



AGENCY OF HUMAN SERVICES
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

Survey and Certification Fax (802) 241-0343

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

To Report Adult Abuse: (800) 564-1612

August 18, 2023

Ms. Heather Filonow, Administrator
Wake Robin-Linden Nursing Home
200 Wake Robin Drive
Shelburne, VT 05482-7569

Dear Ms. Filonow:

Enclosed is a copy of your acceptable plans of correction for the Federal recertification and State re-licensing survey conducted on **August 2, 2023**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

Enclosure

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

PRINTED: 08/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2023
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NAME OF PROVIDER OR SUPPLIER WAKE ROBIN-LINDEN NURSING HOME	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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	The Division of Licensing and Protection conducted a review of the facility's emergency preparedness during survey ending 8/2/23. There were no regulatory findings as a result INITIAL COMMENTS	F 000	F 730 The Director of Nursing (DNS) will identify LNAs that have not had a performance review in the last 12 months.	
F 730 SS=C	The Division of Licensing and Protection conducted an unannounced onsite annual recertification survey 7/31/23 - 8/2/23 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. Deficiencies were cited as a result of this survey. Nurse Aide Perform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7) §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to complete a performance review at least once every 12 months for every Licensed Nurse Assistant (LNA) and then must provide regular in-service education based on the outcome of these reviews for 5 of 5 LNA's in the sample. Findings include: During review of a random selection of 5 employee personnel files, 5 of 5 LNA files reviewed did not have evidence of annual performance review within the last 12 months. Per interview on 8/1/23 at 11:00AM, the	F 730	Performance reviews will be performed by the DNS and/or designee(s) to bring LNAs up to date and to remain current going forth. The DNS will utilize a performance evaluation tracking dashboard to alert them to when reviews are due for completion. The Director of Health & Resident Services (DHRS) or designee will audit timeliness of LNA performance reviews x3 months to monitor the effectiveness of this plan. Findings will be brought to CQI meetings. After 90 days, the CQI committee will determine the continued duration of audits. Corrective action will be completed on or before 8/31/23.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Dir. of Health + Resident Services* (X6) DATE: *8/17/23*

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 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.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER WAKE ROBIN-LINDEN NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETION DATE	
F 730	Continued From page 1 Administrator confirmed that the facility had not conducted the required performance reviews for the LNA's.	F 730	Tag F 730 POC accepted on 8/18/23 by R. Tremblay/P. Cota		

Division of Licensing and Protection

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S 000	Initial comments The Division of Licensing and Protection conducted an unannounced onsite relicensure survey ending 8/2/23. The following regulatory violations were identified as a result:	S 000		
S374 SS=C	<p>10.6 (a) NURSE AIDE TRAINING - REGULAR IN SERVICE ED</p> <p>10.6 (a) Performance reviews. The facility must complete a performance review of every nurse aide at least once every twelve (12) months and must provide regular in-service education based on the outcome of these reviews.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to complete a performance review at least once every 12 months for every Licensed Nurse Assistant (LNA) and then must provide regular in-service education based on the outcome of these reviews for 5 of 5 LNA's in the sample. Findings include:</p> <p>During review of a random selection of 5 employee personnel files, 5 of 5 LNA files reviewed did not have evidence of annual performance review within the last 12 months. Per interview on 8/1/23 at 11:00 AM, the Administrator confirmed that the facility had not conducted the required performance reviews for the LNA's.</p>	S374	<p>S 374</p> <p>The Director of Nursing (DNS) will identify LNAs that have not had a performance review in the last 12 months.</p> <p>Performance reviews will be performed by the DNS and/or designee(s) to bring LNAs up to date and to remain current going forth.</p> <p>The DNS will utilize a performance evaluation tracking dashboard to alert them to when reviews are due for completion.</p> <p>The Director of Health & Resident Services (DHRS) or designee will audit timeliness of LNA performance reviews x3 months to monitor the effectiveness of this plan. Findings will be brought to CQI meetings.</p> <p>After 90 days, the CQI committee will determine the continued duration of audits.</p> <p>Corrective action will be completed on or before 8/31/23.</p>	

Tag S 374 POC accepted on 8/18/23 by R. Tremblay/P. Cota

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Heather J. Filmore

Dir. of Health & Resident Services

TITLE

(X6) DATE

8/17/23