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 01/02/2025

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 1/2/25 an unannounced on site visit was conducted at St. Mary's D'Youville Pavillion to investigate complaint #ME00049960. It was determined that St. Mary's D'Youville Pavillion was not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify	F 880		

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

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F 880	Continued From page 1 possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility	F 880		

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F 880	Continued From page 2	F 880		

failed to maintain and implement an infection control program to help prevent the development and transmission of disease and infection for 1 of 7 residents on contact precautions (Resident #6).

Findings:

On 1/2/25 at 8:00 a.m., a surveyor observed a contact precaution sign on Resident #6's door instructing all staff to wear the following Personal Protective Equipment (PPE) for all direct care; gown, gloves and goggles (if there is high chance of liquid exposure). Hanging on the outside of the door was a yellow precaution bag containing the PPE required for Resident #6's direct care. At this time, 2 Certified Nursing Assistants (CNA#1 and CNA#2) entered Resident #6's room wearing only a mask. CNA#1 began preparing the resident for the transfer.

The surveyor intervened, and asked CNA #1 if Resident #6 is on contact precautions and what should be worn. CNA #1 stated a gown, and gloves are to be worn with direct patient care and if there is high change of liquid exposure to wear goggles, then closed the door on the surveyor.

At this time, the surveyor alerted the Licensed Practical Nurse (LPN), who immediately instructed both CNA #1 and CNA #2, to don the appropriate PPE. The LPN confirmed all staff providing direct care for a resident on contact precautions are required to wear gloves and gowns.

On 1/2/25 at 8:10 a.m., during an interview, the Registered Nurse for Resident #6's confirmed he/she is on contact precautions for Extended-Spectrum Beat-Lactamase (ESBL).

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F 880	Continued From page 3 On 1/2/25 at 8:19 a.m., during an interview, the above was discussed with the LPN Unit Manager of the 3 West. On 1/2/25 at 10:16 a.m., during an interview, the Director of Nursing stated she educated CNA #1 and CNA #2 on PPE requirements.	F 880		