

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 02/26/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41106</p> <p>Based on observation and interview, the facility failed to ensure all drugs and biologicals were stored in a safe and secure manner as required. Specifically, the facility failed to ensure medications were not left unattended in six Residents' (58, #21, #2, #61, #20, and #267) rooms.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Storage of Medication Administration, Receipt, Storage and Disposal, revised 10/23, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Medication Management in Continuing Care (CC) will include ordering, transcribing, receiving, proper storage, accurate documentation and safe administration of a residents' medications by authorized staff, consistent with state requirements. <p>Receipt of Medications from Pharmacy Courier:</p> <ul style="list-style-type: none"> -The Licensed nurse or Certified Medicine Aide/Tech (CMA/CMT) will place medications in the medication room on the neighborhood and medications will be placed in the resident medication cabinet or overflow medication. <p>On 2/21/25 at 10:26 A.M., the surveyor observed the following medications stored on the top of the locked medication cabinet in Resident #58's room:</p> <ul style="list-style-type: none"> -A box of Lidoderm 4% patches (pain patch). <p>On 2/21/25 at 10:37 A.M., the surveyor observed the following medications stored on the top of the locked medication cabinet in Resident #21's room:</p> <ul style="list-style-type: none"> -Two boxes of Albuterol sulfa (bronchodilator) 92.5 milligrams (mg)/3milliliter (ml) vial-neb. Inhale by mouth three times a day for shortness of breath. -Benefiber powder 3 grams (gm)/4 gm (prebiotic fiber supplement). -Tube of Aspercreme (pain relief) with 10% trolamine salicylate cream. <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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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-In the unlocked drawer below the medication cabinet a bottle of Benefiber powder 3 gm/4 gm.</p> <p>On 2/21/25 at 10:44 A.M., the surveyor observed the following medications stored on the top of the locked medication cabinet in Resident #2's room:</p> <p>-Three small bottles of Nystatin (antifungal) 100000 unit/1gm powder, one with no cap and two sealed with caps.</p> <p>-One larger bottle of Nystatin topical powder.</p> <p>On 2/21/25 at 11:00 A.M., the surveyor observed the following medications stored on the top of the locked medication cabinet in Resident #61's room:</p> <p>-One bottle of guaifenesin (chest congestion)100 mg/5 ml liquid, almost empty.</p> <p>-One bottle chest congestion [NAME] (treat chest congestion)100mg/5 ml liquid.</p> <p>Stored in the unlocked cabinet below the medication cabinet the following medications were observed:</p> <p>-One bottle chest congestion [NAME] 100 mg/5 ml liquid.</p> <p>-Three bottles of Polyethylene Glycol 3350 (treat constipation).</p> <p>On 2/21/25 at 11:35 A.M., the surveyor observed the following medications stored on the top of the medication cabinet in Resident #20's room:</p> <p>-Mirtazapine (antidepressant) 7.5 mg give one tab at bedtime, 15 pills in blister pack (packaging in which a pill is sealed in plastic individually on a cardboard backing).</p> <p>-Pantoprazole (Reduces acid in stomach) 40 mg 1 tab every day, 15 pills in blister pack.</p> <p>On 2/21/25 at 11:36 A.M., the surveyor observed the medication cabinet unlocked in Resident #267's room and observed 23 blister packages of medications and a box of Albuterol Sulfate 2.5 mg/3 ml vial-neb.</p> <p>During an interview on 2/21/25 at 1:31 P.M., the Director of Nurses said all prescription medications in the residents' rooms should be locked in the medication cabinet. If a resident is assessed to self-administer medications, then the medication can be stored in their locked drawer.</p>		