

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  01/02/2025
NAME OF PROVIDER OR SUPPLIER  St Mary's D'Youville Pavilion		STREET ADDRESS, CITY, STATE, ZIP CODE  102 Campus Ave Lewiston, ME 04240	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51331</p> <p>Based on observations and interviews, the facility 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).</p> <p>Findings:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>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.</p>

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.

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