

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2024
NAME OF PROVIDER OR SUPPLIER  Our Lady of Wisdom Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5600 General Degaulle Dr New Orleans, LA 70131	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46361</p> <p>Based on record reviews and interviews, the facility failed to maintain an accurate count of the disposition of controlled medications for 1 (Resident #1) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents reviewed for pharmaceutical services.</p> <p>Findings:</p> <p>Review of the facility's Controlled Substance policy and procedure with a revised date of 10/06/2023 revealed, in part, when a resident's medication was not given the medication shall be destroyed and may not be returned to the container. The destruction of the medication shall be witnessed by 2 nurses and identified on the resident's individual narcotic record. Further review revealed the Director of Nursing (DON) services shall investigate any discrepancies in narcotic reconciliation to determine the cause.</p> <p>Review of Resident #1's Medication Administration Record (MAR) for May 2024 revealed, in part, Resident #1 had an order for Norco (Hydrocodone -Acetaminophen) 5-325 milligrams (mg) (a medication used to treat pain) give one tablet by mouth every 8 hours for pain.</p> <p>Review of Resident #1's Individual Resident Controlled Substance Record dated 04/19/2024 for Hydrocodone-Acetaminophen 5-325 mg revealed, in part, on 04/24/2024 at 8:00 p.m. the amount of tablets on hand was 42, the amount of tablets administered was 1, and the amount of tablets remaining was 40. Further review revealed on 05/16/2024 S1DON documented the disposition of remaining doses; the quantity of doses transferred to a federally approved waste receptacle was 0.</p> <p>In an interview on 05/22/2024 at 3:02 p.m., S1DON confirmed Resident #1's Individual Resident Controlled Substance Record for Hydrocodone-Acetaminophen 5-325mg tablets had a discrepancy for the quantity of tablets administered to Resident #1 on 04/24/2024. S1DON indicated one Hydrocodone-Acetaminophen 5-325mg tablet was wasted by the nurse but was not documented on Resident #1's Individual Resident Controlled Substance Record and it should have been.</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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