VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

April 26, 2011

Ms. Linda Phypers, Administrator
Wake Robin-Linden Nursing Home
200 Wake Robin Drive
Shelburne, VT 05482

Provider #: 475056

Dear Ms. Phypers:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **March 22, 2011**. Please post this document in a prominent place in your facility.

We will 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
Licensing Chief

PC:jl

Enclosure

RECEIVED
Division of
APR 11 11
Licensing and
Protection

PRINTED: 03/28/2011
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475056	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAKE ROBIN-LINDEN NURSING HOME	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
K 000	INITIAL COMMENTS	K 000		
	A Life Safety Code inspection was conducted on 3/22/11. The following are violations of Life Safety Code requirements.			
K 052 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		
K 147 SS=C	This STANDARD is not met as evidenced by: Based on inspection of the facility on 3/22/11, a smoke detector in Room 286 is less than three feet from a supply air diffuser. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	RM 286 3/22/2011 DISCONNECTED SUPPLY DIFFUSER, CLOSE OFF DUCT AND RELOCATED DIFFUSER, 4/6/2011 EXTENDED DUCT TO DIFFUSER AND TURN BACK ON K052 POC Accepted 4/18/11 J.Benard/RNcotaRN	
	This STANDARD is not met as evidenced by: Based on inspection of the facility on 3/22/11, there are electrical conduit penetrations in electrical room #251 that are not fire stopped.		RM 251 3/22/2011 PENETRATIONS WERE FILLED WITH FIRE BARRIER SEALANT CP 25 WB+ K147 POC Accepted 4/18/11 J.Benard/RNcotaRN	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Linda S. Phyples — TITLE: Director Health Svcs — (X6) DATE: 4/7/11

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.