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	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Mary's D'Youville Pavilion	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on facility policy, record reviews, and interviews, the facility failed to thoroughly investigate a resident-to-resident altercation, ensure that the facility's investigation was completed, and failed to send the investigation to the State Agency within 5 business days of the incident for 2 of 3 facility reported incidents investigated on 1 of 5 units (Resident #35, Resident #39, Resident #59, and Resident #186).Findings:Review of the facility Freedom from Abuse, Neglect, & Exploitation policy last revised 01/2025 under Investigation Procedures states, Report of potential abuse can be received from any source and will be investigated. The investigation will be conducted by any of the following: nursing, social services, administration. Immediate medical attention for the resident/patient will be obtained as needed. The reporter, witnesses, alleged abuser and resident/patient will be interviewed. The results of investigations must be reported immediately to the administrator or designee and to other officials in accordance with State law (including to the state survey and certification agency). If the alleged violation is verified, appropriate corrective action is taken. Within 5 working days of reporting suspected/alleged abuse, the administrator or designee will submit a written report to division of licensing and certification.1. On 2/13/26 at 3:29 p.m. the Department of Licensing and Certification received a Facility Reported Incident indicating that on 2/13/26 at 2:30 p.m. Resident #39 slapped Resident #35 with open hand and then picked up a slipper and hit her on the left side of her face with the slipper. The reported incident identified witnesses to be a family member of another resident not involved in the incident.Review of Resident #39's clinical record revealed a nursing note on 2/13/26 at 12:42 a.m. stating that this resident was found sitting in another resident's room, then at 11:11 a.m., a nursing note stated a resident-to-resident incident happened yesterday at 12:00 p.m. when Resident #39 wandered into another resident's room. When the resident asked him/her to leave Resident #39 hit their left hand, and then another nursing noted on 3:01 p.m., states a call was made to a family member regarding Resident #39 standing up in the sensory room and hit Resident #35 in his/her face and picked up a slipper and hit the resident with the slipper in the face.On 6/22/26 a 5-day follow-up investigation was requested by the survey team, and the facility presented the initial Facility Reported Incident that was submitted on 2/13/26 stating this is the facility's investigation. On 6/23/26 a surveyor requested from the Director of Nursing (DON) any information gathered during the investigation including interviews with witnesses.On 6/25/26 at 10:17 in an interview with a surveyor the 3 East Unit Manager agreed that there should be a follow-up investigation, confirming it is their policy, and would look to see if they can find any more documentation regarding this incident. On 6/25/26 at 10:45 a.m. in an interview with a surveyor the DON confirmed the missing pieces of the investigation but stated they would look further into it regarding the witness interviews which they stated were not aware of there being any witnesses. There was no follow-up documentation presented to the survey team by the end of the survey on 6/25/26.2. On 1/28/26 at 3:04 p.m. the Department of Licensing and Certification received a Facility Reported Incident indicating that on 1/27/26 at 5:10 p.m. Resident #186 went into Resident #59's room. When Resident #59 saw Resident #186 in their room they became agitated. Resident #186 was overheard stating to Resident #59 I'll cut you in the throat. Resident #59 was seen striking Resident #186 on the right arm, and no injury was noted. On 6/22/26 a 5-day follow-up investigation was requested by the survey team, and the facility (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	presented the initial Facility Reported Incident that was submitted on 1/28/26 stating this is the facility's investigation. On 6/23/26 a surveyor requested from the DON any information gathered during the investigation including interviews with witnesses, possible causes of the altercation, and interventions implemented to maintain the safety of the residents.On 6/25/26 at 10:17 in an interview with a surveyor the 3 East Unit Manager agreed that there should be a follow-up investigation, confirming it is their policy, and would look to see if they can find any more documentation regarding this incident. On 6/25/26 at 10:45 a.m. in an interview with a surveyor the DON confirmed the missing pieces of the investigation but stated they would look further into it but felt they had done everything they could with the investigation. There was no follow-up documentation presented to the survey team by the end of the survey on 6/25/26.