during which the resident is permitted to return and resume residence in the nursing facility; and 2. The nursing facility's policies regarding bed-hold periods permitting a resident to return. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one of one of one sampled Resident (Resident #1) was provided a bed hold policy and form upon transfer to the hospital. Findings include: Per record review, Resident #1 was transferred to the hospital on 7/7/25 and was diagnosed with bilateral pulmonary emboli. Per record review there was no bed hold policy or form in the	S233	See Attached **Tag S233 POC accepted on 11/12/25 by C. Howard/S. Stem**	

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S233	Continued From page 1 resident's record. An interview was conducted with the Executive Director on 10/8/25 at 10:45 AM. The Executive Director confirmed a bed hold policy form was not issued to Resident #1 or their POA [Power of Attorney] when the resident was transferred to the hospital. The Executive Director confirmed on 10/8/25 at 1:25 PM that the facility does not have a bed hold policy, and stated that the admission agreement [last revised 6/2024] discusses the bed hold. Per record review, the admission agreement only states, "You are responsible for paying your entire daily fees for the entire month even when you were absent from the community, including, but not limited to, times when you were on vacation or when you have been temporary transferred to a healthcare facility such as the hospital. You have the right to return to your room after any such temporary absence as long as this agreement has not been terminated by you or us."	S233		

Deficiency Statement Plan of Correction (POC)

Survey Date:10/8/25

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
S233 SS=D 3.12 (b) BED HOLD AND RIGHT OF RETURN	Bedhold policy and bedhold letter created.	No other residents were affected by the alleged deficient practice	10/24/25	Executive Director or designee upon admission or before a therapeutic leave or as soon as practicable after a hospital transfer the community shall provide written information to the resident/resident representative information regarding the bedhold policy	Executive Director

BENCHMARK

Resident Bed-Hold and Readmission Letter

Dear _____

This letter is to inform you of your rights regarding your bed at The Arbors, a Benchmark Senior Living community, in the event that you are hospitalized or take a therapeutic leave. These rights are protected under Vermont state regulations.

1. Right to Retain Your Bed During Hospitalization or Leave

You have the right to retain your current bed in this facility during a temporary absence for hospitalization or therapeutic leave as outlined in the Residency Agreement, providing you continue to pay your usual rate:

> *You are responsible for paying your entire Daily Fees for the entire month even when you are absent from the Community, including, but not limited to, times when you are on vacation or when you have been temporarily transferred to a health care facility such as a hospital. You have the right to return to your Room after any such temporary absence as long as this Agreement has not been terminated by you or by us.*
>
> *You will be entitled to meal credits up to a total of 30 days in a calendar year if you are absent from the Community after seven consecutive days and if you have provided us with at least seven days advance notice of your absence.*
>
> *If your absence is for more than 30 days due to a medical condition as defined by us and you have provided us with at least 30 days advance notice of your absence, starting on day 31, you will only be required to pay the Basic Residency Fee, as outlined in Section IV.B.1.a., but will incur no Personal Service Fees, as outlined in Section IV.B.1.b.*

If you meet these conditions, your bed will be held for you until your return.

2. Notice of Bed-Hold Duration

The bed-hold period during which you are permitted to return and resume residence in your assigned bed, is based upon paying the entire Daily Fee during your absence.

3. Right to Return After Hospitalization or Leave

If during your hospitalization or therapeutic leave you do not pay the entire Daily Fee, you have the right to be readmitted to the first available bed in a semi-private room at this facility, provided that:

- The facility can meet your medical needs; and
- Your return will not adversely affect your welfare or that of other residents.

We will notify you or your representative as soon as a suitable bed becomes available.

4. Written Policy and Acknowledgment

Our facility maintains a written Bed-Hold and Readmission Policy that fully explains these rights. You may request a copy at any time.

Please sign below to acknowledge that you have received and understand this notice.

Resident/Representative Acknowledgment

I acknowledge that I have received written notice of my rights regarding the bed-hold and return policy at [Facility Name], and that I understand these rights as explained above.

Resident/Representative Signature: _____

Print Name: _____

Date: _____

Community Representative Signature: _____

Print Name: _____

Title: _____

Date: _____

If you have any questions, please contact:

Wendy Brodie,LNHA

Executive Director

687 Harbor Road | Shelburne VT 05482

802-985-8600 | ArborsAtShelburne.com

e-mail: wbrodie@benchmarkquality.com