

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER Linden Ponds		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Linden Ponds Way Hingham, MA 02043	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>41107</p> <p>Based on records reviewed and interviews for one of three sampled residents (Resident #1) who, on 03/20/25, reported that he/she had been physically abused by Certified Nurse Aide #1, the Facility failed to ensure Administration reported the reasonable suspicion of a crime, when although the Administrator was aware on 03/20/25, the facility did not notify local law enforcement until 04/15/25, the day of survey.</p> <p>Findings include:</p> <p>Review of the Facility's Policy titled, Abuse Reporting and Investigation, dated as revised May 2021, indicated that each staff member must report any actual/known, suspected, or alleged incident of physical abuse, neglect, or financial abuse, abandonment or isolation to his/her supervisor and/or other community leadership immediately. This includes incidents/actions that the staff member observes, suspects, or is informed of by a resident. Under the Elder Justice Act, staff in the nursing home have an additional responsibility to report incidents to the state agency and law enforcement.</p> <p>Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated as submitted 03/20/25, indicated that Resident #1 reported to CNA #2 that CNA #1 hit him/her.</p> <p>Review of the Facility's Investigation Report, undated, indicated that on 03/20/25, Resident #1 reported to CNA #2 that CNA #1 hit and punched him/her all over. The Facility's Investigation Report indicated that CNA #2 said she and CNA #1 transferred Resident #1 and said Resident #1 told her (CNA #2) that CNA #1 is a bitch and she had hit him/her. The Facility's Investigation Report indicated that nursing performed a skin check and found three small bruises on Resident #1's right thigh. The Facility's Investigation Report indicated that CNA #1 was terminated based on the findings of the Facility's Investigation, and that the Police had not been notified of Resident #1's abuse allegation.</p> <p>Resident #1 was admitted to the Facility in August of 2024, diagnoses included Alzheimer's Disease, agitation, and depression.</p> <p>Review of Resident #1's Quarterly Minimum Set Data (MDS) Assessment, dated 02/07/25, indicated he/she had severe cognitive impairment and was dependent on staff to meet his/her care needs.</p> <p>(continued on next page)</p>

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/15/25 at 11:45 A.M., CNA #2 said that on 03/20/25 in the morning, CNA #1 helped her (CNA #2) transfer Resident #1 with the mechanical lift from his/her bed to his/her wheelchair. CNA #2 said that after CNA #1 left the room, Resident #1 told her (CNA #2) that CNA #1 was a bitch and that she hits him/her. CNA #2 said she reported the allegation to Nurse #2 immediately.</p> <p>During a telephone interview on 04/23/25 at 9:36 A.M., Nurse #2 said that on 03/20/25, CNA #2 reported to her that Resident #1 told her that CNA #1 hit him/her (Resident #1). Nurse #2 said she went to Resident #1's room and said he/she (Resident #1) told her (Nurse #2) that CNA #1 had hit him/her, but did not know where on his/her body. Nurse #2 said she immediately reported Resident #1's allegation of physical abuse to Administration.</p> <p>During an interview on 04/15/25 at 3:03 P.M., the Administrator said that on 03/20/25, Nurse #2 notified her that Resident #1 had reported that CNA #1 had physically abused him/her. The Administrator said she immediately suspended CNA #1 and then terminated her, based on the findings of their investigation. The Administrator said she had not notified local law enforcement of the allegation of physical abuse until 04/15/25 (day of the survey).</p>		