ST. MARY'S
d'YOUVILLE PAVILION

102 Campus Avenue
Lewiston, ME 04240
207-777-4200

August 2, 2023

Debra Leslie, RN
Long Term Care Program Manager
Department of Health and Human Services
41 Anthony Ave
State House Station 11
Augusta, Maine 04333-0011

RE: Plan of Correction for survey completed on 7/12/2023

Dear Ms. Leslie,

Please find the enclosed plan of correction in response to the July 12, 2023 survey, as well as the IDR Request for the F677 tag.

If you have any questions, please don't hesitate to call Lori Chadbourne, Executive Assistant at 207-777-4250.

Thank you for your prompt attention in assisting us with this matter.

Sincerely,

Philip T. Hickey

Philip T. Hickey, MHA, MLNHA
System VP of Post Acute Care/Maine
President of d'Youville Pavilion
102 Campus Ave
Lewiston, Maine 04240

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205053	A. BUILDING _____ B. WING _____	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARY'S D'YOUVILLE PAVILION	102 CAMPUS AVE LEWISTON, ME 04240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 7/11/23 and 7/12/23, an unannounced on-site visit was conducted at St. Mary's D'Youville Pavilion to investigate complaint #ME00044109. It was determined that St. Mary's D'Youville Pavilion is not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide Activities of Daily Living (ADL) care in the area of personal hygiene for 1 of 6 Units (Residents #1, #2, and #3) during 2 of 2 days of survey. Findings: 1. On 7/11/23 at approximately 10:45 a.m. , a surveyor observed Resident #1 sitting in the dining room. Resident #1 had food-like debris on his/her face. At 10:56 a.m., Resident #1 was administered medication by Employee #1, Employee #1 did not clean off the food-like debris from Resident #1's face and Resident #1 was wheeled outside for a barbeque without cleaning of his/her face. Review of Resident #1's quarterly Minimum Data Set 3.0 (MDS 3.0) with a target date of 4/17/23 shows that under Section G - Functional Status under G0110 - Activities of Daily Living (ADL)	F 677		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Philip J. Hackett — NHA — 8/2/23

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.

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F 677	Continued From page 1 Assistance - J - Personal Hygiene was coded that Resident #1 requires extensive assistance. 2. On 7/11/23 at 10:45 a.m., Resident #2 was observed in the dining room, the surveyor noted soiled, discolored substances underneath Resident #2s fingernails on both hands. Review of Resident #2's quarterly Minimum Data Set 3.0 (MDS 3.0) with a target date of 7/02/23 shows that under Section G - Functional Status under G0110 - Activities of Daily Living (ADL) Assistance - J - Personal Hygiene was coded that Resident #2 requires extensive assistance. 3. On 7/11/23 at 10:45 a.m. Resident #3 was observed in the dining room, the surveyor noted soiled, discolored substances underneath Resident #3s fingernails on both hands. Review of Resident #3's quarterly Minimum Data Set 3.0 (MDS 3.0) with a target date of 6/10/23 shows that under Section G - Functional Status under G0110 - Activities of Daily Living (ADL) Assistance - J - Personal Hygiene was coded that Resident #3 requires total dependence with full staff performance of activity. On 7/11/23 at approximately 11:01 a.m., these findings were discussed with the Nurse Manager. 4. On 7/12/23 at 3:02 p.m., Resident #3 was observed to have soiled, discolored substances underneath his/her fingernails on both hands. On 7/12/13/23 at 3:09 p.m., this finding was discussed with the Nurse Manager. On 7/12/23 at approximately 3:45 p.m., a	F 677		

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F 677	Continued From page 2 surveyor discussed the above findings with the Director of Nursing and the Nurse Manager.	F 677		

08/01/23

ST. MARY'S d'YOUVILLE PAVILION

PLAN OF CORRECTION

F 677: 483.24 (a)(2) ADL Care Provided for Dependent Residents

- Residents #1, #2, and #3 were identified to have some debris on either their face or fingernails. Residents #1, #2, and #3 had their face and/or fingernails cleaned on 7/11/23 once identified by the surveyor.
- A 100% audit will be conducted on all dependent residents by the Nurse Unit Manager or designee.
- A weekly audit will be conducted on random dependent residents for ADL's.
- The audit reports will be presented to the QAPI Oversight Committee monthly beginning in August 2023 and ongoing for 12 months.

Completion Date: 8/18/2023

Kelly J. Hurley NHA.
8/2/23