STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475056	A. Building B. Wing	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wake Robin-Linden Nursing Home	200 Wake Robin Drive Shelburne, VT 05482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure one of fourteen sampled residents (Resident #6) medical record clearly communicated the resident's choice of code status to staff responsible for the resident's care. Findings include:Per record review, Resident #6 has a COLST (Clinician Orders for Life-Sustaining Treatment) dated [DATE] which states Resident #6 is a DNR (do not resuscitate) and that CPR (cardiopulmonary resuscitation, an emergency technique to restart breathing) should not be attempted, but that s/he might have a natural death. The Resident does not want to be intubated or ventilated, and s/he wishes treatment needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management.Per record review, the Resident #6's code status choices not to have life sustaining treatment as specified in her/his COLST are not addressed by the facility in her/his care plan. Per record review, the resident's code status choices are not addressed in her/his Point Click Care (the facility's electronic medical record) physician's orders. Per record review, the resident's code status (desire for DNR status) is not indicated on the resident's face sheet (their medical record profile page in Point Click Care).Per interview at 9:30 AM on [DATE], the DON (Director of Nursing) was asked if Resident #6's code status was indicated on their Point Click Care profile page. The DON confirmed that Resident #6's code status was not listed on her/his medical record profile page in Point Click Care, and confirmed that it should have been listed there. Per interview, the DON confirmed that facility practice in a code situation is for a nurse to look at the resident's medical record profile page first, in order to determine their code status. The DON then updated Resident #6's code status on her/his Point Click Care profile page.Per interview at 11:38 AM on [DATE], a RN (Registered Nurse) #1 was asked to select a resident and confirm where they would go to identify a resident's code status. Per observation, s/he went first to a resident's medical record profile on Point Click Care and identified where the code status is indicated (the same spot that was blank in Resident #6's medical record).

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE