

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205053		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/12/2023	
NAME OF PROVIDER OR SUPPLIER ST MARY'S D'YOUVILLE PAVILION				STREET ADDRESS, CITY, STATE, ZIP CODE 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			F 000			
F 677 SS=D	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. 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

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			