

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

Division of  
APR 12 12  
Licensing and  
Protection

PRINTED: 04/09/2012  
FORM APPROVED  
OMB NO. 0938-0391

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>04/04/2012</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) COMPLETION DATE
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced on-site annual Re-certification survey was conducted by the Division of Licensing and Protection from 04/02/12 through 04/04/12. The purpose of this survey was to evaluate compliance with the Centers for Medicare and Medicaid Services (CMS) regulations for Nursing Homes. The facility was found to be in substantial compliance with Federal regulatory requirements.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Randa Byrnes* DIRECTOR OF HEALTH SERVICES  
TITLE  
4-10-12 (X6) DATE

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.