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

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 _____	R 03/21/2024

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 On 3/21/24, an unannounced on-site visit was conducted at St. Mary's D'Youville Pavilion to follow up on the deficiencies cited at the annual Long Term Care Survey Process for Federal Recertification for 1/26/24. It was determined that St. Mary's D'Youville Pavilion was not in compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	{F 000}		
{F 584} SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition;	{F 584}	See Attached POC.	

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

Marissa Varney, RN | 4/2/24

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.

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{F 584}	Continued From page 1 §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and in a sanitary condition for 1 of 3 floors (3rd) for 1 of 1 environmental tour. (3/21/24) Findings: On 3/21/24 from 9:10 a.m. to 9:21 a.m., a tour of 3rd Floor West was conducted with The Director of Nursing and Quality Assurance Performance Improvement (QAPI) Manager in which the following findings were observed: 3rd Floor West > Resident room 334 - The shared bathroom had a bottle of Nystatin powder for resident #458 stored on the sink and the bathroom exhaust fan was dusty/dirty. > Resident room 338 - The shared bathroom had 2 commode buckets on the floor, unlabeled personal care items around the sink and a bed pan stored on top of the trash can.	{F 584}		

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{F 584}	Continued From page 2 > Resident room 344 - The shared bathroom had a commode bucket on the floor, and a bed pan in a plastic bag stored on the floor. > Resident room 348 - The shared bathroom had unlabeled personal care items around the sink, linen on the floor and the exhaust vent was dusty/dirty. > Resident room 350 - The shared bathroom had a commode bucket on the floor and the exhaust fan dirty/dusty. > Resident room 352 - The bathroom had a bed pan stored on the floor under a stool. On 3/21/24 at 9:21 a.m., during an interview the Director of Nursing and QAPI Manager confirmed the above findings. In addition, at approximately 9:28 a.m., during an interview with the QAPI manager and the Director of Environmental Services, the surveyor was told if housekeeping services could not get the dust/dirt out of the exhaust fan covers then Maintenance will be requested to unscrew the exhaust fan cover in order to clean them thoroughly.	{F 584}		
{F 812} SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable	{F 812}	See Attached.	

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{F 812}	Continued From page 3 safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure foods were dated and/or labeled in a freezer and refrigerator for 1 of 1 Kitchen tour. (3/21/24) Findings: On 3/21/24 at 11:00 a.m., through 11:22 a.m., a tour of the kitchen was conducted with the Director of Culinary Services and the Quality Assurance Performance Improvement (QAPI) Manger in which the following findings were observed. > Freezer #3 contained 4 bags of waffles and 1 large bag of chicken nuggets that were unlabeled and undated. > Refrigerator/Cooler #2 had a previously opened bag of pepperoni wrapped in plastic wrap and a zip lock bag of unidentified meat that were unlabeled and undated. On 3/21/24 at 11:22 a.m., the above findings were confirmed with the Director of Culinary and QAPI manager.	{F 812}		
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii) §483.75(c) Program feedback, data systems and	F 867	See Attached	

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F 867	Continued From page 4	F 867		

monitoring.
A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:

§483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.

§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.

§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.

§483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.

§483.75(d) Program systematic analysis and

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F 867	Continued From page 5 systemic action. §483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained. §483.75(d)(2) The facility will develop and implement policies addressing: (i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems; (ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and (iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained. §483.75(e) Program activities. §483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care. §483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.	F 867		

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F 867	Continued From page 6 §483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section. §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews, the facility's Quality Assurance Committee failed to ensure that the Plan of Correction (POC) for an identified deficiency from the annual Long Term Care Recertification Survey, dated 1/26/24, was effective. The Federal citation F584 and F812 was cited again during the	F 867		

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F 867	Continued From page 7 re-visit to the annual Long Term Care Recertification Survey, dated 3/21/24. Findings: During the annual Long Term Care survey, dated 1/26/24, a deficiency was cited at F584 for the facilities failure to adequately provide housekeeping and maintenance services necessary to maintain the building in good repair and in a sanitary condition and at F812 for the facilities failure to ensure foods were dated and/or labeled in a freezer and refrigerator. The facility's POC, dated 2/12/24, indicated that the facility would ensure that the resident rooms/bathrooms would be in a sanitary condition by clean ceiling fans weekly and all rooms/bathrooms in the facility will have bed pans/commodes stored appropriately, and the facility would ensure kitchen staff would date and label items in the refrigerator and freezer, with the POC completion date of 3/11/24. During the re-visit survey on 3/21/24, a brief interview was conducted with the Quality Assurance Performance Improvement (QAPI) Manger who stated the POC was reviewed in the monthly QAPI meeting held on 2/28/24 and provided the surveyor with the 2/28/24 QAPI agenda indicating the Statement of Deficiencies and POC was reviewed with the team. On 3/12/24 during a tour of 3rd Floor West unit with the Director of Nursing and QAPI Manager, resident bathrooms 334, 338, 344, 348, 350 and 352 were found to have ongoing concerns regarding storage of bed pans/commode buckets and exhaust fans dusty/dirty. In addition, several	F 867		

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F 867	Continued From page 8 of these rooms had unlabeled person items and medicated powder stored around the sink. It was determined the same tag F584 would be recited. On 3/21/24 a kitchen tour was conducted with the Director of Culinary Services and the QAPI Manger in which freezer #3 and refrigerator/cooler #2 contained food items that were unlabeled and undated. It was determined the same tag F812 would be recited. On 3/21/24 at 1:40 p.m., the above ongoing concerns with discussed with the Director of Nursing and the Assistant Director of Nursing.	F 867		

ST. MARY'S d'YOUVILLE PAVILION

PLAN OF CORRECTION

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

3rd Floor West

- Resident Rooms 334, 338, 334, 348, 350, and 352. Bathroom exhaust fan covers were removed, cleaned and interior of bathroom exhaust fans were cleaned.
- All resident room bathroom exhaust fan covers will be removed and cleaned. All resident room bathroom exhaust fan interiors will be cleaned.
- All clinical common area bathroom exhaust fan covers will be removed and cleaned. All clinical common area bathroom exhaust fan interiors will be cleaned.

Completion Date: April 8, 2024

- Facilities and Environmental Services will be responsible for monitoring compliance. Preventive Maintenance will be scheduled every 6 months to assure the cleanliness of the vents. Bathroom exhaust covers will be monitored whenever the bathrooms are cleaned.
- Weekly Environment of Care Rounds will be conducted by a multi-disciplinary group including but not limited to Quality Management, Facilities, EVS, and Culinary Services.
- Reports of monitoring and evaluation will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months. QAPI Oversight Committee meets next April 24, 2024. In order to assure compliance, a QAPI sub-committee will meet April 8, 2024.

Completion Date: April 8, 2024

F 812: CFR(s): 483.60(i)(1)(2) Food Procurement, Store/Prepare/Serve-Sanitary

- Feezer #3 - Food found unlabeled and undated (Waffles and chicken nuggets) was labeled and dated immediately.
- Refrigerator/Cooler #2 – Pepperoni wase labeled and dated immediately. Ziplocked bag of unidentified meat was thrown away.
- Each Culinary Position will be assigned a cooler to inspect before commencing work for the shift.

Cooler 1 Supper Cook

Freezer 1: Breakfast Cooks

Cooler 2: Café Cook

Freezer 2: Bake Shop

Cooler 3: IR Prep

Freezer 3: Bake Shop

Cooler 3: IR Prep

Freezer 3: Renaissance Cook

Bravo Fridge: Bravo Cook

IR Produce: IR Salad

IR Cheese: IR Bar and Cart

- Follow up inspections will be conducted by a manager on duty daily to ensure completion of initial daily inspections.
- Inspections will include: Proper Food Hierarchy, Date and Labeling; food is properly wrapped and sealed. Food removed from the original packaging is properly tagged.
- Reports of monitoring and evaluation will be presented to the QAPI Committee monthly beginning April and ongoing for 12 months. QAPI Committee meets next April 24, 2024.

Completion Date: April 1, 2024

F 867: QAPI/QAA Improvement Activities

CFR (s): 483.75 (c)(d) (e)(g)(2)(i)(ii)

The revisit survey was conducted on 3/21/24. The QAPI Committee meets the last Wednesday of each month. The February meeting was conducted 02/28/24. As stated in the 2567, the Statement of Deficiencies and Plan of Correction for the recent re-visit was discussed during the February QAPI Oversight Committee meeting. The March meeting was cancelled. The next meeting of the QAPI Oversight Committee is scheduled for April 24, 2024. Regulatory Compliance is a standing agenda item at QAPI meetings.

The audit reports will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.
Environmental Services, Facilities, and Dietary will all report quality initiatives, including monitoring and evaluation activities. Data/information/performance is reviewed by the committee. If action is indicated the Plan – Do – Check – Act Methodology will be implemented to occasion change as described in the 2024 DYP QAPI Plan. In order to assure compliance, a QAPI sub-committee will meet April 8, 2024.

Completion Date: April 8, 2024

04/02/24

ST. MARY'S d'YOUVILLE PAVILION

PLAN OF CORRECTION

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

- Room 334 – Nystatin powder was found in the shared bathroom. The bathroom exhaust fan was dirty. **Nystatin powder was removed by the Director of Nursing immediately.**
- Room 338 - two commode buckets were on the floor in the bathroom. Unlabeled personal items were noted around the sink. A bed pan was stored on top of the trash can. **These items were removed immediately.**
- Room 344 – the shared bathroom had a commode bucket on the floor and a bed pan in a plastic bag on the floor. **These items were removed immediately.**
- Room 348 – the shared bathroom had unlabeled personal items around the sink, linen on the floor, and the exhaust vent was dirty. **These items were removed immediately. Exhaust vents were cleaned on 3/25/24.**
- Room 350 – the shared bathroom had a commode bucket on the floor and the exhaust fan was dirty. **These items were removed immediately. Exhaust vents were cleaned on 3/25/24.**
- Room 352 – the bathroom had a bed pan stored on the floor under a stool. **This item was removed immediately.**
- Interactive education was initiated on 3/26/24 to staff displaying a room and identified what is wrong in the room and bathroom that needs to be corrected.
- Audits will be increased to weekly and not monthly as in previous plan of correction.
- Random checks will be completed by the Director of Nursing and Assistant Director of Nursing. Any findings will be corrected in real time.
- The audit reports will be presented to the QAPI Oversight Committee monthly beginning April and ongoing for 12 months.

Completion Date: 4/8/2024