

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 02/19/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>40405</p> <p>Based on observation, interviews, and record review the facility failed to ensure a staff member removed gloves and used proper hand hygiene when performing incontinent care for 1(Resident #R1) of 2 (Resident #R1, Resident #2 observed for incontinent care.</p> <p>Findings:</p> <p>Review of the facility's Infection Control policy and procedure, dated 2001 and revised on 10/2018, revealed, in part, the objectives of our infection control policies and practices were to: prevent, detect, investigate, and control infections in the facility.</p> <p>Observation on 02/18/2025 at 11:45AM revealed S2Certified Nurse Assistant (CNA) unfastened Resident #R1's adult brief while wearing gloves, but did not remove those gloves and S2CNA did not use proper hand hygiene before obtaining a clean wipe to clean Resident #R1's buttock.</p> <p>In an interview on 02/18/2025 at 11:55AM, S2CNA acknowledged she should have removed her dirty gloves and performed hand hygiene before using a clean cleansing wipe to perform incontinent care to Resident #R1.</p> <p>In an interview on 02/18/2025 at 12:00PM, S1Director of Nursing (DON) acknowledged S2CNA should have removed her dirty gloves, performed hand hygiene and applied clean gloves.</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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