



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

February 24, 2026

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

Provider ID #: 475056

Dear Ms. Filonow:

The Department of Public Safety completed a Life Safety Code Survey at your facility on **February 24, 2026**. This survey found your facility to be in Substantial Compliance with all Fire Safety and ANSI standards.

Enclosed is the Deficiency Summary Sheet, Form CMS-2567, which requires your signature in accordance with instructions noted on the form. Please return the form to this office no later than **March 6, 2026**.

If you have any questions regarding this report, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "tammy wehmeyer".

Tammy Wehmeyer
Administrative Services Manager

Enclosure

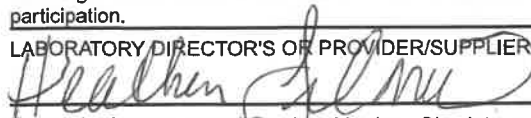
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475056		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING		(X3) DATE SURVEY COMPLETED 02/24/2026	
NAME OF PROVIDER OR SUPPLIER Wake Robin-Linden Nursing Home				STREET ADDRESS, CITY, STATE, ZIP CODE 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
K0000 Bldg. 01	INITIAL COMMENTS The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on 02/24/2026 with the Facilities Manager. The facility was found to be in substantial compliance with applicable Life Safety Code requirements.			K0000			

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 <i>Director of Health & Resident Svcs</i>	(X6) DATE <i>2/24/2026</i>
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