STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195203	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waldon Health Care Center	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to:1. Ensure the Minimum Data Set (MDS) accurately reflected the diagnosis of 1(Resident #8) of 1 resident reviewed for active diagnoses;2. Ensure the MDS accurately reflected high-risk medications for 1(Resident #8) of 1 resident reviewed for medications;3. Ensure the MDS accurately reflected a Pre-admission Screening and Resident Review (PASRR) Level II for 2 (Resident #9, Resident #67) of 2 residents reviewed for PASRR Level II; and,4. Ensure the MDS accurately reflected the tobacco status of 1(Resident #67) of 1 resident reviewed for tobacco use.Findings: 1. Review of Resident #8's medical record revealed, in part, Resident #8 was admitted to the facility on [DATE], with a diagnosis of obstructive and reflux uropathy.Review of Resident #8's admission MDS with an Assessment Reference Date (ARD) of 12/10/2025 revealed, in part, Resident #8 was assessed as having no diagnosis of obstructive and reflux uropathy. Review of Resident #8's care plan, dated 12/11/2025, revealed, in part, Resident #8 had a Foley catheter related the diagnosis of obstructive and reflux uropathy. 2. Review of Resident #8's physician orders dated 12/04/2025 revealed, in part, an order dated for Buspar (a medication used to treat anxiety). Further review revealed Resident #8 had no physician orders for an antibiotic medication or an antipsychotic medication.Review of Resident #8's admission MDS with an ARD of 12/10/2025 revealed, in part, Resident #8 was assessed for taking and having indications for an antibiotic and an antipsychotic medication. Further review revealed Resident #8 was assessed as not taking and/or having indications for an anti-anxiety medication.Review of the facility's validation report for Resident #8 dated 01/14/2026, revealed, in part, Resident #8 had a modification to his admission MDS on 12/10/2025.3. Resident #9Review of Resident #9's medical records revealed, in part, Resident #9 was admitted to the facility on [DATE]. Further review revealed Resident #9 had a diagnosis of schizoaffective disorder, bipolar type dated 02/27/2023, and psychotic disorder with delusions due to known psychological condition dated 03/18/2022.Review of the Office of Behavioral Health's PASRR Level II Evaluation Summary and Determination Notice dated 03/17/2025 revealed, in part, Resident #9 had serious mental illness present.Review of Louisiana Department of Health and Hospitals Medicaid Program Notice of Medical Certification revealed, in part, Resident #9 was approved for admission by Level II authority for a period of 03/17/2025 through 03/16/2026.Review of Resident #9's significant change MDS with an ARD of 12/08/2025 revealed, in part, documentation which indicated that Resident #9 was not currently considered by the state Level II PASRR process to have a serious mental illness and/or intellectual disability or a related condition. Further review revealed that Resident #9's significant change MDS with an ARD of 12/08/2025 was electronically signed by S7MDSNurse on 12/11/2025.In an interview on 01/14/2026 at 2:38PM, S1Administrator confirmed Resident #9's significant change MDS with an ARD of 12/08/2025 was completed in error when S7MDSNurse documented that Resident #9 was not currently considered by the state Level II PASRR process to have a serious mental illness and/or intellectual disability or a related condition as Resident #9 had received his Level II PASARR on 03/17/2025.Resident #67Review of Resident #67's medical record revealed, in part, Resident #67 was admitted to the facility on [DATE] with diagnoses of paranoid schizophrenia and major depressive disorder. Further review revealed Resident #67's was (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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	approved for admission by Level II Authority for a temporary period effective 01/16/2025 through 01/15/2026.Review of Resident #67's significant change MDS with an ARD of 12/29/2025 revealed, in part, Resident #67 was assessed as not having a PASRR Level II. Review of Resident #67's care plan, dated 01/12/2025, revealed, in part, Resident #67 had a PASRR Level II.Review of the facility's validation report for Resident #67 dated 01/14/2026, revealed, in part, Resident #67 had a modification to significant change MDS on 12/29/2025.4. Review of Resident #67's medical record revealed, in part, Resident #67 had a diagnosis of nicotine dependence.Review of Resident #67's significant change MDS with an ARD of 12/29/2025 revealed, in part, Resident #67 was assessed as no tobacco use.Review of Resident #67's care plan, dated 12/30/2024 and revised on 01/10/2026, revealed, in part, Resident #67 was an active safe smoker.Review of Resident #67's smoking evaluation, dated 11/06/2025, revealed, in part, Resident #67 did utilize tobacco. Review of the facility's smoking list, dated 01/06/2025, revealed, in part, Resident #67 was listed as a safe smoker.In an interview on 01/12/2026 at 10:05AM, Resident #67 indicated that she was a smoker. In an interview on 01/14/2026 at 1:55PM, S1Administrator indicated the findings for the above-mentioned residents' assessments were completed inaccurately, and should not have been.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observations, interviews, and record review, the facility failed to ensure the total number and the actual hours worked for licensed and unlicensed nursing personnel was posted daily during review of nurse staffing requirements.Findings:Observation on 01/12/2026 at 8:35AM of the facility's bulletin board, near the nurse's station on Hall A, revealed a form titled, Daily Nursing Staffing Hours dated 01/12/2026. Further observation of the above mentioned form did not include the total number of hours and the total actual hours worked for licensed and unlicensed personnel.Observation on 01/13/2026 at 10:32AM of the facility's bulletin board, near the nurse's station on Hall A, revealed a form titled, Daily Nursing Staffing Hours dated 01/13/2026. Further observation of the above mentioned form did not include the total number of hours and the total actual hours worked for licensed and unlicensed personnel.In an interview on 01/13/2026 at 10:35AM, S5Ward Clerk indicated she entered the total number of licensed and unlicensed personnel that worked on the Daily Nursing Staffing Hours form dated 01/12/2026 and 01/13/2026. S5Ward Clerk further indicated she did not include the total number of hours and the total actual hours worked for licensed and unlicensed personnel on the above mentioned form.In an interview on 01/13/2026 at 10:40AM, S3Director of Nursing indicated the total number of hours and the total actual hours worked for licensed and unlicensed personnel per shift was not included on the Daily Nursing Staffing Hours form dated 01/12/2026 and 01/13/2026.In an interview on 01/13/2026 at 1:30PM, S1Administrator indicated the total number and the total actual hours worked for licensed and unlicensed personnel per shift was not included on the Daily Nursing Staffing Hours form dated 01/12/202 and 01/13/2026, and should have.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews, and record review, the facility failed to ensure food stored in the facility's walk-in refrigerator was properly labelled and contained with an opened date and was unavailable for resident use. Findings: Review of the facility's policy, dated 01/2026 and titled Food Receiving and Storage revealed, in part, all food stored in the refrigerator will be labeled and dated.Observation on 01/12/2026 at 9:28AM revealed the facility's walk-in refrigerator had the following opened, undated and unlabeled food items:-1 package of smoked sausage; and, -2 packages of smoked sliced turkey breast.In an interview on 01/12/2026 at 9:29AM, S8Cook confirmed the above-mentioned opened food items were not dated and labeled, and should have not been available for resident use.In an interview on 01/12/2025 at 1:55PM, S1Administrator indicated the above-mentioned undated and unlabeled opened food items should have been labeled appropriately and not available for resident use.