VERMONT

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

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
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Survey and Certification Reporting Line: (888) 700-5330
Report Adult Abuse: (800) 564-1612

August 13, 2025

Ms. Heather Filonow
Linden Residential Care
200 Wake Robin Dr.
Shelburne, VT 05482

Dear Ms. Filonow:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on July 21, 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
	0252	A. BUILDING: _____ B. WING _____	07/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDEN RESIDENTIAL CARE	200 WAKE ROBIN DRIVE 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
R100	Initial Comments On 7/21/25 the Division of Licensing and Protection conducted an unannounced on-site annual survey. The following regulatory deficiencies were identified:	R100	R191 Written signed orders have been obtained for Residents #3 and #6. All residents have the potential to be impacted by this deficient practice. Policies governing medication orders have been updated to include the regulatory requirement to obtain written signed orders for medications administered to residents. The Nurse Supervisor has reviewed and understands the regulatory requirement that signed medication orders need to be on file and available for review. All nurses and Certified Residential Care Assistants (CRCA) will be educated that an order from a licensed health care provider must be in place to administer any medication in accordance with State regulation.	
R191 SS=E	5.10.c Medication Management Staff must not administer any medication, prescription or over-the-counter medications for which there is not a written, signed order from a licensed health care provider and a supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure written signed orders were obtained for medications administered to 2 applicable residents (Residents #3 and #6). Findings include: The home's Medication Administration, General Guidelines Residential Care Policy and Physician Services policies provided by the Director of Health and Residential Services on request for policies governing medication orders do not include the regulatory requirement to obtain written signed orders for medications administered to residents. Per staff interview and record review the following medications were administered without signed medication orders: 1. Per record review and interview with the Registered Nurse, signed medication orders were not on file and available for review for the	R191		

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R191	Continued From page 1 following medications listed on Resident #3's July 2025 Medication Administration Record: a. Apixaban 2.5 mg tablet and Apixaban 5 mg tablet b. Pepto Bismol 525 mg/15 ml Oral Solution c. Tylenol Extra Strength 500 mg tablet, for scheduled and PRN doses d. Lidocaine 4% Topical Patch and Lidocaine 4% Topical Cream e. Miralax Powder 17 gm/scoop f. Gas-X Extra Strength Chewable tablet g. Voltaren External 1% Topical Gel The Registered Nurse confirmed these findings at 5:02 PM on 7/21/25. 2. Per review of Medication Error Reports provided by the Director of Health and Residential Services, on 5/28/25 Resident #6 was administered the medication Align Probiotic Capsule without a signed medication order on file and available for review. This finding was included in multiple Medication Errors confirmed by the Director of Health and Residential Services on the afternoon of 7/21/25 and provided for review on 7/22/25.	R191	The Director of Health & Resident Services (DHRS) or designee will randomly audit medication orders for licensed health care provider signatures and randomly audit medication documentation to ensure medications are provided with an order. These audits will be conducted weekly for three months to determine the effectiveness of this plan. After three months, the DHRS will determine the continued duration of these audits. Corrective action will be completed 8/22/25. **R191 Accepted by LTCM 8-13-25**	
R202 SS=F	5.10.g Medication Management Homes must establish procedures for	R202		

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R202	Continued From page 2 documentation sufficient to indicate to the licensed health care provider, registered nurse, manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this must include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a registered nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure medications are administered as ordered for 5 applicable residents of the home (Residents #1, #2, #3, #4, and #5.) . Findings include: The home's Medication Administration, General Guidelines Residential Care Policy includes policies and procedures governing the medication administration. Per staff interview and review of signed medication orders, Medication Administration Records (MARs) for July 2025, and Medication	R202	R202 Resident #1's medication was delivered on 5/3/25. Resident #2's correct dose of medication was available on 7/3/25 and the staff member responsible for the medication error was educated regarding the availability of house stock medication. Medication orders for Residents #3, #4, and #5 were immediately corrected in their respective Medication Administration Records (MAR) when the medication errors were identified. In addition, all staff responsible for incorrectly entering the medication orders into the MAR were provided with education. In addition, the correct dose of Resident #3's medication was obtained.	

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R202	Continued From page 3 Error Reports the following medication administration errors occurred at the home: 1. Per the home's Medication Administration, General Guidelines Residential Care Policy and Physician Services policies, "All medications will be ordered, refilled, and delivered by the pharmacy per defined procedure." Per interview with the Registered Nurse and Director of Health and Residential Services defined procedures for ordering medications are not on file and available for request at the home. Per staff interview and record review there is a failure to ensure medications are maintained in stock and available for administration as ordered as follows: a. The PRN (as needed) medication Ambien for insomnia was not available to be administered to Resident #1 on request on 5/3/25 because the medication was not in stock. Per record review this medication was not available to be administered due to a breakdown in the home's procedures for reordering medications. b. Resident #2 is prescribed Tylenol 1,000 mg scheduled twice daily for Pain administered as two 500 mg tablets. On 7/2/25 Resident #2 received an incorrect dose of 650 mg of Tylenol administered as two 325 mg tablets. Per the Registered Nurse and Director of Health and Residential Services, this error occurred because the Resident's own Tylenol 500 mg tablets were not in stock, and the staff responsible for the error was not aware the correct dose was available as a house stock medication.	R202	All residents have the potential to be impacted by these deficient practices. A 'Medication Reordering' policy and procedure has been written. All nurses and CRCAs will be educated regarding the 'Medication Reordering' policy and procedure. All nurses will be educated regarding the 'Medication Administration, General Guidelines Residential Care Policy' specific to the portion of the policy that states, "Only nurses can take, input, and confirm orders. Once received the nurse will input the order into [the electronic health record] and a second nurse will confirm."	

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R202	Continued From page 4 2. Per the home's Medication Administration, General Guidelines Residential Care Policy, "Only nurses can take, input, and confirm orders. Once received, the nurse will input the order into [the electronic health record] and a second nurse will confirm." Per observation the home's Medication Administration Records (MARs) are maintained in an electronic format in each resident's electronic health record. Per staff interview and record review there is a failure to ensure medication orders were correctly entered into the Medication Administration Record (MAR) as follows: a. Resident #3 was prescribed the antibiotic medication Cephalexin three times daily for 7 days. The medication order was entered into the MAR to be administered four times daily for 6 days; which resulted in 3 days of incorrect dosing of this medication from 5/24/25- 5/26/25. Additionally, Resident # 3 received 5 incorrect doses of the anticoagulant medication Eliquis between 7/15/25 -7/17/25 due to a failure to initiate a change in the medication dose scheduled to begin on 7/15/25. Additionally, per interview with the Registered Nurse and Director of Health and Residential Services there was a failure to ensure the correct dose of this medication was obtained in time to correctly implement to dose changes to the medication order. b. Resident #4 is prescribed a weekly dose of the medication alendronate 70 mg tablet (for Osteoporosis). This medication was administered as ordered on 5/23/25; however, an additional dose of this weekly medication administered in error on 5/24/25 due to the order being incorrectly	R202	The DHRS or designee will randomly audit medication servers and documentation to ensure medications are maintained in stock and available for administration as ordered per policy. A random audit will also be conducted of licensed health care provider medication orders, as well as medication documentation, to ensure medication orders are correctly entered into the MAR. These audits will be conducted weekly for three months to determine the effectiveness of this plan. After three months, the DHRS will determine the continued duration of these audits. Corrective action will be completed 8/22/25. R202-Accepted by LTCM 8-13-25	

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R202	Continued From page 5 entered in the Medication Administration Record as a daily medication. c. On 7/17/25 Resident #5's Prednisolone Moxifloxacin eye drop was given in error due to the scheduled administration date being incorrectly entered into the MAR. Per interview with the Registered Nurse, this medication was ordered to be given on 7/27/25 in preparation for a surgery. On the afternoon of 7/21/25 the Registered Nurse and Director of Health and Residential Services confirmed multiple medication errors had occurred at the home. Copies of medication error reports were provided by the Director of Health and Residential Services for review on 7/22/24.	R202	R342-Accepted by LTCM 8-13-25 R342 No residents were found to have been affected by this deficient practice. Residents considered for admission to Linden Residential Care have the potential to be impacted by this deficient practice. The DHRS has reviewed and understands regulation 5.15 Policies and Procedures. A 'Pre-Admission Evaluation' policy and procedure has been written. Corrective action was completed 8/5/2025.	
R342 SS=F	5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy must be available at the home for review upon request by residents and their representatives, advocacy organizations and the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there is a failure to ensure development of policies and procedures governing pre-admission evaluations. Findings include: During the survey conducted on 7/21/25 the Director of Health and Residential Services was requested to provide policies and procedures governing pre-admission evaluations. On the	R342		

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R342	Continued From page 6 afternoon of 7/21/25 the Director confirmed policies and procedures governing pre-admission agreements had not been developed.	R342	R381 No residents were found to have been affected by this deficient practice. All residents have the potential to be impacted by this deficient practice. All dented cans were separated from food to be served to residents on 7/21/25. Dining services staff will be educated that "cans with dents, swelling, or leaks must be rejected and kept separate until returned to the supplier" per regulation 7.2.a Food Safety and Sanitation. The DHRS or designee will conduct random weekly audits, for three months, of the kitchen and food storage areas to ensure dented cans are kept separate from food to be served to residents. After three months, the DHRS will determine the continued duration of these audits. Corrective action will be completed 8/22/25.	
R381 SS=F	7.2.a Food Safety and Sanitation Each home must procure food from sources that comply with all laws relating to food and food labeling. The home must ensure that all food is safe for human consumption, free of spoilage, filth or other contamination. All milk products served and used in food preparation must be pasteurized. Cans with dents, swelling or leaks must be rejected and kept separate until returned to the supplier. This STANDARD is not met as evidenced by: Based on observation and staff interview there was a failure to ensure dented cans are kept separate from foods to be served to residents until returned to the supplier. Findings include: The home's policy and procedures governing dented cans effective 9/19/2017 is consistent with the licensing rules for Residential Care Homes. During a tour of the home's kitchen and food storage areas five dented #10 cans of food including mandarin oranges, plums, and black olives were observed to be stored on the same rack as cans of food to be served to residents. This finding was confirmed by the Sous Chef on duty at 10:38 AM on 7/21/25. R381-Accepted by LTCM 8-13-25	R381		