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 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linden Ponds	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)
F 0656 Level of Harm - Actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed and interviews, for one of three sampled residents, (Resident #1) whose individualized comprehensive plan of care and resident care card, indicated interventions included that two staff members were required to provide assistance with bathing, dressing and bed mobility, the facility failed to ensure staff consistently implemented and followed his/her care plan interventions, when on 01/14/26, Care Associate #1 provided care and repositioned Resident #1 without another staff member present to assist her, Resident #1 slid off the bed, and landed face down on the floor and was noted to be bleeding from a laceration on his/her forehead. Resident #1 was transferred to the Hospital Emergency Department (ED) for evaluation and required seven sutures to close the wound. Findings Include: Review of the Facility's Policy titled, Care/Service Plans, dated 05/2021, indicated the following:-each guest/resident will have an individualized care/service plan developed; care/service plans will include resident preferences, strengths, routines, personal and cultural preferences and choices as well as clinical needs;-a comprehensive person-centered care plan will be developed by the Interdisciplinary Team (IDT) and will include measurable objectives, preferences, goals, any specialized services as a result of the Preadmission Screening and Annual Resident Review (PASARR) evaluation, resident's discharge plan and will address the resident's medical, nursing, mental and psychosocial needs as identified from the resident's comprehensive assessment;-care plans will be reviewed, revised if applicable, on an ongoing basis by the interdisciplinary team with any change in condition and after each assessment, including both comprehensive and quarterly review assessments;Review of the Facility's Policy titled, Care Card, undated, indicated the following:-each resident will have a care card, a quick summary of their unique direct care needs, in alignment with the care plan; the care card provides specific information on the resident's mobility, transfer, nutrition, cognition, elimination and additional care needs.-each care card will be revised alongside the care plan to reflect any status change and will be reviewed at designated intervals as a minimum based on service line (skilled nursing).-care card - a quick reference summary of common specific resident care needs.-the care card when printed will be placed in front of the resident's care plan/service plan in the resident's room for ease of access to all employees.Review of the Report submitted by the Facility via Health Care Reporting System (HCFRS), dated 01/21/26, indicated that on 01/14/26 at 7:00 A.M., a Care Associate (identified as Care Associate #1) was assisting Resident #1 with dressing while he/she was in bed. The Report indicated that when Care Associate #1 pulled on Resident #1' s pants, he/she slid off the bed and landed on the floor. The Report indicated that Care Associate #1 called for help, the nurse arrived and immediately assessed Resident #1.The Report further indicated that Resident #1 was found face down on the floor bleeding from the right side of his/her anterior (front) head, he/she had sustained a laceration above his/her right eyebrow, the medical provider was notified and Resident #1 was transferred to ED for evaluation and treatment.Resident #1 was (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

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 02/11/2026
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)
F 0656 Level of Harm - Actual harm Residents Affected - Few	admitted to the Facility in October 2024, diagnoses included dementia, cerebrovascular accident (stroke), hemiparesis of right side (weakness), osteoarthritis, coronary artery disease, atrial fibrillation (irregular heartbeat), hypertension, hyperlipidemia, and muscle weakness.Review of Resident #1's Quarterly Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #1 was severely cognitively impaired, with a Brief Interview for Mental Status (BIMS) score of 00 (severe impaired cognition) and was dependent on staff with bathing, dressing and bed mobility. Review of Resident #1's Care Plan related to Activities of Daily Living (ADL), dated 01/09/26, indicated that he/she required total dependence of two staff members with bathing, dressing and bed mobility. Review of Resident #1's Resident Care Card, (used as a reference guide by Care Associates aka, Certified Nurse Aide's, provides direct care staff with a brief overview of each resident's care needs), reviewed and updated with his/her plan of care, indicated that he/she required total dependence of two staff members with bathing, dressing and bed mobility. Review of Resident #1's Nurse Progress Note, dated 01/14/26, (written by Nurse #1) indicated that she heard a Care Associate (identified as Care Associate #1) shouting for help, upon approaching Resident #1's room he/she was observed to be face down on the floor and there was notable bleeding from the anterior right side of his/her head. The Note indicated that upon assessment, Resident #1's had a laceration above his/her right eyebrow, pressure was applied to the area, emergency protocols were initiated and Resident #1 was transported to the Hospital ED for further evaluation. The Note further indicated Care Associate #1 stated that she was turning Resident #1 while providing personal care and he/she fell and hit his/her head on the floor.During a telephone interview on 02/17/26 at 3:53 P.M., (which included review of her written statement) Nurse #1 said that on 01/14/26 around 7:00 A.M she heard one of the Care Associates (identified as Care Associate #1) shout out, I need help and said she proceeded towards the shouting which was coming from Resident #1's room. Nurse #1 said upon entering the room she saw Resident #1 lying face down on the floor near his/her bed. Nurse #1 said Resident #1 was bleeding profusely from his/her head and said she noted that he/she had sustained a laceration above his/her right eyebrow. Nurse #1 said she applied pressure to the area on Resident #1's head, had Care Associate #1 stay with him/her while she went to call 911 and said he/she was transported to the Hospital ED for evaluation and treatment.Nurse #1 said she asked the Care Associate #1 what happened and said Care Associate #1 told her that she turned Resident #1 while providing care, he/she slid off the bed and hit his/her head on the floor. Nurse #1 said Resident #1 required assistance of two staff members for bed mobility and personal care while in bed. Nurse #1 said when she entered Resident #1's room that morning Care Associate #1 was the only staff member in his/her room at the time.During a telephone interview on 02/18/26 at 10:01 A.M., (which included review of her written statement) Care Associate #1 said she worked the 7:00 A.M. to 3:00 P.M. shift on 01/14/26 and was assigned to provide care to Resident #1. Care Associate #1 said that she was very familiar with the care Resident #1 required because she was assigned to him/her on the days she was scheduled to work. Care Associate #1 said she has worked at the Facility for two years and has been a Certified Nurse Aide for 15 years. Care Associate #1 said residents' care cards are located in their rooms and said staff are supposed to look at a resident's care card before providing care to any resident. Care Associate #1 said she knew that Resident #1 required two staff members with bed mobility and while doing care while in bed, but said she provided care to Resident #1 by herself that day (01/14/26). Care Associate #1 said while she was turning Resident #1 to try to put his/her pants on, he/she slid out of bed and fell face down on the floor. Care Associate #1 said she did not ask another staff member to help her with Resident #1's care and she did not follow the interventions identified on his/her care card but said she should have.Review of the (continued on next page)

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 02/11/2026
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)
F 0656 Level of Harm - Actual harm Residents Affected - Few	Hospital ED Notes and After Visit Summary, dated 01/14/26, indicated that Resident #1 presented to the ED after a fall at the facility, he/she sustained a laceration that was 2.5 centimeters (cm) in length to his/her right forehead, and the wound was repaired (closed) with seven sutures. During an interview on 02/11/26 at 3:59 P.M. the Director of Nursing (DON) said Resident #1 required assistance of two staff members with bathing, dressing and bed mobility which was indicated on his/her care plan and resident care card.The DON said that Care Associate #1 provided care to Resident #1 by herself, he/she slid off the bed onto the floor, he/she sustained a laceration to the upper right side of his/her forehead, and he/she required sutures to close the laceration. The DON said Care Associate #1 did not follow interventions from Resident #1's care plan, his/her resident care card or the Facility's policies.The DON said it is her expectation that all nursing staff check resident's care plans and care cards prior to providing care to a resident and that they follow the Facility's policies.On 02/11/26, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction with an effective date of 01/20/26, which addressed the area(s) of concern as evidenced by:A. On 01/14/26, Resident #1 returned to the Facility with seven sutures and new orders that included: to remove sutures in ten days, monitor his/her laceration for signs and symptoms of infection including worsening pain, selling, redness or discharge and continue pain management as ordered.B. On 01/16/26, Physical therapy evaluated Resident #1 and recommended a wider bariatric size mattress to assist with bed mobility and his/her bed was repositioned with the headboard against the wall.C. On 01/16/26, Nursing staff updated Resident #1's care plan and care card to reflect the new interventions recommended by the Physical Therapist.D. On 01/20/26, the Nursing Administration completed a full house audit of all residents' care plans, and care cards to ensure they were accurate, up to date and located in resident's rooms on all units.E. On 01/19/26, the Staff Development Coordinator initiated mandatory education for, all nursing staff on care plans, care cards, lifts, transfers, and bed mobility (which include resident safety during care), as well as facility policies and procedures.F. The Director of Nursing and/or designee will conduct random audits on resident's care plans and care cards for accuracy and location weekly for one month, then monthly for two months or until overall compliance is achieved. G. The Concern Area was discussed by the QAPI Committee, results of the audits will continue to be presented and reviewed at the monthly QAPI Committee meetings for three months or until compliance is achieved.H. The Director of Nursing and/or designee are responsible for overall compliance.

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 02/11/2026
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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed and interviews for one of three sampled residents (Resident #1), who required the assistance of two staff members with bathing, dressing and bed mobility, the Facility failed to ensure he/she was provided with the necessary level of staff assistance during care in an effort to maintain his/her safety and prevent an incident/accident resulting in an injury. On 01/14/26, Care Associate #1 provided care and repositioned Resident #1 without another staff member present to assist her, Resident #1 slid off the bed, and landed face down on the floor. Resident #1 was observed to be bleeding from a laceration on his/her forehead, was transferred to the Hospital Emergency Department (ED), where he/she required seven sutures to close the wound.Findings include: Review of the Facility's Policy titled, Fall Management, dated 04/2023, indicated the following: -to minimize and/or decrease the risk for falls through an interdisciplinary review of resident and to develop individualized care/service plan approaches;-fall: any event resulting in the resident coming to rest unintentionally on the floor or other lower level but not as a result of an overwhelming external force;-when a resident is found on the floor, a fall is considered to have occurred;-each resident will be assessed using the holistic assessment for potential risk for falls;-resident identified with 1 or more risks will be considered at risk for falls and the falls prevention protocols will be initiated;-care/service plan will be developed using individualized approaches identified during assessment process;Review of the Facility's Policy titled, Lifting, Transfer and Bed Mobility, dated 02/2026, indicated the following: -the purpose of this program is to identify and assess the residents in continuing care that require mobility assistance to eliminate unnecessary manual repositioning and lifting resulting in potential injury or increase pain/discomfort to guest/resident.-bed mobility will be assessed as one (1) person assist or two (2) or more person assist.-each resident's care or service plan will address care approaches if a mobility need is identified to include type of lift, sling size and approaches to comfort guest/resident during transfer or repositioning in bed.-type and level of assistance required for a resident's transfer mobility will be communicated to staff and reflected in the care/service plan; information will include device to be utilized, number of staff required for bed mobility and/or transferring assistance.Review of the Report submitted by the Facility via Health Care Reporting System (HCFRS), dated 01/21/26, indicated that on 01/14/26 at 7:00 A.M., a Care Associate (identified as Care Associate #1) was assisting Resident #1 with dressing while he/she was in bed. The Report indicated that when Care Associate #1 pulled on Resident #1's pants, he/she slid off the bed and landed on the floor. The Report indicated Care Associate #1 called for help, the nurse arrived and immediately assessed Resident #1.The Report further indicated that Resident #1 was found face down on the floor bleeding from the right side of his/her anterior (front) head, he/she had sustained a laceration above his/her right eyebrow, the medical provider was notified and Resident #1 was transferred to ED for evaluation and treatment.Resident #1 was admitted to the Facility in October 2024 diagnoses included dementia, cerebrovascular accident (stroke), hemiparesis of right side (weakness), osteoarthritis, coronary artery disease, atrial fibrillation (irregular heartbeat), hypertension, hyperlipidemia, and muscle weakness.Review of Resident #1's Quarterly Minimum Data Set Assessment (MDS), dated [DATE], indicated Resident #1 was severely cognitively impaired, with a Brief Interview for Mental Status (BIMS) score of 00 (severe impaired cognition) and was dependent on staff with bathing, dressing and bed mobility. Review of Resident #1's Care Plan related to Activities of Daily Living (ADL), dated 01/09/26, indicated that he/she required total dependence with assistance of two staff members with bathing, dressing and bed mobility. Review of Resident #1's Resident (continued on next page)

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 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linden Ponds	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Care Card, (used as a reference guide by Care Associates/Certified Nurse Aide's, provides direct care staff with a brief overview of each resident's care needs), reviewed and updated with his/her plan of care, indicated that he/she required total dependence with assistance of two staff members with bathing, dressing and bed mobility. Review of Resident #1's Nurse Progress Note, dated 01/14/26, (written by Nurse #1) indicated that Nurse #1 heard a Care Associate (identified as Care Associate #1) shouting for help, upon approaching Resident #1's room he/she was observed to be face down on the floor and there was notable bleeding from the anterior right side of his/her head. The Note indicated that upon assessment, Resident #1's head laceration above his/her right eyebrow was bleeding, pressure was applied to the area, emergency protocols were initiated and Resident #1 was transported to the Hospital ED for further evaluation. The Note Further indicated Care Associate #1 stated that she was turning Resident #1 while providing personal care, he/she fell out of bed and hit his/her head on the floor.During a telephone interview on 02/17/26 at 3:53 P.M., (which included review of her written statement) Nurse #1 said that on 01/14/26 around 7:00 A.M she heard Care Associate #1 shout out, I need help and said she proceeded towards the shouting coming from Resident #1's room. Nurse #1 said upon entering the room she saw Resident #1 lying face down on the floor near his/her bed. Nurse #1 said Resident #1 was bleeding profusely from his/her head and said she noted that he/she had sustained a laceration above his/her right eyebrow. Nurse #1 said she applied pressure to the area on Resident #1's head, had Care Associate #1 stay with him/her while she went to call 911 and said he/she was transported to the Hospital ED for evaluation and treatment.Nurse #1 said she asked Care Associate #1 what happened and said Care Associate #1 told her that she when turned Resident #1 while providing care, he/she slid off the bed and hit his/her head on the floor. Nurse #1 said Resident #1 required assistance of two staff members for bed mobility and personal care while in bed. Nurse #1 said when she entered Resident #1's room that morning Care Associate #1 was the only staff member in his/her room at the time.During a telephone interview on 02/18/26 at 10:01 A.M., (which included review of her written statement) Care Associate #1 said she worked the 7:00 A.M. to 3:00 P.M. shift on 01/14/26 and was assigned to provide care to Resident #1. Care Associate #1 said that she was very familiar with the care Resident #1 required because she was assigned to him/her on the days she was scheduled to work. Care Associate #1 said she has worked at the Facility for two years and has been a Certified Nurse Aide for 15 years. Care Associate #1 said that while providing morning care to Resident #1, she turned him/her on his/her back then put his/her pants on up to his/her ankles. Care Associate #1 said she turned Resident #1 towards her near the edge of the bed, then as she started to pull up his/her pants, he/she slid off the bed, and landed on the floor face down. Care Associate #1 said that Resident #1 hit his/her head on the floor and was bleeding from above his/her right eyebrow. Care Associate #1 said she immediately applied pressure with a towel to the area on Resident #1's forehead and yelled out, I need help.Care Associate #1 said she knew that Resident #1 required two staff members with bed mobility and care while in bed, but said she provided care to Resident #1 by herself that day (01/14/26). Care Associate #1 said she did not ask another staff member to help her with Resident #1's care, but she should have.Review of the Hospital ED Notes and After Visit Summary, dated 01/14/26, indicated that Resident #1 presented to the ED after a fall at the facility, he/she sustained a laceration that was 2.5 centimeters (cm) in length to his/her right forehead, and the wound was repaired (closed) with seven sutures. The Summary further indicated care instructions that included: to remove sutures in ten days and monitor for signs and symptoms of infection including worsening pain, selling, redness or discharge.During an interview on 02/11/26 at 3:59 P.M. the Director of Nursing (DON) said she was notified on 01/14/26 that Resident #1 had a fall and he/she was (continued on next page)

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 02/11/2026
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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	sent to the Hospital ED. The DON said Resident #1 required assistance of two staff members with bathing, dressing and bed mobility which was indicated on his/her care plan and resident care card.The DON said that Care Associate #1 provided care to Resident #1 by herself, he/she slid off the bed onto the floor, he/she sustained a laceration to the upper right side of his/her forehead, and he/she required sutures to close the laceration. The DON said Care Associate #1 did not follow Resident #1's care plan. resident care card or the Facility policy.The DON said it is her expectation that all nursing staff check resident's care plans and care cards prior to providing care to ensure the resident is provided with the necessary level of staff assistance to meet their care needs, as well as maintaining resident and staff member safety. On 02/11/26, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction with an effective date of 01/20/26, which addressed the area(s) of concern as evidenced by:A. On 01/14/26, Resident #1 returned to the Facility with seven sutures and new orders that included: to remove sutures in ten days, monitor his/her laceration for signs and symptoms of infection including worsening pain, selling, redness or discharge and continue pain management as ordered.B. On 01/16/26, Physical therapy evaluated Resident #1 and recommended a wider bariatric size mattress to assist with bed mobility and his/her bed was repositioned with the headboard against the wall.C. On 01/16/26, Nursing staff updated Resident #1's care plan and care card to reflect the new interventions recommended by the Physical Therapist.D. On 01/20/26, the Nursing Administration completed a full house audit of all residents' care plans, and care cards to ensure they were accurate, up to date and located in resident's rooms on all units.E. On 01/19/26, the Staff Development Coordinator initiated mandatory education for, all nursing staff on care plans, care cards, lifts, transfers, and bed mobility (which include resident safety during care), as well as facility policies and procedures.F. The Director of Nursing and/or designee will conduct random audits on resident's care plans and care cards for accuracy and location weekly for one month, then monthly for two months or until overall compliance is achieved. G. The Concern Area was discussed by the QAPI Committee, results of the audits will continue to be presented and reviewed at the monthly QAPI Committee meetings for three months or until compliance is achieved.H. The Director of Nursing and/or designee are responsible for overall compliance.