

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/30/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record reviews, the facility failed to ensure a resident's aspiration precautions were maintained in order to prevent the possibility of choking during a meal for 1 (Resident #3) of 2 sampled residents observed for meal safety precautions. Findings: Review of the facility's Licensed Staff job description, dated 07/01/2015 with a revision date of 12/03/2019, revealed, in part, a key responsibility of the licensed practical nurse (LPN) was to review the resident's care plans, assure the plans were followed, and ensure the highest degree of quality care was maintained at all times. Further review revealed the LPN supervised the meal service for each resident on the unit. Review of Resident #3's medical record revealed, in part, Resident #3 was admitted to the facility on [DATE] with diagnoses which included left sided hemiplegia (muscle weakness on one side of the body) and hemiparesis (partial paralysis affecting only one side of the body), dysphagia (trouble swallowing), dementia, and cognitive communication deficit. Review of Resident #3's admission Minimum Data Set with an Assessment Reference Date of 06/30/2026 revealed in part, a Brief Interview for Mental Status summary score of 5, which indicated Resident #3 was significantly cognitively impaired. Further review revealed Resident #3's swallowing status indicated Resident #3 was at risk for coughing or choking during meals. Further review revealed Resident #3 required a mechanically altered diet. Review of Resident #3's Speech Evaluation dated 06/25/2026 revealed, in part, Resident #3's overall swallow function was at risk for potential aspiration, and swallow precautions should be reinforced to reduce Resident #3's risk for aspiration. Further review revealed speech therapy recommended to use small bites, alternate bites and sips, and to feed Resident #3 at a slow rate. Review of Resident #3's care plan, with a start date of 07/02/2026, and a target date of 10/14/2026, revealed, in part, Resident #3 had a swallowing problem and was at risk for choking related to dysphagia. Further review revealed the following approaches during meal intake: -Alternate small bites and sips; -Do not use straws; -Instruct Resident #3 to eat slowly; and, -Instruct Resident #3 to chew each bite thoroughly. Observation on 07/30/2026 at 12:07PM of S4LPN feeding Resident #3 in the dining room revealed S4LPN fed Resident #3 with an overfilled spoon of food, and food was observed falling from the spoon on Resident #3 as Resident #3 was eating. Further observation revealed S4LPN continued to feed overfilled spoon portions to Resident #3 without offering fluids, until Resident #3 had consumed approximately 50 percent of the meal. Further observation revealed Resident #3 coughed twice then S4LPN opened a can of cola, placed a straw inside the can, and assisted Resident #3 to drink from the straw. Further observation revealed Resident #3 coughed again, and then proceeded to drink the can of cola from the straw. Further observation revealed S4LPN continued to feed Resident #3 overfilled spoonfuls of food, not providing liquids between bites, and allowed Resident #3 to drink from a straw for the remaining (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	portion of the meal. In an interview on 07/30/2026 at 12:20PM, S3Speech Therapist (ST) indicated Resident #3 was on aspiration precautions due to cognitive decline. S3ST further indicated Resident #3 required small bites of food and should not have been given overfilled spoonfuls of food. S3ST further indicated Resident #3 should have alternated bites and sips of liquids at a slow feeding rate and frequent breaks. In an interview on 07/30/2026 at 12:45PM, S2Director of Nursing was informed of the above mentioned observation and could not offer any explanation as to why S4LPN did not adhere to Resident #3's aspiration precautions. In an interview on 07/30/2026 at 1:00PM, S1Administrator was informed of the above mentioned observation and could not offer any explanation as to why S4LPN did not adhere to Resident #3's aspiration precautions.		