

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

September 19, 2013

Ms. Kelly Mazza, Administrator
Arbors Nursing Home
687 Harbor Road
Shelburne, VT 05482

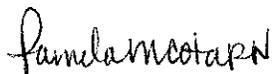
Dear Ms. Mazza:

The Division of Licensing and Protection completed a survey at your facility on **September 16, 2013**. The purpose of the survey was to determine if your facility was in compliance with State Licensing Regulations for nursing homes. This survey found your facility was in substantial compliance with the participation requirements.

Congratulations!

Please **sign the enclosed CMS 2567 and return** to this office by **September 29, 2013**.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



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 09/16/2013
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NAME OF PROVIDER OR SUPPLIER ARBORS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 687 HARBOR ROAD SHELBURNE, VT 05482
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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
N 001	<p>Initial Comments</p> <p>An annual relicensing survey was conducted by the Division of Licensing and Protection on 9/16/13. There were no regulatory violations as a result.</p>	N 001		

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