VERMONT

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

February 11, 2026

Ms. Heather Filonow, Administrator
Wake Robin-Linden Nursing Home
200 Wake Robin Drive
Shelburne, VT 05482

Provider ID #: 475056

Dear Ms. Filonow:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **January 21, 2026.** 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
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wake Robin-Linden Nursing Home	200 Wake Robin Drive , Shelburne, Vermont, 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) COMPLETION DATE
E0000	Initial Comments The Division of Licensing and Protection conducted an onsite, unannounced survey of the facility's emergency preparedness program on 1/21/26 during an annual re-certification survey. There were no regulatory violations related to emergency preparedness as a result of this survey.	E0000		
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite recertification survey from 1/20/26 through 1/21/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency was identified:	F0000		
F0578 SS = D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.	F0578	F 0578 Resident #6 code status choice was immediately updated in their care plan, physician orders, and profile page on 1/21/26. All residents have the potential to be affected by this deficient practice. All resident medical records were reviewed on 1/21/26 to ensure physician orders and profile pages reflected the code status choice of each resident. Subsequently, all resident care plans were reviewed to ensure code status choice was reflected.	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE Director of Health + Resident Svcs	(X6) DATE 2/10/2026

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F0578 SS = D	Continued from page 1 (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review the facility failed to ensure one of fourteen sampled residents (Resident #6) medical record clearly communicated the resident's choice of code status to staff responsible for the resident's care. Findings include: Per record review, Resident #6 has a COLST (Clinician Orders for Life-Sustaining Treatment) dated 10/12/2025 which states Resident #6 is a DNR (do not resuscitate) and that CPR (cardiopulmonary resuscitation, an emergency technique to restart breathing) should not be attempted, but that s/he might have a natural death. The Resident does not want to be intubated or ventilated, and s/he wishes treatment "needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management." Per record review, the Resident #6's code status choices not to have life sustaining treatment as specified in her/his COLST are not addressed by the facility in her/his care plan. Per record review, the resident's code status choices are not addressed in her/his Point Click Care (the facility's electronic medical record) physician's orders. Per record review, the resident's code status (desire for DNR status) is not indicated on the resident's face sheet (their medical record profile page in Point Click Care). Per interview at 9:30 AM on 1/21/26, the DON (Director of Nursing) was asked if Resident #6's code status was indicated on their Point Click Care profile page. The	F0578	The DNS has provided education to all nurses regarding our community's Code Status policy to include the practices that the resident's code status choice is reflected in their care plan, physician orders, and profile sheet. The DNS or designee will audit resident medical records to ensure each residents' code status choice is reflected in their care plans, physician orders, and profile sheets. Audits will be completed weekly x3 months to monitor the effectiveness of this plan. Findings will be reviewed at QAPI meetings. After 90 days, the DNS, in conjunction with the QAPI committee, will determine continued duration of the audits. Corrective action was completed 2/10/26. **Tag F 578 POC accepted on 2/11/26 by C. Howard/S. Stem**	

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F0578 SS = D	Continued from page 2 DON confirmed that Resident #6's code status was not listed on her/his medical record profile page in Point Click Care, and confirmed that it should have been listed there. Per interview, the DON confirmed that facility practice in a code situation is for a nurse to look at the resident's medical record profile page first, in order to determine their code status. The DON then updated Resident #6's code status on her/his Point Click Care profile page. Per interview at 11:38 AM on 1/21/26, a RN (Registered Nurse) #1 was asked to select a resident and confirm where they would go to identify a resident's code status. Per observation, s/he went first to a resident's medical record profile on Point Click Care and identified where the code status is indicated (the same spot that was blank in Resident #6's medical record).	F0578		