

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Wynhoven Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Medical Center Marrero, LA 70072	

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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>30587</p> <p>Based on record review and interviews, the facility failed to ensure a resident was referred for dental services within 3 days of a resident's dentures being missing for 1 (Resident #1) of 1 (Resident #1) sampled residents with missing dentures in a total sample of 3.</p> <p>Findings:</p> <p>Review of the facility's undated Dental Services policy and procedure revealed, in part, the facility will promptly, within 3 days, refer residents with lost or damaged dentures for dental services.</p> <p>In an interview on 07/02/2024 at 3:46 p.m., S2Social Service Director indicated she was notified of Resident #1's missing dentures on either the Tuesday or Wednesday after Memorial Day (05/28/2024 or 05/29/2024) by a staff member. S2Social Services Director indicated she did not have any documented evidence she attempted to arrange dental services for Resident #1's missing dentures until 06/12/2024.</p> <p>In an interview on 07/02/2024 at 4:08pm, S1Administrator indicated once the facility was aware of Resident #1's missing dentures, services should have been arranged for replacement of the missing dentures within 3 days.</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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