STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225219	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vantage at Worcester LLC	59 Acton Street Worcester, MA 01604

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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 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 observations, interviews, and record review, the facility failed to ensure the main facility kitchen used to store, prepare and distribute resident food and beverages was maintained in a clean and sanitary manner and kept free from dust and debris increasing the risk for the potential of physical contamination. Findings include: Review of the facility policy titled Environment, revised 9/2017, indicated all food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition. The policy also included the following: -the Dining Service Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceiling, lighting and ventilation. -the Dining Service Director will ensure that all employees are knowledgeable in the proper procedures for cleaning and sanitizing of all food service equipment and surfaces.ˆ -the Dining Service Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces. ˆ Review of the facility policy titled Equipment, revised 9/2017, included the following: -all food service equipment will be clean, sanitary, and in proper working order. -all equipment will be routinely cleaned and maintained . -all non-food contact equipment will be clean and free of debris. -the Dining Services Director will submit requests for maintenance or repair to the Administrator and/or Maintenance Director as needed. ˆ Review of the Food Drug Administration (FDA) Food Code 2017 (www.fda.gov), indicated the following: -Food Preparation: >During preparation, unpackaged food shall be protected from environmental sources of contamination. -Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils: >the objective of cleaning focuses on the need to remove organic matter from food contact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate and insects and rodents will not be attracted.ˆ >Microorganisms may be transmitted from food to other foods by utensils, cutting boards, thermometers, or other food-contact surfaces.ˆ >Surfaces of utensils and equipment contacting food that is not time/temperature control for safety food such as iced tea dispensers, carbonated beverage dispenser nozzles, beverage dispensing circuits or lines, water vending equipment, coffee bean grinders, ice makers, and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms.ˆ >Food-contact surfaces of cooking equipment must be cleaned to prevent encrustations that may impede heat transfer necessary to adequately cook food. Encrusted equipment may also serve as an insect attractant when not in use.ˆ >The presence of food debris or dirt on nonfood contact surfaces may provide a suitable environment for the growth of microorganisms which employees may inadvertently transfer to food. If these areas are not kept clean, they may also provide harborage for insects, rodents, and other pests.ˆ -Cleaning, Frequency and Restrictions: >Cleaning of the physical facilities is an important measure in ensuring the protection and sanitary preparation of food. A regular cleaning schedule should be established and followed to maintain the facility in a clean and sanitary manner. Primary cleaning should be done at times when food is in protected storage and when food is not being served or prepared.ˆ >Both intake and exhaust ducts can be a source of contamination and must be cleaned regularly.ˆˆˆ On 1/8/26 at 7:18 A.M., the surveyor conducted 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	initial tour of the facility's kitchen with the Food Service Director (FSD) and observed the following: -Fan located above the milk cooler and the three-compartment sink was dust laden and was tacky to the touch. During an interview at the time, the FSD said the maintenance staff were responsible for cleaning the fans in the kitchen and that the fan observed was dusty. -Shelf which contained pots/pans and clear storage containers. Three of the clear containers were stacked on top of each other and wetness observed on the inside of the interior portion of the containers. The FSD said the inside of the stacked containers were wet, should not be stored in this manner and there would be a concern for wet nesting. The FSD said stacking the food storage containers when they were still wet would be a concern for potential bacterial growth.ˆ -Two full steam pans which contained numerous clean utensils for food service. The bottoms of the pan had evidence of food debris. The FSD said the utensils in the full-size steam table pan were clean and that there was food debris noted in the storage pan which would be a concern for contamination.ˆˆ -Dried whitish yellow residue on a pan stored with other clean pots and pans. -Lower shelving used to store kitchen equipment was dust and debris laden and was tacky and rough to the touch. The FSD said the shelving was dirty and should be cleaned once every two weeks.ˆ -Large utility bins housing sugar and food/beverage thickener products were located on lower shelf near the convection ovens. The covers of the bins had dried red products and were covered with crumbs/food debris. The FSD said the covers of the utility bin needed to be cleaned.ˆ ˆ On a follow-up visit during lunch service on 1/13/26 at 11:43 A.M. through 12:42 P.M., with the Regional Director of Operations for Dietary Services (RDODS), the surveyor observed the following: -The cook utilizing the lower ovens to heat up plates used for meal service. The internal door of the oven had numerous dried blackish, brown drips. Above the flat-top grill, a large knife was stored against the wall between external piping (and not contained in the knife holder which was underneath). -A large area of dust was observed on the ceiling above the food preparation areas near the exhaust vent.ˆ -The walls next to the beverage preparation areas had evidence of dust and dirt. The ceiling and electrical components above the coffee maker were dust laden and the filter and coffee grounds were exposed and open underneath these areas. -The partial wall behind the juice dispenser had a large dust ball approximately two inches in diameter and dust was observed along the entire edge of the partial wall. -The wall between the dish room and food preparation area had dried splatters and was grimy to touch.ˆ -Numerous dark dried drips on the lower part of the convection oven and the flat-top range. During an interview at 12:42 P.M., the RDODS said the plate warmer in the kitchen was broken and until it is fixed, the dietary staff use the lower oven to warm the plates. The RDODS said the walls near the coffee and juice station and between the dish room and preparation areas needed to be cleaned. ˆ ˆ During an interview on 1/14/26 at 9:10 A.M., the FSD said the four-week cleaning schedule has been in place for the last couple of months, but he had not been strict on enforcing it. The FSD said he did not keep evidence of the previous cleaning schedules when the surveyor requested these because he was unaware that he should have kept the cleaning schedules. The FSD said the kitchen staff are responsible for ensuring the kitchen is clean and sanitary, but he was ultimately responsible. The FSD said he needed to do a better job ensuring the cleaning tasks were completed as scheduled. ˆ On 1/14/26 at 9:29 A.M., the surveyor conducted a final walk through of the kitchen with the FSD. The following was observed: -Dust remained on ceiling above the food preparation area near the exhaust vent and on the walls, and the pipes in the beverage preparation areas. -The coffee machine with open top exposing filter and grounds was underneath the exhaust vent and walls. -The large dust ball remained on the shelving above the juice dispenser. During an interview at the time, the FSD said dust present in a kitchen would be a concern for contamination. The FSD said that they will be working with the maintenance department to schedule detailed cleaning of these areas.ˆThe FSD further said that knives should be stored in the knife holder and that storing them against the wall using the pipes to secure them in place was not an appropriate storage place because of risk for contamination. ˆ During an interview on 1/14/26 at 10:16 A.M., with the FSD and the RDODS, the RDODS said she was aware of the kitchen sanitation concerns relayed (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	by the surveyor and that they were actively working with the maintenance department to establish a routine cleaning schedule to maintain sanitation and cleanliness because there has not been one in place.^^

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interview, the facility failed to provide care consistent with professional standards of practice relative to the administration of prescribed medication for one Resident (#2) out of a total sample of 22 Residents.Specifically, for Resident #2, the facility failed to ensure that a Physician ordered antihypotensive medication (Midodrine) was administered in accordance with the ordered blood pressure parameters (for Systolic Blood Pressure [SBP] less than 100 mmHg), when the medication was being administered for SBP's greater than 100 mmHg, placing the Resident at risk for adverse hemodynamic side effects. Findings include: Review of the facility policy titled Medication Therapy, dated, 2017 included but was not limited to:-Medication use shall be consistent with an individual's condition, prognosis, values, wishes and response to such treatment.-All decisions related to medications shall include appropriate elements of the care process such as adequately detailed assessment; review of cause of symptoms; consideration of clinical relevance of symptoms and abnormal diagnostic test results.-upon or shortly after admission and periodically thereafter the staff and practitioners will review an individual's current medication regime to identify whether: there is a clear indication for treating the individual with the medications; the dosage is appropriate; the frequency of administration and duration of use are appropriate.-the facility shall review medication-related issues as part of its quality assurance and performance improvement committee activities. Resident #2 was admitted to the facility in July 2016 with diagnoses including orthostatic hypotension, cardiac arrest and anoxic brain damage. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that the Resident had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 11 out of 15. Review of the January 2026 Physician's orders indicated:-Midodrine HCl (antihypotensive medication) Oral Tablet 10 mg (milligrams). Midodrine HCl - give 1 tablet by mouth two times a day for hypotension. Give for SBP (systolic blood pressure) less than 100 (mmHg - millimeters of mercury), initiated 12/26/25. Review of Resident #2's December 2025 and January 2026 Medication Administration Records (MAR's) indicated the following:*December 2025:-12/28/25 at 5:00 P.M., SBP was 107 mmHg, Midodrine administered at this time.*January 2026:-1/1/26 at 5:00 P.M., SBP was 108 mmHg, Midodrine administered at this time-1/5/26 at 9:00 A.M., SBP was 112 mmHg, Midodrine administered at this time. SBP at 5:00 P.M. was 114 mmHg, Midodrine administered at this time.-1/6/26 9:00 A.M., SBP was 118 mmHg, Midodrine was administered at this time. SBP was 122 mmHg at 5:00 P.M., Midodrine was administered at this time. During an interview on 1/12/26 at 4:08 P.M., the Director of Clinical Operations said the Midodrine medication for Resident #2 was administered outside of the parameters in the Physician's order and it should not have been administered. During an interview on 1/13/26 at 10:53 A.M., Resident #2's Physician said his expectation was that the facility should have been administering the medication as the order was written and if the staff had concerns with the parameters of the Midodrine medication they should have called him to reassess the order and see if adjustments to the Midodrine order were needed.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observations, interview, and record review, the facility failed to provide activities of daily living (ADL) care relative to personal hygiene and grooming for one Resident (#102), out of a total sample of 22 residents. Specifically, the facility failed to provide assistance with removal of unwanted facial hair when Resident #102 required assistance from staff for ADL care. Findings include: Review of the facility policy titled Supporting Activities of Daily Living, revised March 2018, indicated the following:-residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.-appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care) . Resident #102 was re-admitted to the facility in December 2024 with diagnoses including abnormal posture, cognitive communication deficit, and anxiety.ˆ Review of the Minimum Data Set (MDS) Assessment, dated 10/30/25, indicated Resident #102: -was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of possible 15 points. -was dependent on staff with ADL care including personal hygiene (grooming) tasks. ˆ Review of the ADL Care Plan, initiated 2/16/20, indicated Resident #102 had an alteration in ADL self-performance related to weakness and deconditioning and included the following interventions: -total assistance of staff with dressing and grooming tasks, revised 1/29/25-encourage grooming of facial hair and document any refusals, revised 1/29/25ˆ Review of the Certified Nurse Aide (CNA) Care Card (printed on 1/14/26) indicated the following under Dressing, Grooming, and Bathing: -provide total assistance with grooming, dressing and bathing -encourage grooming of facial hair, and document any refusals ˆ Review of the clinical record on 1/13/26 failed to indicate that Resident #102 refused care relative to grooming/facial hair removal for the last 31 days.ˆ ˆ On 1/8/26 at 8:57 A.M., the surveyor observed Resident #102 lying upright in bed and a CNA assisting the Resident with the breakfast meal. The Resident was observed to have dark hair over his/her upper lip and several strands of hair, approximately one inch in length, on his/her chin.ˆ ˆ On 1/9/26 at 10:23 A.M., the surveyor observed Resident #102 lying in bed dressed in a hospital gown. The surveyor observed that dark hair remained on the Resident's upper lip and several long hairs on his/her chin. During an interview at the time, Resident #102 said he/she wanted to get dressed. At 10:35 A.M., the surveyor observed a CNA enter the Resident's room to provide ADL care.ˆ ˆ On 1/9/26 at 12:41 P.M., the surveyor observed Resident #102 dressed and seated in a specialized wheelchair in the common area with other residents during the lunch meal. The surveyor observed that dark hair remained on the Resident's upper lip and several long hairs remained on the Resident's chin. ˆ ˆ During an interview on 1/13/26 at 9:38 A.M., CNA #3 said Resident #102 required the assistance of one person with ADL care. CNA #3 said the Resident was washed and dressed daily after breakfast. CNA #3 said the Resident was receptive to receiving ADL care from staff and did not refuse care.ˆ ˆ On 1/14/26 at 10:44 A.M., the surveyor observed Resident #102 lying in bed dressed in a hospital gown and dark hair remained on the Resident's upper lip and several long hairs, approximately one inch in length and curled, remained on the Resident's chin. During an interview at the time, Resident #102 said he/she would like to be washed and dressed. When the surveyor asked about his/her preference for facial hair, the Resident said he/she did not want to have facial hair and would like to have it removed.ˆ ˆ On 1/14/26 at 10:48 A.M., CNA #3 was observed preparing to enter Resident #102's room. During an interview at the time, CNA #3 said she was going to assist Resident #102 with ADL care. The surveyor requested CNA #3 to observe Resident #102's upper lip and chin during care. CNA #3 said if facial hair was present, the staff should offer to remove it.ˆ ˆ On 1/14/26 at 11:51 A.M., the surveyor observed Resident #102 dressed and seated in a specialized wheelchair in the common areas with other residents. The surveyor observed that the Resident's upper lip and chin were free of facial hair.ˆˆˆ During an (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview on 1/14/26 at 11:56 A.M., CNA #3 said she removed the facial hair on the Resident's upper lip and chin. CNA #3 said the hair on the Resident's chin was very long prior to removal.^^ During an interview on 1/14/26 at 12:11 P.M., the Assistant Director of Nurses (ADON) said she was responsible for the unit at this time. The ADON said the expectation was that all residents would be offered to have their facial hair removed daily when care was being provided by staff unless the resident requested to have the facial hair present. The ADON said if a resident refused to have the facial hair removed, this would be documented and if a resident requested facial hair, it would be care-planned.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure one Resident (#2) out of a total sample of 22 residents received appropriate care and services for the use of an external urinary catheter.Specifically, for Resident #2, the facility failed to ensure that a Physician's order was obtained for the use and care of a non-invasive external urinary catheter when the Resident was observed with an External urinary catheter in use. Findings include:Resident #2 was admitted to the facility in July 2016 with diagnoses including Anoxic Brain Damage and Urinary Tract Infection (UTI), Not Specified. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #2 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 11 out of 15. On 1/8/26 at 9:38 A.M., the surveyor observed Resident #2 sitting in a wheelchair, and tubing from a urinary catheter drainage bag with a privacy cover was suspended from the bottom of the wheelchair above the floor surface. Review of Resident #2's Care Plan indicated the following:*Incontinence of the bowel and bladder care plan related to Anoxic Brain Injury revised on 7/25/24, included interventions:-Resident #2 will not experience skin breakdown related to incontinence through the next review, revised 12/30/25-[External] catheter as tolerated, initiated 2/4/20-Apply [External] catheter as ordered, initiated 7/25/24 Review of the Medical Record indicated Resident #2 had no Physician's orders for use of an [External] urinary catheter. During an interview on 1/12/26 at 11:14 A.M., Nurse #2 said she was not sure if Resident #2 had a urinary catheter in place. Nurse #2 said she would look for an order in the Resident's medical record to see there was an order for a urinary catheter. Nurse #2 was unable to find an order for a urinary catheter. The surveyor and Nurse #2 observed Resident #2, and Nurse #2 confirmed the Resident had an [External] urinary catheter in place. Nurse #2 said the [External] catheter was not invasive but there should still be orders in place so the staff would know when and how often to change the catheter and monitor if the catheter was working correctly. Nurse #2 said she had no way of knowing when the [External] catheter was last changed or how the Physician would like the urinary catheter cared for without an order. During an interview on 1/12/26 at 11:36 A.M., the Director of Nursing (DON) said Resident #2 should have Physician's orders in place for the use of an [External] catheter. The DON said orders would need to be obtained from Resident #2's Physician and added to the Resident's treatment plan, so that staff could care for the [External] catheter properly. During an interview on 1/13/26 at 10:52 A.M., Resident #2's Physician said the facility should have obtained an order for the [External] urinary catheter and the order should have been in place prior to initiating the use of the [External] catheter.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facilityˆfailed toˆensure professional standards toˆmaintainˆadequate nutritionˆwere implementedˆfor one Resident (#92) ofˆ4ˆapplicable residents reviewed for nutrition, out of a total sample of 22 residents.ˆˆ Specifically, for Resident #92, the facility failed to ensure that nutritional supplements recommended by the Registered Dietician (RD) and ordered by the Physician were implemented after the Resident was re-admitted to the facility from a hospitalization, resulting in weight loss for two months. ˆ Findings include:ˆ Review of the Nutritional Assessment Policy and Procedure revised October 2017,ˆindicated:ˆ -the nutritional assessment will be a systematic, multidisciplinary process that includes gathering and interpreting data and using that data to help define meaningful interventions for the resident at risk for, or with impaired nutrition.ˆ -Once current conditions and risk factors for impaired nutrition are assessed and analyzed, individual care plans will be developed that address or minimize to theˆextent possibleˆtheˆresident'sˆrisks for nutritional complications. Such interventions will be developed within the context of theˆresidents'ˆprognosis and personal preferences.ˆ ˆ Review of the Weight Assessment and Intervention Policy and Procedure revised March 2022,ˆindicated:ˆ -Resident weights areˆmonitoredˆforˆundesirable or unintended weight loss or gain.ˆ -The threshold for significantˆunplanned and undesired weight loss will be based on the following criteriaˆ[where percentage of body weight loss = (usual weight - actual weight)/ (usual weight)ˆx100]:ˆ >1 month - 5% weight loss is significant; greater than 5% is severe.ˆ >3 months -ˆ7.5% weight loss is significant; greater than 7.5% is severe.ˆ > 6 months - 10% weight loss is significant; greater than 10% is severe.ˆˆ -Undesirable weight change is evaluated by the treatment teamˆwhether or notˆthe criteria for significant weight changeˆhasˆbeen met. The evaluation includes:ˆ >the resident'sˆcalories, protein, and other nutritional needs compared with the resident's current intake.ˆ -Interventions for undesirable weight loss are based on careful consideration of the following:ˆ >Nutrition and hydration needs of the Resident.ˆ ˆ Resident #92 was admitted to the facility inˆDecemberˆ1990 with diagnosesˆincludingˆTraumatic Brain Injury (TBI),ˆdementiaˆand cerebrovascular disease affecting the dominant right hand.ˆ ˆ Review of the Comprehensive Nutritional Care Planˆinitiated 12/2/25,ˆindicated Resident #92:ˆˆ -was at risk for Malnutrition.ˆ -had a BMI of 23.-had a goal of remaining free from significant weight change.ˆ -has a goal of gradually gaining weight to a healthy BMI parameter [sic].ˆ -had a goal of nutritional supplements intake over 75% [sic]-was to be provided the ordered diet.-was to have the Registered Dietician evaluate and make diet changes recommendations as needed. ˆ Review of Resident #92's January 2026 Physician orders included:ˆ -Frozen Nutritional Treat at Breakfast, initiated 6/5/23.ˆ -Frozen Nutritional Treat at Lunch, initiated 6/5/23.ˆ -Frozen Nutritional Treat at Dinner, initiated 6/5/23.ˆ -House Supplement Clear [also referred to as Ensure Supplement or Ensure Supplement Clear] one time a day for weight stabilityˆ8ˆounces (oz.)ˆat 10:00 A.M., ordered on 11/4/25.ˆ Review of the Minimum Data Set (MDS) assessment dated [DATE]ˆindicatedˆResident #92:ˆ -has short and long-term memory problems and was severely cognitively impaired. -required set-upˆfrom staff forˆeating.ˆ -had a weight loss of 5% or more in the last month or loss of 10% or more in the lastˆsixˆmonths.ˆ -required a mechanically altered diet.ˆ ˆ Review of Resident #92'sˆNursing Note dated 11/2/25, indicatedˆResident #92 was re-admitted from the hospital with diagnoses including septic shock and Urinary Tract Infection (UTI).ˆ Review of Resident #92's Nursing Note dated 11/3/25, indicated the Resident'sˆRepresentativeˆ(RR)ˆvoiced concerns about the Resident's appetite and weight.ˆTheˆRR said that on admission to the hospital, he/she was told the Resident was mildly malnourished.ˆTheˆRRˆwas informed of the supplementsˆthe Residentˆwas ordered to receive and the RR requestedˆforˆthe Residentˆto receiveˆEnsure Supplements which he/she had and enjoyed while at the hospital.ˆ Review of Resident #92's Medical Doctor (MD) History and Physical (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Medicalˆre-admission Note dated 11/4/25, indicated: -Resident's currentˆweightˆwasˆ151.5 lbs.ˆ(11/3/25)ˆ -Protein (shakes) and nutritional supplements are ordered.ˆ ˆ Review of Resident #92's Dietaryˆ Progressˆ Note dated 11/4/25,ˆincludedˆthe followingˆrecommendations:ˆ -Add 8 oz.ˆHouse Supplement Clear everyˆday at 10:00 A.M.ˆ -Continue current dietˆandˆotherˆsupplementsˆas ordered.ˆ ˆ Review of Resident #92's Dietary Progressˆ Noteˆdated 12/2/25, indicatedˆResident #92:ˆ -was receivingˆanˆ8 oz. House Supplement Clearˆand 4 oz. House Supplementˆeveryˆdayˆ -was receivingˆaˆ4 oz. frozen nutritional treat with mealsˆ -had an intake of 75 -100% of mealsˆ -had a current body weight of 143.3 lbs.ˆ(12/1/25)ˆ -experienced a 5.4% weight lossˆ(severe)ˆin one month (since 11/3/25)ˆ -experienced a 11.0%ˆ(severe)ˆweight loss inˆfourˆmonths (since 8/7/25)ˆ -appeared to be meeting below his/herˆnutritional needs asˆevidencedˆby weight loss.ˆ ˆ Review of Resident #92's Dietary Progressˆ Noteˆdated 12/19/25, indicatedˆResident #92:ˆ -presented withˆmild muscle wastingˆtoˆtemporalis, interosseous, clavicleˆ(assessmentˆfor malnutrition based onˆloss of muscle mass and strength to the temporalis muscle,ˆinterosseous muscles of the hand andˆprominence of clavicle).ˆˆ -theˆcriteria for moderate malnutritionˆwasˆmet due to the Resident'sˆsignificant weight loss of 5% in one month.ˆ ˆ Review of Resident #92's documented weightsˆindicated the following:ˆ -151.5 lbs. on 11/3/25 -151.1 lbs. on 11/17/25 -148.5 lbs. on 11/24/25 -145.3 lbs. on 12/1/25 (5.4% weight loss in one month)-143.3 lbs. on 12/6/25 -142.8 lbs. on 12/15/25 -143.0 lbs. on 12/22/25ˆ -141 lbs. on 12/29/25ˆ -141.5 lbs. on 1/1/26ˆ -140.3 lbs. on 1/4/26ˆ(7.39 % weight loss in two months) Review ofˆtheˆMedication Administration Record (MAR) for November 2025ˆthroughˆ1/11/26 indicatedˆResident #92 was ordered to receive the following and was signed off as being administered:ˆ -Frozen Nutritional Treat atˆbreakfast,ˆlunch,ˆand dinner.ˆ -8 oz. House Supplement Clear daily at 10:00 A.M.ˆ ˆ On 1/9/26ˆat 8:35 A.M,ˆthe surveyorˆobservedˆResident #92's breakfast tray and noted aˆfrozen nutritional snackˆwas not servedˆon his/her breakfast tray and was not listed on theˆResident'sˆdietary slipˆas ordered by the Physician. ˆ On 1/12/26ˆatˆ12:07 P.M.,ˆthe surveyorˆobservedˆResident #92'sˆlunchˆtray and noted that a frozen nutritional snackˆwas not servedˆon his/herˆlunchˆtrayˆand was not listed on the dietary slipˆas ordered by the Physician. ˆ ˆ During an interview on 1/12/26ˆat 12:18 P.M., Nurse # 2 saidˆtheˆNursesˆwereˆresponsible forˆcheckingˆresidentˆmeal trays to make sureˆthe residentsˆwereˆreceiving everything listed on theirˆdietary slip.ˆNurse #2 said she served Resident #92 his/her lunch tray and that all items were provided asˆindicatedˆon the dietary slip, but the slip did not include the frozen nutritional snack. During an interviewˆon 1/12/26 at 12:26 P.M., Dietary Aide (DA) #2 said when aˆresidentˆreceived aˆnutritionalˆsupplement such as a shake or frozen treat with meals,ˆtheseˆnutritionalˆsupplements wereˆprovided by the kitchen andˆserved on mealˆtrays.ˆˆDA #2ˆfurtherˆsaid when aˆresident receives aˆnutritionalˆsupplement in between meals, the dietary staff sendˆnutritional supplementsˆto the floor separately and they are kept in theˆunitˆrefrigerators and areˆlabeled with theˆresident's name.ˆ ˆ During an interview on 1/12/26 at 1:48 P.M., the Registered Dietician (RD) said the dietary department suppliesˆallˆofˆthe nutritionalˆsupplements to the units. The RD saidˆnutritionalˆsupplementsˆthat areˆordered with meals should arrive on theˆresident'sˆmeal tray but hadn't been. ˆ During an interview on 1/12/26 at 2:17 P.M., Clinical Consultant #1 said if any nutritionalˆsupplementˆwasˆordered to be given withˆa resident'sˆmeal, the kitchen should be sending the nutritional supplement up on theˆresident'sˆmeal tray. Clinical Consultant #2 said that Resident #92 should have received a nutritional supplement on his/her tray. On 1/13/26 at 8:18 A.M., the surveyorˆobservedˆResident #92 eating his/her breakfast tray in the dining room. No frozen nutritional treat as ordered by the Physician wasˆobservedˆon theˆbreakfastˆtray. ˆ During an interview on 1/13/26 at 8:31 A.M., Nurse #3 said when aˆresidentˆwasˆordered to have aˆnutritionalˆsupplement with a meal, the kitchenˆwould provideˆtheˆnutritional supplementˆon theˆmealˆtray,ˆand theˆnutritional supplementˆshould be listed on theˆresident'sˆdietary slip. Nurse #3 said when aˆresidentˆwasˆordered to receive aˆnutritionalˆsupplement in between (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225219	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vantage at Worcester LLC	59 Acton Street Worcester, MA 01604

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	meals,ˆthoseˆnutritional supplements come labeled from the kitchen and the nursing staff administer them.ˆNurse #3 reviewed Resident #92's Physicianˆorders, January 2026 MAR,ˆandˆtheˆDietary slipˆfrom Breakfast 1/13/25,ˆand said that he/she should have been receiving the frozen nutritional snack on his/her mealˆtrays but had not been receiving them. Nurse #3 saidˆthe frozen nutritional snackˆshouldˆhave beenˆlisted on theˆResident'sˆdietary slip but was not. Nurse #3 said since the frozen nutritional snack was not listed on theˆResident'sˆdietary slip,ˆthe Nurses would not have known to giveˆthe frozen nutritional snack toˆResident #92.ˆNurse #3 saidˆshe was not sure whyˆshe and theˆNurses had been signing offˆthat Resident #92 had been receiving the frozen nutritional snack with meals onˆthe MARˆbecauseˆhe/sheˆhad notˆreceivedˆitˆand the documentation was an error.ˆˆNurse #3 said it would have been important for Resident #92 to receive theˆPhysician ordered nutritionalˆsupplementsˆbecause he/sheˆlost weight and neededˆproper nutrition.ˆˆ ˆ During an interview on 1/13/26 at 10:42 A.M.,ˆthe Medical Doctor said that it was important for Resident #92 to have received the orderedˆnutritionalˆsupplements toˆmaintainˆhis/herˆoverall health. The Medical Doctor said he had expected the facility to follow throughˆand administerˆall ofˆtheˆnutritionalˆsupplementsˆthat wereˆordered for Resident #92.ˆˆ ˆ During an interview on 1/13/26 at 11:09 A.M., theˆRegional Director of Dietary Servicesˆ(RDODS)ˆsaid that she was covering as the Food Service Director in November 2025 and the dietary department mistakenly stopped giving Resident #92 frozen nutritional snacks on the meal trays and mistakenly stopped giving house supplements. TheˆRDODSˆsaid Resident #92 had not received any supplements from the dietary department since 11/4/25.ˆˆ ˆ During an interview on 1/13/26 at 3:27 P.M., the Director of Nursing (DON) said Resident #92 should have receivedˆallˆthe orderedˆnutritionalˆsupplementsˆto help prevent further weight loss and medical complications. The DON said she was unsure whyˆNurses were signing off the MAR that nutritional supplements were administered when the Resident had not been receiving them. ˆ During an interview on 1/13/26 at 3:46 P.M.,ˆthe Administrator said Resident #92 had notˆreceivedˆthe frozen nutritional shakes with meals since 11/5/25 but should have.ˆThe Administrator said Resident #92 had a full dietary evaluation on 1/12/26 and still required the supplements to meetˆhis/herˆnutritional needs.ˆ The Administrator said Resident #92 hadˆnot receivedˆthe ordered House Supplement Clearˆbecause the facility has not ordered any since August 2025 and something else should have been ordered in its absence but was not.ˆThe Administrator said the facility has had several Dieticians helping out in the buildingˆwhichˆshe felt caused a communication breakdown resulting in Resident #92 not receiving theˆPhysician ordered nutritionalˆsupplements.ˆThe Administrator said Nurse #3 told her that she had been signing offˆonˆtheˆResident'sˆMAR that supplements were being administered but could not say for sure which supplement wereˆgivenˆorˆhow often.ˆˆThe Administrator said Nurses should not haveˆsignedˆtheˆResident'sˆMAR that supplements were administered when they were not available in the building or not given on the meal trays per the Physician order.ˆ ˆ During an interview on 1/14/26 at 9:02 A.M.,ˆtheˆRRˆsaid he/she had concerns aboutˆthe Resident'sˆweight loss and had asked the facility to continue giving him/her Ensure shakes upon return fromˆthe hospitalˆin November 2025.ˆThe RR saidˆafter Resident #92 returned from the hospital,ˆtheˆResidentˆcontinued to loseˆweight,ˆand he/sheˆwas unsure why that wasˆoccurring.ˆˆ ˆ During an interview on 1/14/26 at 11:57 A.M., the RD saidˆthe facilityˆnotified herˆthis week thatˆResident #92 had not been receivingˆtheˆorderedˆfrozenˆnutritionalˆtreatˆwith meals orˆtheˆEnsure Clearˆsupplement and he/sheˆshould have been receiving. The RD saidˆifˆsheˆhadˆbeen notifiedˆthatˆResident #92 was not receiving thoseˆnutritionalˆsupplements, she would haveˆcompletedˆa new dietary assessment and re-assessedˆthe Resident,ˆbut this did not occur.ˆThe RDˆfurtherˆsaid that she thought the Resident would be more clinically stable if he/sheˆhad been receiving theˆnutritional supplements as ordered.ˆ

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to provide respiratory care and services consistent with professional standards of practice for one Resident (#8) of six applicable respiratory residents, out of a total sample of 22 residents.Specifically, for Resident #8, the facility failed to provide consistent care of an oxygen concentrator in accordance with manufacturer's instructions and recognized infection control practices. Findings include:Resident #8 was admitted to the facility in April 2025 with diagnoses including Acute Respiratory Failure with Hypoxia, Encounter for Attention to Tracheostomy, and Anoxic Brain Damage. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #8 was severely cognitively impaired, rarely understood, and had a tracheostomy in place. On 1/8/26 at 10:28 A.M., and 1/12/26 at 11:48 A.M., the surveyor observed Resident #8 lying in bed with oxygen tubing connecting the oxygen concentrator to the corrugated tracheostomy tubing. The oxygen concentrator was observed running and the corrugated tracheostomy tubing was attached to a trach mask in place on the Resident's neck. The surveyor observed the filter located on the back of the oxygen concentrator was covered with thick grey dust over the entire filter. Review of Resident #8's January 2026 Physician's orders included: -Oxygen: O2 at 2 - 8 liters via trach mask, may titrate to maintain POX (pulse oximetry) at 92% or greater every shift. Review of the Resident's Medical Record failed to indicate that staff had cleaned the filter located on the back of the oxygen concentrator. Review of the manufacturer's policy for cleaning of the concentrator filter, undated, indicated:-Oxygen concentrators: rinse and dry the external filter weekly and PRN (as needed) when visibly dusty or soiled. On 1/12/26 at 11:50 A.M., the surveyor and Nurse #1 observed the Resident's oxygen concentrator filter to be covered with thick grey dust over the entire filter. During an interview at the time, Nurse #1 said the filter looked very dirty. Nurse #1 said that she was unsure how often the oxygen concentrator filter should be cleaned or replaced, or who was responsible for cleaning the filter. During an interview on 1/12/26 at 1:28 P.M., Unit Manager (UM) #1 said that the oxygen concentrator filter should be cleaned weekly. UM #1 was unable to provide any evidence that Resident #8's oxygen concentrator filter had ever been cleaned. UM #1 said that there should have been an order in place to clean the oxygen concentrator filter weekly, but none had been put in place. UM #1 said that she was unable to provide any facility policy or procedure for the care and maintenance of an oxygen concentrator but did provide the manufacturer's instructions for the care of the oxygen concentrator which indicated to rinse and dry the external filter weekly and PRN when visibly dusty.