



DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
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

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

July 16, 2019

Meagan Buckley, Manager
Linden Residential Care
200 Wake Robin Drive
Shelburne, VT 05482

Dear Ms. Buckley:

The Division of Licensing and Protection completed a complaint investigation at your facility on **July 15, 2019**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

A handwritten signature in black ink that reads "Pamela Cota RN".

Pamela Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0252	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2019
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NAME OF PROVIDER OR SUPPLIER LINDEN RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WAKE ROBIN DRIVE 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 SHDULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R100	Initial Comments: An unannounced onsite complaint investigation was completed by the Division of Licensing and Protection on 7/15/19. No regulatory violations were identified related to the allegations.	R100		
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____