VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

[phone] 802-241-0344
[fax] 802-241-0343

AGENCY OF HUMAN SERVICES

December 9, 2025

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

Provider ID #: 47S001

Dear Ms. Brodie:

On **November 26, 2025**, the Division of Licensing & Protection conducted a revisit to the survey of **October 8, 2025**, to verify that your facility had achieved substantial compliance. Based on our revisit, we found that your facility is in substantial compliance with participation requirements found in the State of Vermont Licensing and Operating Rules for Nursing Homes.

If you have any questions concerning this letter, please contact me at (802) 241-0480.

Sincerely,

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 _____	R 11/26/2025

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, desk revisit survey on the date indicated in the upper right hand corner of this form. The violation previously identified has been corrected.	{S 000}		

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