



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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Division of Licensing and Protection  
HC 2 South, 280 State Drive  
Waterbury VT 05671-2060  
<http://www.dlp.vermont.gov>  
Survey and Certification Voice/TTY (802) 241-0480  
Survey and Certification Fax (802) 241-0343  
Survey and Certification Reporting Line: (888) 700-5330  
To Report Adult Abuse: (800) 564-1612

September 12, 2023

Heather Filonow, Manager  
Wake Robin-Linden Nursing Home  
200 Wake Robin Drive  
Shelburne, VT 05482-7569

Dear Ms. Filonow:

The Division of Licensing and Protection conducted an informal review of the citation issued as a result of the July 17, 2023 complaint investigation at your request. Based on information provided, the citation was removed. Please see the revised official result for that survey activity.

Please sign the statement in the signature space and return to this office. You may send it directly to me at [Pamela.Cota@vermont.gov](mailto:Pamela.Cota@vermont.gov).

Sincerely,

Pamela M. Cota, RN, BS  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WAKE ROBIN-LINDEN NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WAKE ROBIN DRIVE SHELBURNE, VT 05482</b>
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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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S 000	Initial comments  An unannounced, onsite complaint investigation was completed by The Division Of Licensing and Protection on 07/17/2023. The facility was found to be in substantial compliance with the Licensing and Operating Rules for Nursing Homes.	S 000		
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Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Heather J. Loman*

TITLE

*Director of Health + Resident Care*

(X6) DATE

09/12/23

STATE FORM

6899

H3271

If continuation sheet 1 of 1

9/12/23