STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225378	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neville Center at Fresh Pond for Nursing & Rehab	640 Concord Avenue Cambridge, MA 02138

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store and handle food in accordance with professional standards for food service safety, potentially putting the residents at risk for foodborne illness. Specifically, 1. The facility failed to ensure that food was stored, labeled, and dated properly, and that food/beverages were not expired and personal drinks were not stored in the kitchen refrigerator.2. The facility failed to ensure staff wore beard coverings and staff did not handle ready-to-eat food with contaminated gloves.3. The facility failed to consistently monitor the effective use of a low temperature manual chemical sanitization station and failed to document the parts per million (PPM) of the sanitizing solution, to ensure effective sanitization. Findings include:Review of the facility policy titled Food Storage Guideline, dated 1/3/22, indicated but was not limited to the following: Food will be stored in an area that is clean, dry and free from contaminants. Food will be stored at appropriate temperatures and by methods designed to prevent contamination or cross contamination. 7b. Food should be dated as it is placed on shelves if required by state regulation. 7c. Date marking should be visible on all high-risk food to indicate the date by which ready-to-eat, TCS (time/temperature control for safety) food should be consumed, sold, or discarded. 8. Plastic containers with tight-fitting covers or sealable plastic bags must be used for storing grain products, sugar, dried vegetables, and broken lots of bulk foods or opened packages. All containers or storage bags must be legible and accurately labeled and dated.10. Perishable food such as meat, poultry, fish, dairy products, fruits, vegetables, and frozen products must be frozen or stored in the refrigerator or freezer immediately after receipt to assure nutritive value and quality. 11. Leftover food should be stored in covered containers or wrapped carefully and securely and clearly labeled and dated before being refrigerated. Leftover food must be used within 7 days or discarded per the 2017 Federal Food Code. Prepared left-over food that has been used on the meal service line one time may be stored in covered containers or wrapped carefully and securely and dated before being refrigerated and shall be discarded within 72hours. 12. Refrigerated food storage:f. All food should be covered, labeled, and dated and routinely monitored to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded. 13. Frozen foods:b. Frozen foods must be maintained at a temperature to keep the food frozen solid. c. All foods should be covered, labeled and dated. All foods will be checked to assure that foods will be consumed by their safe use by dates or discarded. 1. On 5/11/26 at 7:04 A.M. the surveyor made the following observations during the initial walkthrough of the main kitchen:- An open box of 15 dozen unpasteurized eggs dated 2/25/26 with a manufacturers label indicating a sell by date of 3/26/26. The box had 53 eggs remaining in the box. - A container labeled Seafood Salad opened and dated 4-26. - A container of coleslaw opened and undated in the walk-in refrigerator.- A box of frozen cinnamon French toast open but undated. The bag inside the box was opened and the French toast was not frozen. The box had Keep Frozen printed on the outside. - One opened half empty can of energy drink in the walk-in refrigerator.- One opened half empty bottle of soda in the walk-in refrigerator. - One opened container of half and half open and undated in the walk-in refrigerator. - One opened box of chocolate sprinkles dated opened 5/12/25, in a bin on a shelf in the dry storage area. The top of the box was open to air and not sealed. During an (continued on next page)

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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interview on 5/12/26 at 1:20 P.M., the Foodservice Director (FSD) said food items must be dated when opened and are good for 7 days and should be removed and discarded. The FSD said the unpasteurized expired eggs should have been removed as they are not safe to use. The FSD said the container of coleslaw and seafood salad should have been discarded and said they are not safe to consume as they could be spoiled. The FSD said staff have been told not to store personal drinks in the refrigerator and said the soda and energy drink should not be kept with kitchen stock food items. The FSD said the opened box of chocolate sprinkles is very old and needs to be discarded as the box is unusable. 2. Review of the facility policy titled Bare Hand Contact with Food and Use of Plastic Gloves, undated, indicated but was not limited to the following:Single use gloves or other barriers will be used when handling food directly with hands to assure that bacteria are not transferred from the food handlers' hands to the food product being served. Barehand contact with food is prohibited. 2. Staff will use clean barriers such as single use gloves, tongs, deli paper and spatulas when handling food. 3. Gloved hands are considered a food contact surface that can become contaminated or soiled. If used, single use gloves shall be used for only one task such as working with ready-to-eat (RTE) food or with raw animal food, used for no other purpose and discarded when damaged or soiled, or when interruptions occur in the operation.6. Anytime a contaminated surface is touched, the gloves must be changed and hands must be washed: b. After handling garbage or garbage cans.d. After handling anything soiled. k. Any time a contaminated surface is touched. The surveyor made the following observations during the lunch tray line on 5/12/26: At 11:07 A.M., a dietary aide was scooping and preparing fruit cups in the food prep area, the dietary aide had a visible beard approximately one inch long and was not wearing a beard net. At 11:22 A.M., a dietary aide used his bare hands to move a food cart by touching the handle then used his bare contaminated hands and grabbed the inside of several fruit bowls while lining them on a tray to be filled. The dietary aide then used his bare hands and picked up a can containing mixed fruit, he then used his other bare hand to hold the handle and scoop the fruit into the bowls. The dietary aide then used his bare hands and touched the insides of the plastic lids to cover the fruit cups. The dietary aide was not wearing gloves and did not wash his hands during the observation. At 11:24 A.M., a dietary aide was observed making sandwiches with gloved hands, then with her gloved hand she picked up a container of plastic wrap and she then with her contaminated gloved hand she picked up the sandwiches and wrap and wrapped them individually in plastic wrap, touching the sandwiches with her contaminated gloved hands. The dietary aide with her gloved hands then picked up a packet of stickers and she placed stickers on the sandwiches she just wrapped. The dietary aide then picked up the plate of sandwiches and used her contaminated gloved hands and opened the refrigerator door. The dietary aide then removed her gloves and she performed hand hygiene, she used paper towels to dry her hands, then with her bare hands she picked up the lid from the trash container, she discarded the paper towels in the trash container, and she then placed the trash lid back on the container to close it. The lid to the trash container had visible dried food and stains throughout. The dietary aide with her contaminated hands then picked up a knife and several bowls, she was observed to be touching the insides of the bowls with her bare contaminated hands, and she then placed them on a counter. The dietary aide without performing hand hygiene, she then put on gloves, and she began to touch and cut up watermelon and scoop watermelon into several bowls. The dietary aide continued to touch the watermelon, knife and bowls throughout the observation. At 11:30 A.M., the cook was observed lifting the lid of the trash container with his bare hands and then placed the lid back onto the trash container. The lid to the trash container had visible dried food and stains throughout. The cook without performing hand hygiene, was observed touching the stove dials, steam tray lids, pans and food scoops with his bare hands. The cook then used his bare hand and touched the inside of several plates. The cook without performing hand hygiene, was observed putting on gloves and the cook picked up a spatula with his gloved hand, scooped up butter, then used his contaminated gloved hand and touched bread as he prepared grilled cheese over the stove. The cook then used his contaminated gloved hands to touch (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the grilled cheese several times during the observation. The cook then removed the grilled cheeses from the pan and with his gloved hand he touched the grilled cheese with one hand as he cut the sandwiches in half. The cook then walked over to the steam table while using the same contaminated gloves, removed the cover from the meatloaf steam tray and he touched the outside of the pan. The cook then used one gloved hand and grabbed a knife handle and he used the other contaminated gloved hand to touch the meatloaf to make slices. The cook then removed his gloves, lifted the trash container lid with his bare hands, discarded his gloves and with his bare hand, the cook placed the trash lid back on to the trash container. The cook then washed his hands, then wiped his hands with paper towels and with his bare hand he lifted the trash container lid and discarded the paper towels he used to dry his hands. The cook then used his bare hands to close the trash container lid, again contaminating his hands. The cook then walked over to the tray line, put on a pair of gloves and picked up scoops and moved several plates with his gloved hands. The cook then used the contaminated gloved hands and placed his palm on the inside of plates to slide them down the tray line as he scooped food on to the plates. At 11:41 A.M., a dietary aide was observed lifting the lid off the trash container with his bare hands, placing items into the trash container and with his bare hands he closed the lid. The dietary aide then used his contaminated hands and picked up plates touching the insides of the plates and proceeded to use the plate warmer and pass plates to the cook. During an interview on 5/12/26 at 12:04 P.M., the Foodservice Director (FSD) said she expects staff to wash their hands before putting on new gloves and to wash their hands after removing gloves. The FSD said the dietary aide with a beard should have it covered when in the food prep area. The FSD said staff should not touch food with contaminated bare hands or with gloves that are contaminated and said staff should not touch the lid to the trash container because it is dirty. The FSD said she needs to get a new trash system, so they do not need to touch the lid. 3. Review of the current manufacturer's guidelines, for the three-bay chemical sanitization station, Multi-Quat 146 Sanitizer is an effective sanitizer against Escherichia coli and Staphylococcus aureus on food contact surfaces when used at 0.26-0.68 (ounces) oz per 1 gallon of 400 ppm hard water (150 ppm-400 ppm active quat) and indicated that chemical sanitization solution PPM should be checked with each use. During an observation and interview on 5/11/26 at 7:08 A.M., and on 5/12/26 at 10:56 A.M., the surveyor observed a kitchen staff member washing dishes in a three-bay sink. There was one sink dedicated for chemical sanitization. There was a Sanitization Range Testing kit and instructions mounted on the wall above the three-bay sink. There were no documented sanitization PPM in the Pot Sink Log hanging on the wall. The Kitchen staff member said he does not check the PPM and said the levels were not checked. Review of the temperature log titled Pot Sink Log dated May 2026 indicated the last documented sanitization PPM testing was completed at 6:00 P.M., on 5/10/26. There was no indication that the facility tested the PPM of the chemical machine to assess proper sanitization after 5/10/26. During an observation and interview on 5/13/26 at 7:10 A.M., the surveyor observed a kitchen staff member washing dishes in a three-bay sink. There were no documented sanitization PPM in the Pot Sink Log hanging on the wall. The Kitchen staff member said he does not check the PPM and said the levels were not checked. During an interview on 5/12/26 at 12:48 P.M., the Food Service Director (FSD) said the testing of the sanitization bays needs to be done with each use three times per day or more and documented to make sure the range is appropriate for sanitizing the dishes. The FSD said she is not sure why the PPM was not checked and said it must be checked and documented when in use. The FSD said the levels must be checked to make sure it is effective to properly sanitize the dishes.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record reviews and interviews, the facility failed to ensure that one Resident (#74) was provided with treatment and care to maintain good foot health, out of a total sample of 21 residents. Specifically for Resident #74 who was last seen by the podiatrist on 2/12/26, and the podiatrist recommended that Resident #74 be seen as medically necessary but no sooner than 60 days, the facility failed to ensure the Resident was seen on 5/4/26, when his/her nails needed services. Finding include:Review of the facility policy titled Consultant Services (Audiology, Podiatry, Dental, Optometry) Guideline, dated 9/20/20, indicated but was not limited to the following: Each resident (responsible person) shall be offered the services of (Consultant Services) for audiology, podiatry, dental and optometry while residing in the center. 1. During the admission process, the licensed nurse shall review with each resident or responsible person that professional services covering audiology, dental, podiatry, and optometry are available through Consultant Services. 2. If in agreement, a consent for services will be signed. 5. Consultant Services will see individual residents and will in turn provide a record of the visit as an electronic upload into the resident's electronic health record. 6. Consultant Services will send a copy of the visit summary to the resident's unit (nurse manager) for review by the attending MD (Medical Doctor) or NP (Nurse Practitioner).7. The nurse will review any identified recommendations with the attending MD or NP for further orders if in agreement. 8. If a resident refuses a visit, it is documented on the visit summary. Resident #74 was admitted to the facility in September 2024 with diagnoses including type two diabetes mellitus, weakness, and age-related osteoporosis. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #52 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. The MDS indicated Resident #74 required substantial to maximal assistance with personal care. During an interview and observation on 5/11/26 at 8:13 A.M., Resident #74's said his/her toenails are long and need to be cut. Resident #74 said he/she was due to be seen by the podiatrist but has not seen the podiatrist. Resident #74 also said he/she asked the nursing staff to be seen in April and May but was not. Resident #74 said he/she has diabetes. Resident #74's toenails appeared to be thickened in appearance as well as multiple toenails starting to curl inwards towards the bottom of the feet. Review of the Consultant Services Consent form dated 4/25/23, indicated Resident #74 consented to be seen by Podiatry. Review of Resident #74's physician's order, dated 9/27/24, indicated the following:- May be evaluated and treated by Podiatry. Review of Resident #74's diabetic care plan dated as last revised 11/6/23, indicated: Resident is at risk for alteration in BS (blood sugar) and adverse effects of DM (diabetes mellitus). Interventions included: Refer to podiatrist/foot care nurse to monitor/document foot care needs and to cut long nails. Dated 2/2/22. Review of Resident #74's skin potential care plan dated as last revised 8/30/24, indicated the following intervention: Diabetic foot care /Diabetic snacks as ordered [SIC]. Dated 2/2/22 Review of Resident #74's Podiatry visit note dated 12/10/25 and 2/12/26, indicated: Resident seen for RFC (routine foot care) with DM (diabetes mellitus)/ increased ROI (risk of infection).- Reviewed medical record; Trimmed and debrided nail(s) to patient's tolerance. No signs of infection. Non-professional treatment is hazardous to the patient.- Podiatric Diagnosis(es): onychomycosis (fungal infection); Hallux valgus (bunion/bony bump), Diabetes type two with peripheral neuropathy (weakness, numbness, pain in feet or hands); atherosclerosis of the extremities (buildup of plaque in the arteries reducing blood flow); onychodystrophy (abnormal nail growth); History of hyperkeratosis (thickening of the skin). -Recall: (Follow-up) As medically necessary but no sooner than 60 days. During an interview on 5/12/26 at 8:15 A.M., Nurse #1 said when a Resident needs an outside service such as podiatry, the facility will fax over the consent form to the consultation service so the Resident can be scheduled to be seen. Nurse #1 said Resident #74 is seen regularly by the podiatrist and the Resident should have been seen earlier this month when the podiatrist was here. During an (continued on next page)

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview on 5/12/26 at 8:22 A.M., the Assistant Director of Nursing (ADON) said Resident #74 should have been seen by the podiatrist because he/she is diabetic and is seen every 60 days and is on the podiatrist's list. The ADON then showed the surveyor a visit summary of Residents needing outside podiatry service and the ADON then confirmed the Resident was last seen on 2/12/26 and Resident #74 was not seen during the last podiatry visit on 5/4/26. The ADON said Resident #74 should have been seen but was not on the list and the Resident should have been. During an interview on 5/12/26 at 9:42 A.M., the Director of Nurses said Resident #74 should have been seen by the podiatrist but was not and said he/she should be seen every 60 days and is on the list. On 5/13/26 at 8:36 A.M., the surveyor and Nurse #3 observed Resident #74 sitting up in bed. Resident #74 said to Nurse #3 that his/her toenails are sore and long and said he/she has been asking to see podiatry because he/she was not seen earlier this month when the Podiatrist was in the building. Nurse #3 said she is not sure why Resident #74 was not seen and said the Resident needs to have his/her toes checked.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to ensure medications were stored as required for one Resident (#78), out of a total sample of 21 residents. Specifically, the facility failed to ensure that medications were not left at the bedside for Resident #78 while unsupervised by staff. Findings include:Review of the facility policy titled General Dose Preparation and Medication Administration, dated as revised 11/15/24, indicated but was not limited to the following: 2. Dose Preparation: Facility should take all measures required by facility policy and applicable law, including, but not limited to the following:-2.8 Facility staff should not leave medications or chemicals unattended. 5. During medication administration, facility staff should take all measures required by facility policy and applicable law, including, but not limited to:5.4 Administer the medications within timeframes specified by facility policy or manufacturers information. 5.9 Observe the resident's consumption of the medication(s). Resident #78 was admitted to the facility in June 2025 with diagnoses including vascular dementia, cognitive communication deficit, and anxiety disorder. Review of Resident #78's most recent Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #78 was cognitively intact as evidence by a Brief Interview for Mental Status (BIMS) score of 15 out of a possible score of 15. On 5/11/26 at 7:48 A.M., the surveyor observed a medication cup containing two small light-purple-colored pills with the letters JSP on them, identified as Levothyroxine, a thyroid replacement medication, located on Resident #78's overbed table. Resident #78 said the overnight nurse left those for me to take this morning, but I haven't taken them yet. Review of Resident #78's physician orders, care plans and assessments failed to indicate that the Resident had met criteria to self-administer medications at his/her bedside. Review of Resident #78's physician order, dated 9/13/25, indicated: Levothyroxine Sodium Oral Tablet 75 micrograms (mcg) (Levothyroxine Sodium), give 2 tablets by mouth in the morning every Mon, Tue, Wed, Thu, Fri, Sat for thyroid 2 tabs x 75mcg =150mcg total dosage. Scheduled for 6:00 A.M. Review of Resident #78's May 2026 Medication Administration Record indicated that Resident #78's scheduled Levothyroxine was signed off as administered to Resident #78 on 5/11/26 at 6:00 A.M. During an interview on 5/12/26 at 7:20 A.M., Nurse #1 said Resident #78 should not have medications left at the bedside and said Resident #78 takes two Levothyroxine pills in the morning at 6 A.M., but he/she needs to take them with a nurse present. Nurse #1 said Resident #78 does not have a signed self-administration of medication form on file and said staff need to stay with the Resident to make sure he/she takes the medication when it is given. During an interview on 5/13/26 at 8:06 A.M., Unit Manager #2 said medications should not be left at the bedside unless a resident has been assessed for self-administration. Unit Manager #1 said nurses are to stay with the Resident until all the medication is taken. During an interview on 5/13/26 at 8:07 A.M., the Assistant Director of Nurses (ADON) said Resident #78 does not have an assessment in place for self-administration of medication and said medications should not have been left at his/her bedside because the Resident may not take them on time. The ADON said the medication was not given and should not be documented as administered if it was not. During a telephone interview on 5/13/26 at 10:17 A.M., Nurse #4 said she worked the overnight shift and brought Resident #78 his/her medication in a cup with some water and said she thinks the Resident took the medications but does not remember if he/she took them because she was also taking his/her blood sugar at the same time. Nurse #4 said medications should not be left at the bedside with the Resident. Nurse #4 said Resident #78 cannot self-administer medications.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observations, record reviews and interviews, the facility failed to consistently accommodate resident food allergies, intolerances, and preferences for two Resident (#42 and #104) out of a total sample of 21 residents. Specifically,1. For Resident #42, who had allergies listed as wheat and lactose, the facility served the Resident French toast, bacon (a dislike), a cookie containing wheat and milk, and scrambled eggs with cheese.2. For Resident #104, who required a vegan (diet that avoids all animal derived products such as meat and dairy) diet and had dairy listed as a dislike, the facility served Resident #104 half and half creamers containing dairy on three occasions. Findings include:Review of the facility policy, Resident's Choice Meals, dated September 2025, indicated in post-acute care settings, residents may have input into menu planning and may select the menu for meals on a regular basis once a month or more often if deemed appropriate. 1. The director of food and nutrition services will meet with residents via resident council meetings to get input on the menu and discuss their menu requests. 1. Resident #42 was admitted to the facility in May 2026 with diagnoses including dysphagia (difficulty swallowing), multiple sclerosis, and severe protein-calorie malnutrition (insufficient intake of protein and calories). Review of Resident #42's Brief Interview for Mental Status assessment, dated 5/6/26, indicated a score of 15 which indicated the Resident was cognitively intact. Review of Resident #42's physician order, dated 5/3/26, indicated: House Diet, Regular (Regular- RG7) texture, Thin (Thin - TNO) consistency. Review of Resident #42's NUT-Food Preference Survey - V 2 assessment, dated 5/4/26, indicated:- Allergies/Intolerances/Preferences: coffee, wheat, lactose intolerant.- Breakfast Dislikes: no bacon, no sausage, no yogurt, no milk. Review of Resident #42's NUT - Nutrition/Hydration Assessment V3 - V 4 assessment, dated 5/6/26, indicated:- Food Allergy / Intolerances: Wheat, Dairy, Coffee, Lactose.-Cultural/Religious/Ethnic Preferences/Food Preferences: See preferences assessment. No red meat, No white sugar or bread, no pasta. Review of Resident #42's plan of care related to nutrition, dated 5/6/26, indicated: Provide diet as ordered.Review of Resident #42's allergies listed in the electronic health record included: dairy products, lactose, and wheat. On 5/11/26 at 8:24 A.M., the surveyor observed Resident #42's breakfast tray. Resident #42's tray ticket indicated two slices of gluten free French toast and two slices of bacon. Resident #42 had two slices of French toast and two slices of bacon. Resident #42 said he/she does not eat bread or bacon, and Resident #42 said he/she does not always get what he/she wants from the kitchen and it takes a long time for staff to bring back alternative choices. On 5/11/26 at 12:48 P.M., the surveyor observed Resident #42's lunch tray and the lunch ticket indicated gluten free allergic to lactose and wheat. On Resident #42's lunch tray there was a cookie that was wrapped in packaging, the packaging indicated the cookie contained wheat, soy, and milk. On 5/11/26 at 1:14 P.M., the surveyor observed Resident #42's lunch tray and observed that half of the cookie had been consumed, Resident #42 said he/she ate half the cookie and Resident #42 said my stomach couldn't handle it. On 5/13/26 at 8:18 A.M., the surveyor observed Resident #42's breakfast tray, the tray ticket indicated allergy to lactose. There were scrambled eggs with cheese and two creamers on the tray. Resident #42 said that he/she was eating the eggs and was eating around the cheese. Resident #42 said that it takes too long for people to come back with his/her food and he/she was hungry. Resident #42 said if he/she eats cheese it causes him/her to cough. On 5/13/26 at 8:20 A.M., the surveyor and Nurse #2 observed Resident #42's breakfast tray. Nurse #2 said that Resident #42's breakfast ticket indicated no lactose, and Nurse #2 said she delivered Resident #42 his/her breakfast tray. Nurse #2 said she was not sure if Resident #42 could have eggs with cheese. During an interview on 5/13/26 at 8:23 A.M., Unit Manager #1 said even if the diet slip has allergies and dislikes on the diet slip, the Resident can still get those items as it is their right. Unit Manager #1 observed the eggs with the cheese, and she said he/she must have wanted it. During an interview on 5/13/26 at 9:58 A.M., the Food Service Director (FSD) said that residents like (continued on next page)

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	225378	A. Building B. Wing	05/13/2026

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Neville Center at Fresh Pond for Nursing & Rehab	640 Concord Avenue Cambridge, MA 02138

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #42 report allergies that are not always an allergy and residents will report foods that sometimes just bother them. The FSD said that she meets with new admissions and she will go over likes and dislikes with Residents. The FSD showed the surveyor Resident #42's dislikes in the meal tray tracking system which indicated Resident #42 disliked bread products and cheese. The FSD said she was not sure why bacon was not listed as a dislike since it was listed in Resident #42's assessment that she completed. The surveyor reviewed the observations of the meals that were provided to Resident #42 and said, well those are his/her choices. During an interview on 5/13/26 at 11:40 A.M., the Director of Nursing (DON) said that the kitchen and nursing should follow allergies, intolerances, and honor preferences for all residents. The DON said that if a Resident is requesting something they have an intolerance to staff should discuss this with the physician and the resident and nursing should document the conversation in the electronic health record. During an interview on 5/13/26 at 12:04 P.M., the Dietitian said that staff should follow allergies, intolerances, and honor preferences for all residents. 2. Resident #104 admitted to the facility in May 2024 with diagnoses including severe protein-calorie malnutrition, weakness, and ataxia (poor muscle control). Review of Resident #42's Brief Interview for Mental Status assessment, dated 5/5/26, indicated a score of 15 which indicated the Resident was cognitively intact. Review of Resident #104's physician's order, dated 5/4/26, indicated: House Diet, Regular (Regular- RG7) texture, Thin (Thin - TNO) consistency, VEGAN. Review of Resident #104's NUT-Food Preference Survey - V 2 assessment, dated 5/5/26, indicated:- Allergies/Intolerances/Preference: Vegan.- Breakfast/Lunch/Dinner Dislikes: no dairy.Review of Resident #104's NUT - Nutrition/Hydration Assessment V3 - V 3, dated 5/8/26, indicated:- Food Allergy / Intolerances: no known food allergies (NKFA), lactose intolerant, and vegan. On 5/11/26 at 8:28 A.M., the surveyor observed Resident #104's tray ticket which indicated DO NOT SERVE DAIRY OF ANY KIND. There were two half and half individual creamers that indicated 'contains milk' on Resident #104's meal tray. Resident #104 said he/she is vegan and does not eat any dairy. Resident #104 said he/she does not want any creamers and is not sure why they are always on his/her meal tray. On 5/12/26 at 8:19 A.M., the surveyor observed three half and half individual creamers on Resident #104's breakfast tray. Resident #104 said that he/she does not want the creamer on his/her tray. On 5/12/26 at 1:06 P.M., the surveyor observed two half and half individual creamers on Resident #104's lunch tray. Resident #104 said he/she does not want the creamers on his/her tray. Resident #104 said he/she is lactose intolerant and if he/she uses the creamer he/she would have diarrhea. During an interview on 5/13/26 at 8:24 A.M., Unit Manager #1 said that Resident #104 doesn't need to use the creamers on his/her tray if he/she doesn't want to. During an interview on 5/13/26 at 10:01 A.M., the FSD reviewed Resident #104's dislikes in the tray tracking system which included milk. The FSD said that it is the facilities practice to place creamers on all Resident's trays including Resident #104's tray despite the intolerance because Resident #104 may decide he/she wants cream with his/her coffee. During an interview on 5/13/26 at 11:37 A.M., the DON said that nursing should make sure that Resident's should not receive intolerances. During an interview on 5/13/26 at 12:03 P.M., the Dietitian said that diet intolerances should not be served to Residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225378	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews, the facility failed to ensure all equipment is maintained in safe operating condition. Specifically, 1. The facility failed to ensure the grease trap was maintained according to manufacturer's recommendations.2. The facility failed to ensure the two bays of the three-bay sink were in safe operating condition. Findings include:1. On 5/11/26 at 7:10 A.M., the surveyor observed in the main kitchen area, the floor under and around the three-bay sink, there was a pipe covered in a buildup of thick, dark brown, black, yellow, tan, gray shiny substance that extended to the pipes, onto the floor, was coming out of the grease trap container and had an odor. A kitchen staff member was observed washing dishes and said the grease trap and under sink area has looked like that for a while. During an interview on 5/12/26 at 12:27 P.M., the Food Service Director (FSD) said the grease trap is cleaned monthly and is handled by the Maintenance Director. The FSD said she keeps a cleaning and service log. The surveyor requested the last service log/invoice from when the grease trap was cleaned. The FSD said she did not call the service company because they usually just come out every month, but they have not been out.Review of the most recent grease trap cleaning consultant Summary of Service & invoice, dated 3/17/26, indicated the grease trap was serviced and indicated the following:Three-bay sink sanitizer, 2 inches of grease on top. 10 inches of water. 2 inches of bottom sludge. 30 gallons removed. Both baffles/[NAME] are intact. Gasket is in good condition. Walls/bottom of trap in good condition. System is at proper working level. Left zero bottles of drain master. [NAME] (Board of Health) logs Signed.- Recommended drain cleaning.- Recommended drain cleaning for preventative maintenance. Review of the Board of Health Grease Trap Maintenance Log indicated the last documented service was on 3/17/26. Further review of the log indicated monthly service had been conducted up until March 2026. During an interview on 5/12/26 at 2:35 P.M., the FSD said the facility has a contract with the consultant company that would come out monthly to service the grease trap and said she does not know why they have not been out to service the grease trap. The FSD said the grease trap has looked like that for a while. The FSD said they have not had the drain cleaned as recommended in March 2026 and said she does not know why. On 5/13/26 at 7:05 A.M., the surveyor and the Administrator observed the three-bay sink area and grease trap. The Administrator said he was not aware of the leaking water or grease trap overflowing and the Administrator said this is the first time he is seeing or hearing about it, and he said the grease trap should be serviced and emptied monthly. The Administrator said he was not aware that the last time it was serviced was in March 2026 and said he is not aware of any drain cleaning problems. During an interview on 5/13/26 at 7:43 A.M., the Maintenance Director said he does not manage the cleaning of the kitchen or any maintenance to the grease trap and said the FSD coordinates the monthly grease trap service. The Maintenance Director said he was not aware of the leaking sink or overflowing grease trap until yesterday when the FSD told him. During a follow-up interview on 5/13/26 at 9:20 A.M., with the Administrator and Maintenance Director, the Administrator said the grease trap is concerning because it has not been cleaned and the consultant company should have been contacted for service because it should not be overflowing out onto the floor. The Maintenance Director said the grease trap could cause issues with the sink not working properly and leaking and said he was not aware of any of the issues and said he would expect to be notified. During a telephone interview on 5/14/26 at 3:51 P.M., the representative from the consultant company said at this time they have stopped all future services at the facility until we receive a call back from the facility regarding the account and said they have tried to contact the facility and sent notices without any response. The representative said the grease trap needs to be emptied monthly could lead to more issues with other equipment breaking and not working, safety issues and environmental concerns if not emptied and said if financial obligations are not paid, we are not able to come out to do the service, but it needs to be done. 2. On 5/11/26 at 7:08 A.M., the surveyor observed the (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	three-bay sink in the kitchen had one toilet plunger propped up against the drain handle under the first wash sink bay and one toilet plunger was propped up against the drain handle under the third sanitize sink bay. The floor under and around the sink was wet and appeared to be leaking water. A kitchen staff member was observed washing dishes and said the handles have been broken for a while and water is often on the floor. On 5/12/26 at 10:56 A.M., the surveyor observed dishes in the three-bay chemical sanitization station. One toilet plunger was propped up against the drain handle under the first wash sink bay, and one toilet plunger was propped up against the drain handle under the third sanitize sink bay. The floor under and around the sink was wet and appeared to be leaking water. During an interview on 5/12/26 at 11:22 A.M., the Food Service Director (FSD) said the stem (drain handle) for the two sinks are loose and need to be replaced because they keep draining and leaking. The FSD said staff propped up the handle with the plungers to keep it from leaking so they could clean the dishes because the main high temperature dishwasher has been breaking down intermittently. The FSD said she does not know how long they have been broken but said it has been a long time. During an interview on 5/12/26 at 1:23 P.M., Dietary Staff #1 said the three-bay sink has had issues with leaking, especially the sanitization sink near the grease trap and said he notified the FSD and they got plungers to prop of the handle to keep the sinks from leaking all over the floor. On 5/13/26 at 7:09 A.M., the surveyor and the Administrator observed the three-bay sink area. The Administrator said he was not aware of the leaking water and said this is the first time he has seen or heard about it and said if the sink was not working and leaking then it should have been reported and fixed. The Administrator said he did not know staff had been using toilet plungers in the sink area to stop the leaking. During an interview on 5/13/26 at 7:43 A.M., the Maintenance Director said he was not aware of the leaking sinks or loose drain handles and said the FSD just notified him of this yesterday, so he tried to tighten them but said the handle near the grease trap needs to be replaced because it won't stop leaking.