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 _____	01/26/2024

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 From 01/22/2024 through 01/26/2024, on-site visits were conducted at St. Mary's D'Youville Pavilion for the purpose of conducting the annual Long Term Care Survey Process and investigating complaints #ME00043822, #ME00044863, #ME00045616, #ME00045719, #ME00046031, #ME00046071, and facility reported incident #ME00045852. It was determined that St. Mary's D'youville Pavilion was not in substantial compliance with 42 CFR 483, Sub-part B Requirements for Long Term Care Facilities.	F 000		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.	F 578	See Attached Marissa Varney, RN 2/22/24 signing for Philip Hickey	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Philip J. Hickey NHA | TITLE: President | (X8) DATE: 2/15/24

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.

02/12/24

ST. MARY'S d'YOUVILLE PAVILION

PLAN OF CORRECTION

F 578: CFR(s) 483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Discontinue Treatment-Advance Directive

- Resident #108 had requested her Code Status be changed the morning of 1/24/24 from DNR back to Full Code. Resident #108 had her code status changed back to full code on 1/24/24.
- A 100% audit of all residents code status will be reviewed at quarterly team meetings.
- The policy on Advanced Directives will be reviewed and revised.
- Education will be provided to all staff on the policy of Advanced Directives.
- A monthly audit will be conducted to verify compliance.
- The audit reports will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.

Completion Date: 3/11/24

F 584: CFR's: 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment

- Room 334 an unlabeled urinal was found. This urinal has been replaced with a new urinal and labeled on 1/24/24.
- Room 338 two commode buckets were on the floor in the bathroom and a bed pan stored on the handrail by the toilet. The commode buckets and bed pan were removed immediately on 1/24/24.
- A 100% audit will be completed on all rooms/bathrooms in the facility to ensure bedpans, urinals, or commodes are labeled and stored appropriately.
- Education will be provided to all staff on the proper labeling and storing of bedpans, urinals, and commodes.
- A monthly audit will be conducted to verify compliance.
- The audit reports will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.

Completion Date: 3/11/24

F637: CFR(s) 483.20(b)(2)(ii) Comprehensive Assessment After Significant Change

- Resident 173 did not have a Significant Change Comprehensive MDS Assessment when she transitioned to hospice care. Resident passed away 11/15/23.
- A process will be developed on communication of a significant change of status for any resident at Clinical Rounding and Utilization Review to notify the Interdisciplinary Team of these changes. The Interdisciplinary Team consists of Nurse Managers, Dietary, Social Services, MDS Coordinators, and Therapy.
- Education will be provided to the Interdisciplinary Team to report any significant change in resident status.
- A weekly audit will be conducted to verify compliance.
- The audit reports will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.

Completion Date: 3/11/24

F655: CFR(s) 483.21(a)(1)-(3) Baseline Care Plan

- Resident 160 did not have a baseline care plan including infection.
- All new admissions will have a baseline care plan developed within 48 hours of admission.
- Education will be provided to the Clinical Resource Nurses/Interdisciplinary Team about initiating baseline care plans within 48 hours of new admissions.
- A weekly audit will be conducted to verify compliance.
- The audit reports will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.

Completion Date: 3/11/24

F656: CFR(s): 483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan

- Residents 2, 20, 166, 52, 101, and 173 were missing nursing interventions in their plan of care.
- A 100% audit will be completed of all residents care plans to ensure all nursing interventions are in place.
- A weekly audit will be conducted to verify compliance.
- Review and revise care plan every 30 days as needed.
- The audit reports will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.

Completion Date: 3/11/24

F657: CFR(s): 483.21(b)(2)(i-iii) Care plan timing and revision

- Residents 104, 135, and 144 did not have care plans that reflected the current needs of the residents.
- A 100% audit will be completed of all residents care plans to ensure all nursing interventions are in place.
- A weekly audit will be conducted to verify compliance.
- Review and revise care plan every 30 days as needed.
- The audit reports will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.

Completion Date: 3/11/24

F684: CFR(s): 483.25 Quality of Care

- Residents 114 and 144 were found to have physician orders that were not followed.
- Resident 114 order for daily weights has been changed to monthly weight.
- Resident 144 the order was discontinued by the physician on 1/24/24.
- A 100% audit will be completed on all physician orders to ensure compliance.
- A weekly audit will be conducted to verify compliance.
- Review all orders every 30 days to ensure current orders are followed.
- The audit reports will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.

Completion Date: 3/11/24

F756: CFR(s): Drug Regimen Review, Report Irregular, Act On

- On resident 144 it was noted that the pharmacist did not provide services to identify that a physician's order for a psychiatric evaluation was completed.
- The psych evaluation order for resident 144 was discontinued on 1/24/24 by the physician.
- Discuss and educate findings with the pharmacist.
- The pharmacist will complete a 100% audit monthly on residents receiving psychotropic medications to note if a psychiatric evaluation was ordered and completed.
- Include this in weekly audits for physician orders from Quality-of-Care tag.
- The audit reports will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.

Completion Date: 3/11/24

F758: CFR(s): Free from Unnecessary Psychotropic Meds/PRN Use

- Resident 52: the facility did now show attempts to attempt a gradual dose reduction and lacked documentation to justify continuation of an antipsychotic medication.
- An SBAR has been put in to request a gradual dose reduction for resident 52.
- A 100% audit of all residents on psychotropic medications will be reviewed for recent GDR.
- Psychotropic medications will be discussed at quarterly care plan team meetings.
- Discuss and educate findings with the pharmacist.
- Nurse Unit Managers or designee will conduct a weekly audit in addition to the pharmacist to review residents on antipsychotic medications and determine if GDR is needed.
- Pharmacist will report at the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.

Completion Date: 3/11/24

F880 CFR(s): 483.80(a)(1)(2)(4)(e)(f) Infection Prevention and Control

- Resident 20 and 148: the facility failed to maintain and implement an infection control program to help prevent the development and transmission of MRSA.
- Resident 20, the Nurse Unit Manager ensured goggles were added to the PPE cart immediately when notified on 1/22/24.
- Resident 148, it was identified that the PPE caddy/cart was not in place on 1/22/24. The PPE cart was placed on 1/23/24 when the Nurse Manager realized the caddy had fallen down and needed to be replaced.
- Education will be provided to all staff on Transmission Based Precautions to include contact, droplet, and airborne precautions.
- 100% audit will be conducted on all residents who are currently on precautions.
- A weekly audit will be conducted to verify compliance.
- The audit reports will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.

Completion Date: 3/11/24