

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 13, 2012

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

Dear Ms. Mazza:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 14, 2012**. 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.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl



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 _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 08/14/2012
NAME OF PROVIDER OR SUPPLIER ARBORS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
N 001	<p>Initial Comments</p> <p>The Division of Licensing and Protection conducted an unannounced on-site annual re-licensing survey on 8/14/12. The following deficiencies were cited as a result:</p> <p>7.14 Dietary Services</p> <p>(g) Sanitary conditions. The facility must:</p> <p>(2) store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to store food under sanitary conditions. Findings include:</p> <p>During a kitchen tour on 8/14/12 at 10:06 A.M., the following unsanitary conditions were observed:</p> <ol style="list-style-type: none"> 1. An operating pedestal fan heavily soiled with dust in the dishwashing room was blowing directly on clean dishes on the dishwashing machine. 2. In the walk-in refrigerator, 2 operating cooling fans were heavily soiled with dust and grease. There were uncovered mashed potatoes in a tray situated below the fans. 3. In the walk-in freezer, 2 operating cooling fans were soiled with dust and grease. There was uncovered frozen pureed foods situated below the fans. Additionally, a plastic bag containing tortillas was torn, exposing the food to the freezer environment. 	N 001	<i>see attached.</i>		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6699

6Q4M11

TITLE
Sarah Graham
 ASSISTANT EXECUTIVE DIRECTOR

(X6) DATE
 8/30/12

If continuation sheet 1 of 2

AME

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 08/14/2012
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N 001	Continued From page 1 4. In the dry storage room, cobwebs and dust were observed in 3 of the 4 ceiling corners in the room. There were uncovered food items in the room. The above observations were confirmed by the Dietary Director at the time of the observations.	N 001	<i>see attached!</i>		

The Arbors at Shelburne: Division of Licensing and Protection 2012 Plan of Correction

ID Prefix tag	Plan of Correction	Responsible Party	Complete Date
N 001	<p>Remove fan from dish area.</p> <p>Clean cooling fans in walk-in refrigerator and freezer.</p> <p>Maintain cleanliness of cooling fans in walk-in refrigerator and freezer by implementing monthly cleaning checklist.</p> <p>Retrain kitchen staff on proper food storage.</p> <p>Clean hard to reach corners of dry storage room.</p> <p>Ensure proper dry food storage through re-education of all kitchen staff.</p>	<p>DSD</p> <p>DSD</p> <p>POD</p> <p>DSD</p> <p>POD</p> <p>DSD</p>	<p>08/14/2012</p> <p>08/14/2012</p> <p>09/01/2012</p> <p>09/01/2012</p> <p>08/14/2012</p> <p>09/01/2012</p>
Division of Fire Safety	<p>All items listed in the violations and notes section were corrected between 08/14 – 08/21/12, with the exception of numbers 2 (signage for egress doors) and 5 (the egress door).</p> <p>Number 2: The signage on the door will be placed vertically. This has not been done as of yet because we were waiting for clarification and design. We were not willing to remove the curtain, as we believe this would impact resident safety.</p> <p>Number 5: The door is working and releasing as designed after having been serviced on 08/16/2012 but we get an incorrect "radio clear" message. On 08/16/2012, ESL, Inc was here to make recommendations on the system overall. We are in the process of reviewing the options presented with our Regional Plant Operations Director to remedy in full the problems in the system; the work will be completed by 09/14/2012.</p>	<p>POD</p> <p>POD/AED</p> <p>POD</p>	<p>8/21/2102</p> <p>09/07/2012</p> <p>09/14/2012</p>

*N001 and Fire Safety POC's accepted 9/11/12
RT(temple) J.Bernard.DFS / PMC*