



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

October 14, 2011

Ms. Linda Phypers, Administrator
Linden Residential Care
200 Wake Robin Drive
Shelburne, VT 05482

Provider ID #:

Dear Ms. Phypers:

The Division of Licensing and Protection completed a survey at your facility on **September 27, 2011**. The purpose of the survey was to determine if your facility was in compliance with State Residential Care Home Licensing Regulations. This survey found that your facility was in substantial compliance with the participation requirements. Congratulations to you and your staff.

If you have any questions regarding this, please feel free to contact this office at (802) 241-2345.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota". The signature is written in a cursive style with a large initial "P" and "M".

Pamela M. Cota, RN, BS
Licensing Chief

Enclosure



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 09/27/2011 |
|--|---|--|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER LINDEN RESIDENTIAL CARE | 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) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
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| R100 | <p>Initial Comments:</p> <p>An unannounced, on-site re-licensing survey was completed by the Division of Licensing and Protection on 9/27/11. There were no regulatory findings as a result.</p> | R100 | | |
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Division of Licensing and Protection

TITLE

(X6) DATE

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