

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>47081</p> <p>Based on observation, record reviews, and interviews, the facility failed to provide privacy for a resident during incontinence care for 1 (Resident #21) of 2 (Resident #21 and Resident #27) sampled residents observed during incontinence care.</p> <p>Findings:</p> <p>Review of the facility's undated Resident [NAME] of Rights revealed, in part, staff shall protect the right to privacy of the resident's body during toileting, bathing, and other activities of personal hygiene.</p> <p>Review of Resident #21's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/18/2024 revealed, in part, Resident #21 had a Brief Interview for Mental Status (BIMS) score of 04, which indicated Resident #21 had severe cognitive impairment. Further review revealed Resident #21 was dependent on staff assistance for toileting hygiene.</p> <p>Observation on 01/14/2025 at 2:04 p.m. revealed S11Certified Nursing Assistant (CNA) and S12CNA entered Resident #21's room to perform incontinence care while Resident #21's roommate, Resident #46, remained in the room. Further observation revealed S11CNA and S12CNA did not close Resident #21's bedside privacy curtain and proceeded to remove Resident #21's pants, remove Resident #21's incontinence diaper and start Resident #21's incontinence care. Further observation revealed Resident #21's genitalia remained uncovered during the entire incontinence care process.</p> <p>In an interview on 01/15/2025 at 9:05 a.m., S11CNA confirmed she did not close Resident #21's bedside curtain to ensure Resident #21's privacy during incontinence care and should have.</p> <p>In an interview on 01/16/2025 at 12:15 p.m., S2Director of Nursing/Infection Preventionist indicated the CNAs should have ensured a resident's privacy was maintained during incontinence care.</p> <p>In an interview on 01/16/2025 at 12:45 p.m., S1Administrator confirmed a resident's privacy should have been maintained during incontinence care by closing the resident's privacy curtain since another resident was in the room.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>50452</p> <p>Based on record reviews and interviews, the facility failed to protect a resident's right to be free from resident to resident physical abuse for 1 (Resident #84) of 3 (Resident #26, Resident #64, and Resident #84) residents investigated for abuse.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Abuse, Neglect, and Misappropriation of Funds Program dated October 2024 revealed, in part, the facility should ensure the safety and well-being of residents was maintained at all times and was committed to zero tolerance of any form of abuse. Further review revealed, abuse was the willful infliction of injury with resulting physical harm or pain, and this applied to all residents regardless of their medical condition or mental capacity. Further review revealed, physical abuse included hitting and slapping.</p> <p>Review of facility's Statewide Incident Management System (SIMS) Report investigation entered on 10/01/2024 for an incident that occurred on 10/01/2024 at 2:17 p.m. revealed, in part, Resident #64 hit Resident #84 in the face with an open hand while sitting outside in the courtyard. Further review revealed, S1Administrator determined Resident #84 was the victim of resident to resident physical abuse by Resident #64. Further review also revealed S1Administrator determined physical abuse was substantiated based on Resident #64's confession and video surveillance footage of the above mentioned incident.</p> <p>Review of facility's incident report dated 10/01/2024 revealed, in part, Resident #84 went to the nurse's station and reported she had been hit in the face by another resident while outside on the patio. Further review revealed, Resident #84 had a red mark/scratch noted to the left side of her eye.</p> <p>Review of facility's incident report dated 10/01/2024 revealed, in part, Resident #64 had a documented incident of physical aggression. Further review revealed Resident #64 initiated a physical altercation by striking another resident in the face.</p> <p>Review of #84's nurse's note dated 10/01/2024 revealed, in part, Resident #84 was sent out to the hospital to be evaluated for complaints of pain to Resident #84's left side of her face and her left eye.</p> <p>Review of Resident #64's progress note dated 10/01/2024 revealed, in part, Resident #64 was sent out by the physician to behavioral health for an evaluation due to aggressive behavior toward another resident.</p> <p>In an interview on 01/15/2025 at 9:05 a.m., Resident #64 confirmed the physical altercation with Resident #84 and indicated she hit Resident #64 in the face.</p> <p>In an interview with 01/16/2025 at 8:55 a.m., S16Social Services confirmed the above mentioned incident between Resident #64 and Resident #84 that occurred on 10/01/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/16/2025 at 9:00 a.m., S1Administrator acknowledged the above mentioned incident had occurred on 10/01/2024 between Resident #64 and Resident #84. S1Administrator confirmed the above mentioned incident of resident to resident physical abuse was substantiated after being investigated by the facility.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47081</p> <p>Based on interviews and record reviews, the facility failed to ensure a resident, with a new diagnosis of Schizoaffective Disorder, was referred to the appropriate state agency for a Preadmission Screening and Resident Review (PASARR) Level II evaluation as required for 1 (Resident #63) of 3 (Resident #12, Resident #63, and Resident #84) sampled residents reviewed for PASARR.</p> <p>Findings:</p> <p>Review of Resident #63's medical record revealed, in part, Resident #63 was readmitted to the facility on [DATE]. Further review revealed Resident #63 was diagnosed on [DATE] with Schizoaffective Disorder. Further review revealed no documented evidence a PASARR Level II evaluation was completed for Resident #63.</p> <p>Review of Resident #63's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/27/2024 revealed, in part, Resident #63's active diagnoses included Schizoaffective Disorder-Bipolar Type.</p> <p>In an interview on 01/15/2025 at 11:20 a.m., S3Admissions Coordinator indicated a PASARR Level II evaluation was not completed for Resident #63 after Resident #63's new diagnosis of Schizoaffective Disorder on 02/27/2023.</p> <p>In an interview on 01/16/2025 at 12:45 p.m., S1Administrator confirmed Resident #63 did not have a PASARR Level II submitted after a new diagnosis of Schizoaffective Disorder was determined on 02/27/2023 and should have.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51373</p> <p>Based on record reviews, interviews, and observations the facility failed to:</p> <ol style="list-style-type: none"> 1. Develop a person-centered care plan for a resident with dialysis and, 2. Implement interventions per the resident's plan of care. <p>This deficient practice was identified for 1 (Resident #27) of 1 (Resident #27) residents investigated for dialysis.</p> <p>Findings:</p> <p>Review of Resident #27's electronic medical record (EMR) revealed, in part, Resident #27 was admitted to the facility on [DATE] and had diagnoses, which included, in part, Diabetes Mellitus, Sacral pressure ulcer, and renal insufficiency.</p> <p>Review of Resident #27's January 2025 Physician's orders revealed, in part, an order for Resident #27 to receive dialysis.</p> <p>Review of Resident #27's care plan dated 07/21/2024, revealed, in part, Resident #27 received dialysis three times per week, and the facility would monitor Resident #27's intake and output.</p> <ol style="list-style-type: none"> 1. <p>In an interview on 01/14/2025 at 9:50 a.m., S2Director of Nursing (DON)/Infection Preventionist indicated Resident #27's care plan was generated from the dialysis care plan template and the intervention to monitor intake and output should not have been on it.</p> <ol style="list-style-type: none"> 2. <p>In an interview on 01/14/2025 at 8:50 a.m., S2DON/Infection Preventionist indicated the facility's staff should document a resident's intake and output in the care task section of the resident's EMR.</p> <p>Review of Resident #27's completed tasks revealed, in part, no documented evidence Resident #27's intake and output were monitored.</p> <p>There was no documented evidence, and the facility did not present any documented evidence the facility monitored Resident #27's intake and output.</p> <p>In an interview on 01/14/2025 at 9:42 a.m., S17Medical Director indicated the intervention on the care plan should have been followed as documented in the specific approaches as noted on the dialysis plan of care, he expected the facility to follow Resident #27's care plan.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/14/2025 at 9:50 a.m., S2DON/Infection Preventionist confirmed the facility did not have documentation Resident #27's intake and output was required.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>47487</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure a resident's blister was evaluated and treated for 1 (Resident #79) of 2 (Resident #12 and Resident #79) residents investigated for skin conditions.</p> <p>Findings:</p> <p>Observation on 01/13/2025 at 9:22 a.m. revealed Resident #79 had a blister to his right lower leg that measured approximately 3 centimeters.</p> <p>Observation on 01/14/2025 at 9:05 a.m. revealed Resident #79 had a blister to his right lower leg that measured approximately 3 centimeters.</p> <p>Observation on 01/15/2025 at 9:09 a.m., had a blister to his right lower leg that measured approximately 3 centimeters.</p> <p>Observation on 01/15/2025 at 12:20 p.m., revealed the blister to Resident #79's right lower leg blister had opened, Resident #79's skin was no longer intact, and a clear liquid drainage was observed.</p> <p>Review of Resident #79's medical record revealed no documented evidence, and the provider did not present any documented evidence, an evaluation/assessment of Resident #79's right lower leg blister had been completed.</p> <p>In an interview on 01/15/2025 at 12:30 p.m., S19Certified Nursing Assistant (CNA) indicated she was assigned the care of Resident #79 for the 7:00 a.m. to 3:00 p.m. shift on 01/15/2024. S19CNA further indicated she had not noticed the blister to Resident #79's lower right leg.</p> <p>In an interview on 01/15/2025 at 2:30 p.m., S15Licensed Practical Nurse (LPN) indicated she was assigned the care of Resident #79 for the 7:00 a.m. to 3:00 p.m. shift on 01/15/2024. S15LPN further indicated she was unaware and was not made aware by any of the CNAs caring for Resident #79 that there were any blisters to Resident #79's 70 right lower leg. S15LPN further indicated the facility's CNA were supposed to notify the nurse of any changes in a resident's skin condition.</p> <p>In an interview on 01/15/2025 at 2:45 p.m., S20LPN/Charge Nurse indicated if the above mentioned blister was present on Resident #79's right lower leg since 01/13/2025, the facility's CNAs and/or nurses should have noted and reported Resident #79's blister. S20LPN/Charge Nurse further indicated the CNAs should have noted Resident #79's right lower leg blister during his bath/shower on 01/15/2025 and reported the blister to the nurse for evaluation/assessment.</p> <p>In an interview on 01/16/2025 at 11:15 a.m., S2Director of Nursing (DON)/Infection Preventionist indicated the blister on Resident #79's right lower leg was not reported to the nurse or wound care nurse until 01/15/2025 after it had opened. S2DON/Infection Preventionist further acknowledged Resident #79's blister should have been noticed and reported to her so an evaluation/assessment could be completed but it was not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	
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 - Few</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>47081</p> <p>Based on record review, observation, and interviews, the facility failed to ensure an expired medication was not available for resident use for 1 (Medication Cart c) of 3 (Medication Cart a, Medication Cart c, and Medication Cart d) medication carts observed for expired medications.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Storage of Medication Policy and Procedure, dated 10/2024, revealed, in part, expired drugs or biologicals should be returned to the dispensing pharmacy or destroyed.</p> <p>Observation of Medication Cart c on 01/15/2025 at 8:39 a.m. revealed a bottle of Meclizine Hydrochloride (HCl) 12.5 milligram (mg) caplets with an expiration date of 12/2024 was available for resident use.</p> <p>In an interview on 01/15/2025 at 8:41 a.m., S22Licensed Practical Nurse (LPN) confirmed the bottle of Meclizine HCl 12.5 mg caplets found stored in Medication Cart c was expired, and available for resident use, and should not have been.</p> <p>In an interview on 01/16/2025 at 12:15 p.m., S2Director of Nursing/Infection Preventionist confirmed an expired medication should not have been stored in the Medication Cart c and available for resident use.</p> <p>In an interview on 01/16/2025 at 12:45 p.m., S1Administrator indicated an expired medication should not have been stored in the Medication Cart c and available for resident use.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	

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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>30587</p> <p>Based on record review and interviews, the facility failed to ensure the dietary manager had completed an approved food safety program and passed the accompanying test for 1 (S13Dietary Manager) of 1 (S13Dietary Manager) sampled dietary managers employed by the facility.</p> <p>Findings:</p> <p>In an interview on 01/14/2025 at 11:27 a.m., S13Dietary Manager indicated she had been the facility's dietary manager for 2 years. S13Dietary Manager further indicated she had not taken the exam for the ServSafe course.</p> <p>In an interview on 01/14/2025 at 3:50 p.m., S1Administrator indicated the facility was not aware S13Dietary Manager had not completed the examination for her ServSafe course, and therefore did not have ServSafe certification.</p> <p>At time of exit the facility had not presented any evidence S13Dietary Manager had passed the ServSafe examination.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30587</p> <p>Based on observations, record review, and interviews, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Food items were not placed in areas in which water had accumulated on food packaging; 2. Food items were covered in the refrigerator; 3. Expired food items were discarded and not available for use; 4. Damaged food items were not stored amongst other food items; 5. Staff had all hair restrained when in the food preparation areas; 6. Chemicals were not stored in food preparation areas; 7. Food items were labeled with an opened date and labeled with the contents of the container/bag; and, 8. Staff did not store their food items with residents' food items; <p>Findings:</p> <p>Review of the facility's policy titled, Food Receiving and Storage Policy and Procedure, last reviewed in , d+[DATE] revealed, in part:</p> <p>-staff were to ensure refrigerated foods were labeled, dated, and monitored so they are used by their use by date, frozen, or discarded; and,</p> <p>-food may not be stored under leaking water lines, or under lines on which water has condensed.</p> <p>Observation on [DATE] at 9:46 a.m. with S13Dietary Manager revealed, in part:</p> <p>- ice had accumulated on the left and right side of the freezer's fan and a box of egg roll wraps located under the freezer's fan had approximately one-fourth of an inch of ice accumulated on top of the box;</p> <p>- the facility's refrigerator had a cart with 83 uncovered containers of fruit cocktail;</p> <p>- the facility's refrigerator contained three one-quart containers of heavy whipping cream with an expiration date of [DATE];</p> <p>-the facility's dry storage area contained a dented container of mandarin oranges on the shelf between other canned goods; and</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- S13Dietary Manager's hair was not fully contained by her hairnet.</p> <p>Observation on [DATE] at 11:15 a.m. with S13Dietary Manager revealed, in part:</p> <p>-S13Dietary Manager's hair was not fully contained by her hairnet;</p> <p>-ice had accumulated on the left and right side of the freezer's fan, and a box of cut okra, a box of ground beef, a box of chocolate pudding, and a box of egg roll wraps located under the freezer's fan had approximately one-fourth of an inch of ice accumulated on top of the boxes;</p> <p>-two small buckets of sanitizer were stored under the facility's food preparation table;</p> <p>-the facility's refrigerator had two undated plastic containers that were not labeled with the contents of the containers and an undated bottle that was not labeled with the contents of the bottle; and,</p> <p>-the facility's refrigerator had the following: an undated half-empty one gallon container of mayo; an undated half-empty five pound container of sour cream; an undated half-empty one gallon container of yellow mustard; an undated one gallon container of sweet pickles with approximately one-fourth of the container used; and an undated half-empty one gallon container of Italian dressing.</p> <p>In an interview on [DATE] at 11:27 a.m., S13Dietary Manager indicated the facility had to defrost the freezer approximately every two weeks due to the accumulated ice of the freezer's fans. S13Dietary Manager confirmed the bottle and two plastic containers of prepared food observed in the facility's refrigerator on [DATE] belonged to the staff and should have not been in the facility's refrigerator with residents' food items. S13Dietary Manager further confirmed the above findings and indicated the above findings were deficient.</p> <p>In an interview on [DATE] at 3:50 p.m., S1Administrator confirmed the above findings were deficient.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>30587</p> <p>Based on observations, interviews, record reviews, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. A facility-wide surveillance of resident's infections were maintained (Resident #7, Resident #12, Resident #27, and Resident #84); and, 2. Certified Nursing Assistants (CNAs) completed hand hygiene during incontinence care (Resident #21). <p>This deficient practice was identified for 4 (Resident #7, Resident #12, Resident #27, and Resident #84) of 13 (Resident #1, Resident #7, Resident #12, Resident #27, Resident #39, Resident #55, Resident #56, Resident #63, Resident #73, Resident #76, Resident #79, Resident #84, and Resident #88) sampled residents reviewed for infection surveillance; and, for 1 (Resident #21) of 2 (Resident #21 and Resident #27) residents observed during incontinence care.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>Review of the facility's Antibiotic Stewardship- Review of and Surveillance of Antibiotic Use and Outcomes, with revised date of February 2024, revealed, in part:</p> <p>-as part of the facility's Antibiotic Stewardship Program, all clinical infections treated with antibiotics will undergo review by the Infection Preventionist, or designee.</p> <p>-all resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form, and the information gathered will include, in part: resident name, unit and room number, date symptoms appeared, name of antibiotic, start date of antibiotic, pathogen identified, site of infection, date of culture, stop date, total days of therapy, outcome, and adverse events.</p> <p>Review of Resident #7's July 2024's Physician Orders revealed, in part, Resident #7 was prescribed and received Levofloxacin (antibiotic medication used to treat infections) 500 milligrams (mg) one tablet by mouth daily for 10 days for a right knee infection with a start date of 07/05/2024; and Doxycycline (antibiotic medication use to treat infections) 100mg one tablet by mouth every 12 hours for right knee wound with a start date of 07/06/2024.</p> <p>Review of Resident #12's July 2024's Physician Orders revealed, in part, Resident #12 was prescribed Cefepime Hydrochloride (HCl) (antibiotic medication used to treat infections) intravenous (IV) solution reconstituted (amount of medication dissolved in a solution) (medication administered directly into the vein) 2 grams (gm) IV one time a day related to acute osteomyelitis (infection of the bone) of the left ankle, with a start date of 07/04/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	
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 - Some</p>	<p>Review of the facility's Infection Surveillance Map and Infection Reports for July 2024 revealed no documented evidence, and the facility presented no documented evidence, the facility had identified and included Resident #7 and Resident #12's above mentioned antibiotics and infections as part of the facility's July 2024 infection surveillance.</p> <p>Review of Resident #27's August 2024's Physician Orders revealed, in part, Resident #27 was prescribed, in part, Tobradex (antibiotic medication used to treat infections) Ophthalmic (medication administered into the eye) 0.3-0.1 percent ointment. Instill into left eye four times a day for 10 days with a start date of 08/01/2024 for blepharitis (inflammation and infection) of the left upper eyelid.</p> <p>Review of the facility's Infection Surveillance Map and Infection Reports for August 2024 revealed no documented evidence, and the facility presented no documented evidence, the facility had identified and included Resident #27's above mentioned antibiotic and infection as part of the facility's August 2024 infection surveillance.</p> <p>Review of Resident #84's November 2024 Physician Orders revealed, in part, Resident #84 was prescribed Augmentin (antibiotic, medication used to treat infections) 500/125mg one tablet by mouth twice a day for cellulitis (infection of the skin) with a start date of 11/18/2024.</p> <p>Review of the facility's Infection Surveillance Map and Infection Reports for November 2024 revealed no documented evidence, and the facility presented no documented evidence, the facility had identified and included Resident #84's above mentioned antibiotic and infection as part of the facility's November 2024 infection surveillance.</p> <p>In an interview on 01/16/2025 at 2:08 p.m., S2Director of Nursing/Infection Preventionist (DON/IP) indicated the documents presented to the surveyor was all of the facility's infection surveillance for all of the facility's infections for July 2024 through January 2025. S2DON/IP further indicated after reviewing the above mentioned documents the facility was not capturing all residents' infections, and therefore the facility did not have a comprehensive facility Antibiotic Stewardship and Surveillance of Infections.</p> <p>2.</p> <p>Review of the facility's Handwashing and Hand Hygiene policy and procedure dated October 2024 revealed, in part, hand hygiene should be performed before moving from a contaminated body site to a clean body site during resident care.</p> <p>Review of Resident #21's Minimum Data Set with an Assessment Reference Date (ARD) of 12/18/2024 revealed, in part, Resident #21 was always incontinent of bowel and bladder. Further review revealed Resident #21 was dependent on staff for toileting hygiene.</p> <p>Observation on 01/14/2025 at 2:04 p.m. revealed S11Certified Nursing Assistant (CNA) and S12CNA entered Resident #21's room to perform incontinence care. S11CNA and S12CNA then removed Resident #21's urine and feces soiled brief, cleaned Resident #21's buttock area of feces, and placed a clean brief on Resident #21 without changing gloves or performing hand hygiene. S11CNA then disposed of Resident #21's soiled brief into the trash. S11CNA and S12CNA then manually transferred Resident #21 from the bed to a wheelchair with the same gloves used to perform incontinence care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Waldon Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Idaho Street Kenner, LA 70062	

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 - Some</p>	<p>In an interview on 01/14/2025 at 2:25 p.m., S12CNA confirmed she did not change gloves or perform hand hygiene prior to placing a clean adult brief on Resident #21, and should have.</p> <p>In an interview on 01/14/2025 at 2:30 p.m., S11CNA confirmed she did not change gloves or perform hand hygiene prior to placing a clean adult brief on Resident #21, and should have.</p> <p>In an interview on 01/16/2025 at 12:15 p.m., S2Director of Nursing/Infection Preventionist indicated CNAs should have removed gloves, performed hand hygiene, and placed on new gloves before a clean brief was placed on a resident during incontinence care.</p> <p>In an interview on 01/16/2025 at 12:45 p.m., S1Administrator confirmed CNAs should have removed gloves, performed hand hygiene, and placed on new gloves before a clean brief was placed on resident during incontinence care.</p> <p>47081</p>