

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225648	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Holy Trinity Eastern Orthodox N & R Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Barber Avenue Worcester, MA 01606	
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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, and interviews, the facility failed to provide adequate assistance for Activities of Daily Living (ADLs) for one Resident (#37) out of a total sample of 19 residents. Specifically, for Resident #37, the facility failed to ensure that fingernail care was provided when the Resident was dependent on staff for ADL care. Findings include: Review of the facility policy titled Fingernail Care-Personal Care Needs, updated 9/1/23, indicated: -The purpose of this procedure is to provide guidelines for the provision of care to a resident's nails for good grooming and health. -Routine cleaning and inspection of nails will be provided on an ongoing basis. -Principles of nail care: >Nails should be kept smooth to avoid skin injury. >Only licensed nurses shall trim or file fingernails of residents with diabetes. Resident #37 was admitted to the facility in March 2024 with diagnoses including Cerebral Infarction, Hemiplegia affecting the right dominant side, and Type 2 Diabetes Mellitus. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #37: -was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 13 out of a total possible score of 15. -was usually able to understand others and to make him/herself understood. -had no incidents of behaviors or refusals of care. -was dependent on staff for personal hygiene and grooming. Review of the ADL Care plan, initiated 3/26/24, indicated Resident #37: -had an ADL self-care performance deficit. -was dependent on staff for personal hygiene. Review of the Resident #37's Comprehensive Care Plan, initiated 11/14/25, failed to indicate any evidence of behaviors or refusals of care. On 12/30/25 at 11:59 A.M., the surveyor observed that Resident #37 was seated in a wheelchair and wearing a brace on his/her right hand. The surveyor further observed the fingernails on the Resident's right hand were long, untrimmed, and the index fingernail was curling towards the skin. During an interview at the time, Resident #37 said he/she did not remember when the fingernails were last trimmed but he/she does not like them long. During an interview on 12/30/25 at 2:02 P.M., CNA #1 said she had completed all ADL care for Resident #37 and had not noticed at the time that the fingernails on the right hand needed nail care. The surveyor and CNA #1 observed Resident #37's nails and CNA #1 said the fingernails were too long, sharp, and needed to be cut. CNA #1 said CNAs are responsible for providing nail care but was unsure when Resident #37 last had nail care completed on the right hand. CNA #1 said she had not offered Resident #37 nail care and he/she had not refused nail care. On 12/30/25 at 2:04 P.M., the surveyor and Nurse #1 observed Resident #37's fingernails. During an interview at the time, Nurse #1 said the Resident's right hand fingernails were overdue to be cut, were too long, and jagged. Nurse #1 said that CNA #1 should have noticed the Resident's right hand fingernails were too long when she applied the hand brace during ADL care. Nurse #1 said that she had not been told Resident #37 had long nails or that he/she had refused any care. During an interview on 12/30/25 at 2:12 P.M., the surveyor and the Unit Manager (UM) #1 observed Resident #37's right hand fingernails and UM #1 said the fingernails were too long and should have been cut prior to today. UM #1 said she did not receive any report about the Resident refusing fingernail care. On 12/30/25 at 2:13 P.M., the surveyor observed Nurse #1 ask Resident #37 if she could trim his/her fingernails and the Resident was in agreement. Nurse #1 proceeded to gather supplies and trimmed Resident #37's fingernails. During an interview on 12/30/25 at 3:24 P.M., the Director of Nursing (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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(DON) said that CNAs are responsible for providing nail care and if they have difficulty, then should ask a Nurse for help. The DON said she was made aware that Resident #37's right hand fingernails were too long and needed to be cut. The DON said that nails should be monitored for the need of nail care and should be cut monthly.		