STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225775	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Leonard Florence Center for Living	165 Captain's Row Chelsea, MA 02150

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observations, interviews, and records reviewed, the facility failed to ensure it was free from a medication error rate of greater than 5% when one Nurse observed made 4 errors out of 38 opportunities, resulting in a medication error rate of 10.53 %. Those errors impacted two Residents (#102 and #98), out of 3 residents observed.Findings include: Review of the facility policy titled, Administering Medications, undated, indicated: Medications shall be administered in a safe and timely manner, and as prescribed.4. Medications must be administered in accordance with the orders, including any required time frame.5. Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).7. Medication administration will be documented in PointClickCare (PCC).17. If a drug is withheld, refused, or given at time other than the scheduled time, the individual administering the medication shall mark it accordingly in PCC.18. As required or indicated for a medication, the individual administering the medication will record in the resident's medical record: a. The date and time the medication was administered; b. The dosage; c. The route of administration; d. The injection site (if applicable); e. Any complaints or symptoms of which the drug was administered; f. Any results achieved and when those results were observed; and g. The signature and title of the person administering the drug.1.Resident #102 was admitted to the facility in November 2025 with diagnoses that include type two diabetes mellitus, congestive heart failure (heart does not pump blood effectively), atherosclerotic heart disease of native coronary artery without angina pectoris (buildup of plaque in the arteries), essential primary hypertension (high blood pressure) and dyspnea (shortness of breath).Review of Resident #102's medical record indicated the Minimum Data Set (MDS) was not available due to just being admitted to the facility. For Resident #102, the facility failed to ensure nursing administered medications as prescribed.On 11/20/25 at 8:14 A.M., the surveyor observed Nurse #1 administer medications to Resident #102 including: -One Carvedilol Oral Tablet 25MG (milligrams). Review of the pharmacy medication card indicated take with food.-2 Inhalations (sprays) of Fluticasone-Salmeterol Aerosol 45mcg. (micrograms)/21mcg. Metered inhaler used to treat shortness of breath.Resident #102 did not eat breakfast prior to or during the medication administration observation and Resident #102 said he/she has not had anything to eat yet and needs to order breakfast.Review of the physician's orders indicated the following:-Coreg Oral Tablet 25 MG (Carvedilol) Give 1 tablet by mouth two times a day for HTN (hypertension) *give with breakfast and dinner*. Start Date 11/18/25.-(Fluticasone-Salmeterol) 2 puff inhale orally two times a day for allergies *Please rinse mouth with water after each use. Start Date 11/18/25.Review of the Fluticasone Propionate and Salmeterol HFA metered Inhaler manufacturer's guidelines indicated the following administration information: 120 Metered Actuations (uses/doses).Priming-Prime Fluticasone Propionate and Salmeterol HFA before using for the first time by releasing 4 sprays into the air away from the face, shaking well for 5 seconds before each spray. In cases where the inhaler has not been used for more than 4 weeks or when it has been dropped, prime the inhaler again by releasing 2 sprays into the air away from the face, shaking well for 5 seconds before each spray. Avoid spraying in eyes.The surveyor observed the meter dial on the side of the inhaler indicating 122 remaining doses prior to Nurse #1 administering the medication to Resident #102.During an interview on 11/20/25 at 9:39 A.M., (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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse #1 said he should have administered the medication with food and said he did not prime the inhaler and said he does not know if the inhaler had been primed.During an interview on 11/20/24 at 1:09 P.M., the Director of Nurses said physician orders should be followed, and medications should be administered with food as indicated and according to manufacturer guidelines.2. For Resident #98, the facility failed to ensure nursing administered medications as prescribed.Resident #98 was admitted to the facility in November 2025 with diagnoses that include type two diabetes mellitus, thrombocytopenia (low blood count), atherosclerotic heart disease of native coronary artery without angina pectoris (buildup of plaque in the arteries), essential primary hypertension (high blood pressure), and acute on chronic diastolic congestive heart failure (heart does not pump blood effectively).Review of Resident #98's medical record indicated the Minimum Data Set (MDS) was not available due to just being admitted to the facility.On 11/20/25 at 8:36 A.M., the surveyor observed Nurse #1 administer medications to Resident #98 including: -One Carvedilol Oral Tablet 25MG (milligrams). Review of the pharmacy medication card indicated take with food.-Two Metformin HCl Oral Tablets 500MG each. Review of the pharmacy medication card indicated take with food. Resident #98 did not eat breakfast prior to or during the medication administration observation and Resident #98 said he/she has not had anything to eat yet. The resident was observed exiting the room with a staff member and walking down the hall to be weighed and was observed at 8:56 A.M., still without a breakfast meal. Review of the physician's orders indicated the following:-Carvedilol Oral Tablet 25 MG (Carvedilol). Give 1 tablet by mouth two times a day for CAD (coronary artery disease). Scheduled for 9:00 A.M., and 9:00 P.M. Start Date 11/9/25.-Metformin HCl Oral Tablet 500MG (Metformin HCl). Give 2 tablet by mouth two times a day for DM2 (type two diabetes) take with meals. Scheduled for 9:00 A.M., and 6:00 P.M. Start Date 11/9/25.During an interview on 11/20/25 at 9:42 A.M., Nurse #1 said he should have administered the medication with food. During an interview on 11/20/25 at 1:12 P.M., the Director of Nurses said physician orders should be followed, and medications should be administered with food as indicated.

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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 observations, and interviews, the facility failed to ensure medications were labeled, and dated once opened, according to manufacturer's guidelines on one out of five units. Findings include:Review of the facility policy titled, Storage of Medications, undated, indicated: The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. 4. Expired medications cannot be stored or kept in the medication or treatment carts. Expired medications may be kept in the medication room before being destroyed.7. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.11. Dispose insulins, eye drops, ointments and inhalers according to the following: Inhalers: Dispose after 90 days of initial opening or within 90 days of delivery when open and undated, or according to manufacturer's guidelines. Review of the facility policy titled, Administering Medications, undated, indicated: 11. The expiration/beyond use date on the medication label must be checked prior to administering. When opening a multi-dose container, the date opened shall be recorded on the container. On 11/19/25 at 8:29 A.M., the surveyor and Nurse #2 observed the following in the [NAME] House medication storage room:-One 30mL (milliliter) vial of Acetylcysteine Solution, USP., open, undated, in the refrigerator. Clear liquid was observed inside the vial.Review of the manufacturer's instructions indicated the following: Discard opened containers after 96 hours. Store in refrigerator (36-46 degrees Fahrenheit) after opening.-Two 3ml vials of Ipratropium Bromide and Albuterol Sulfate Inhalation Solution, USP., opened, undated, and removed from the foil pouch.Review of the manufacturer's instructions indicated the following: Unit dose vials should remain stored in the protective foil pouch at all times. Once removed from the foil pouch, the individual vials should be used within one week.On 11/19/25 at 8:42 A.M., the surveyor and Nurse #2 observed the following medications in Resident #16's room.-Five 3ml vials of Ipratropium Bromide and Albuterol Sulfate Inhalation Solution, USP., opened, undated, and removed from the foil pouch.-One 16fl. Oz. (fluid ounce) 473mL. bottle of Iron Supplement Liquid, Ferrous Sulfate 220mg/5mL., open and undated.During an interview on 11/19/25 at 8:47 A.M., Nurse #2 said the open and used medications should have been dated when opened.During an interview on 11/20/25 at 1:09 P.M., the Director of Nursing (DON) said he would expect the medications to be dated when opened.