

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/10/2024
NAME OF PROVIDER OR SUPPLIER  Willow Wood at Woldenberg Village		STREET ADDRESS, CITY, STATE, ZIP CODE  3701 Behrman Place New Orleans, LA 70114	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50452</b></p> <p>Based on observations and interviews, the facility failed to ensure insulin (a medication used to lower blood sugar) was discarded within 28 days of the date it was opened on 1 (Cart a) of 3 (Cart a, Cart b, and Cart c) medication carts observed for medication storage.</p> <p>Findings:</p> <p>Observation on [DATE] at 10:30 a.m. of medication cart a, Resident #42's Insulin Aspart Pen 100 unit/1millimeter had an open date of [DATE] and was available for use. Further observation revealed Resident #97's Lantus Solostar (Insulin Glargine) Pen 100unit/1millimeter had an open date of [DATE] and was available for use.</p> <p>In an interview on [DATE] at 10:29 a.m., S2Licensed Practical Nursing (LPN) confirmed the dates written on Resident #42 and Resident #97's insulin pens as [DATE]. S2LPN further indicated Resident #42 and Resident #97's insulin pens should have been discarded, not used and switched out with new pens because they were expired.</p> <p>In an interview on [DATE] at 3:10 p.m., S1Director of Nursing (DON) indicated Resident #42 and Resident #97's insulin pens should have been discarded within 28 days after the date it was opened. S1DON further indicated Resident #42 and Resident #97's insulin pens should not have been available for use.</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47081</p> <p>Based on record reviews, observations, and interviews, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure raw chicken was thawed in a sanitary manner;</li> <li>2. Ensure the walk in cooler was kept clean and sanitary;</li> <li>3. Ensure the walk in freezer was free of excessive ice accumulation; and,</li> <li>4. Ensure water temperature and the concentration level of the sanitizing solution in the facility's 3 compartment sink and dishwasher were monitored and at the level required per the manufacture's guidelines.</li> </ol> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. <p>Observation of the facility's kitchen on 07/08/2024 at 8:33 a.m. revealed a metal container which contained raw chicken submerged in water.</p> <p>In an interview on 07/08/2024 at 8:40 a.m., S3Chef confirmed the above mentioned raw chicken was submerged in water to thaw and should not have been.</p> <p>In an interview on 07/08/2024 at 8:42 a.m., S5Cook indicated she placed the raw frozen chicken in warm water to thaw. S5Cook further indicated the chicken should have been thawed under running water.</p> </li> <li>2. <p>Observation of the facility's walk in cooler on 07/09/2024 at 12:04 p.m. revealed a foul odor inside. Further observation of the right side of the walk in cooler revealed a brown colored unknown liquid pooled on the floor below a shelf of produce, an unknown clear wet gelatinous (the consistency of jelly) substance along the top of the baseboard tiles, and a buildup of an unknown black, brown, and/or white substance along the wall where the wall and the baseboard tiles met.</p> <p>In an interview on 07/09/2024 at 12:07 p.m., S3Chef confirmed the walk in cooler had a foul odor, was unsanitary, and needed to be cleaned.</p> </li> <li>3. <p>Observation of the facility's walk in freezer on 07/08/2024 at 8:30 a.m. revealed a thick layer of ice was built up on the freezer's floor, walls, shelves, ceiling, and the freezer's fan.</p> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 07/08/2024 at 9:05 a.m., S3Chef confirmed there was a thick layer of ice on the freezer's floor, walls, shelves, ceiling, and the freezer's fan, and that there should have not been.</p> <p>4.</p> <p>Review of the facility's policy titled, Machine Warewashing, dated 09/2012, revealed, in part, dishes should be washed according to the manufacturer's directions. Further review revealed the dishwasher machine operator should document the machine temperature and concentration of sanitizing solution for ware washing for each meal on the sanitizer solution log.</p> <p>Review of National Sanitization Foundation (NSF) Data plate attached to dishwasher machine revealed, in part, NSF operational requirements for the dishwasher machine using chemical sanitizing are as follows: wash minimal temperature is 140 F, final rinse minimal temperature of 120 F and sanitizer minimum 50 parts per million (ppm) available chlorine.</p> <p>Review of the facility's May, June, and July 2024's Sanitizer Solution Logs, revealed in part, no documented evidence, and the provider did not present any documented evidence that the sanitization level and/or the water temperature of the facility's 3 compartment sink and dishwasher were checked for each meal as required.</p> <p>Observation on 07/10/2024 at 12:25 p.m. revealed S3Chef tested the sanitization level of the dishwasher rinse cycle and the chlorine concentration read less than 50 ppm.</p> <p>In an interview on 07/10/2024 at 12:30 p.m., S3Chef confirmed the chlorine concentration level during the dishwasher rinse cycle was less than 50 ppm and should not have been.</p>		