| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195509 | A. Building<br>B. Wing | 06/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Our Lady of Wisdom Community Care Center | 5600 General Degaulle Dr<br>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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observations, interviews, and record reviews, the facility failed to ensure: 1. Kitchen A was maintained in a clean and sanitary manner; 2. The sanitization of dishware and three-compartment sinks were monitored and recorded; and, 3. Food temperatures were monitored and accurately recorded for Kitchen A, Mini-Kitchen X, Mini-Kitchen Y, and Mini-Kitchen Z. This deficient practice was identified for 4 (Kitchen A, Mini-Kitchen X, Mini-Kitchen Y, Mini-Kitchen Z) of 4 kitchens observed for food safety requirements. Findings: Review of the facility's Food Service Manager's job description, with a revision date of 07/01/2015 revealed, in part, the food service manager was responsible for the overall management and operation of the department, including budget control, personnel management, food production, sanitation, equipment operation and related clinical work in accordance with the established policies, procedures and standards of the corporation. 1.Review of the Dietary Services Staff's job description, with a revision date of 07/01/2015 revealed, in part, the dietary area must keep the dietary area in a clean and sanitary condition. Observation on 06/15/2026 at 8:35AM revealed: - A liquid substance on the counter top behind the juice dispenser and coffee machine;- A large dark brown dry substance on the counter next to the coffee maker;- A liquid substance on the floor behind the steamer;- A sticky build-up of dirt and grime on the kitchen floors;- A dried brown substance on the commercial size mixer; and, - A sticky greasy build-up and dust on the stainless steel counter top near the food preparation area. Observation on 06/17/2026 at 10:00AM revealed: - A liquid substance on the counter top behind the juice dispenser and coffee machine;- A sticky build-up of dirt and grime on the kitchen floors;- A dried brown substance on the commercial size mixer; and, - A sticky greasy build-up and dust on the stainless steel counter top near the food preparation area. In an interview on 06/17/2026 at 10:02AM S4Dietary Manager, indicated the kitchen was not kept in a clean and sanitary manner. S4Dietary Manager further indicated there was no cleaning schedule initiated to keep the kitchen clean and sanitary. 2.Review of the facility's dishwashing machine and the three-compartment sink temperature and sanitization logs revealed the logs were incomplete on 06/04/2026, 06/07/2026, 06/10/2026, 06/13/2026, and 06/14/2026. In an interview on 06/17/2026 at 9:50AM, S4Dietary Manager indicated the dishwashing machine and the three-compartment sink temperature and sanitation were not monitored and recorded as required, and it should have been. 3. Review of the facility's Food Preparation and Service policy, with a revision date of 04/2019 revealed, in part, food and nutrition service employees should prepare and serve food in a manner that complies with safe food handling practices. In an interview on 06/15/2026 at 8:48AM, S4Dietary Manager indicated all food temperatures should be checked and recorded for all foods prepared in the kitchen, and should be re-checked and recorded when delivered to each mini-kitchen before being served to residents. Review of the food temperature logs from 06/01/2026 to 06/15/2026 at 9:10AM revealed, in part, the temperature logs were incomplete. Further observation revealed on: -06/02/2026 there were no documented food temperatures for dinner for Mini-Kitchen Y;-06/04/2026 there were no documented food temperatures for lunch for the Kitchen A;-06/06/2026 there were no documented food temperatures for dinner for Mini-Kitchen Y;-06/07/2026 there were no documented food temperatures for breakfast for the Kitchen A; and,-06/07/2026 there were no<br>(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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | documented food temperatures for dinner for Mini-Kitchen Y. Surveyor requested copies of the incomplete food temperature logs on 06/15/2026 at 9:15AM. Surveyor requested copies of the incomplete food temperature logs on 06/15/2026 at 9:25AM. Observation on 06/15/2026 at 10:40AM revealed the food temperature logs were left in the conference room for the surveyor. Further review of the food temperature logs revealed the food temperatures that were reviewed as incomplete earlier were now documented as completed. Observation on 06/15/2026 at 12:00PM in Mini-Kitchen Z revealed, in part, lunch was served to residents in the dining area. Review of Mini-Kitchen Z food temperature logs on 06/15/2026 at 12:00PM revealed there were no lunch food temperatures recorded for 06/15/2026. In an interview on 06/15/2026 at 12:07PM S5Dietary Aide, indicated the food temperatures were not checked and recorded before being served to residents, and it should have been. Review of the Mini-Kitchen X food temperature logs on 06/15/2026 at 12:15PM revealed there were no lunch food temperatures recorded for 06/15/2026. In an interview on 06/15/2026 at 12:16PM S6Dietary Aide, indicated the food temperatures were not checked and recorded before being served to residents, and it should have been. Surveyor requested copies of food temperature logs for Mini-Kitchen Z and Mini-Kitchen X on 06/15/2026 at 2:00PM. Review of food temperature logs presented by S4Dietary Manager on 06/15/2026 at 2:10PM for Mini-Kitchen Z and Mini-Kitchen X revealed the logs had documented temperatures that were reviewed as incomplete earlier. In an interview on 06/17/2026 at 9:50AM, S4Dietary Manager indicated the food temperature logs submitted to the surveyor on 06/15/2026 were falsely documented and further indicated the food temperatures were not checked and documented prior to being served to residents on 06/02/2026, 06/04/2026, 06/06/2026, 06/07/2026, and 06/15/2026. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>Based on observations, interviews and record review, the facility failed to ensure staff performed hand hygiene while passing ice to residents for 1 (S3Certified Nursing Assistant [CNA]) of 1 CNAs observed passing ice to residents. Findings:Review of the facility's Handwashing/Hand Hygiene Policy and Procedure, revised August 2015 revealed, in part, the use of alcohol based hand rub containing at least 62% alcohol; or, alternatively soap (antimicrobial or non-antimicrobial) and water after contact with objects in the immediate vicinity of a resident and after removing gloves. Observation on 06/15/2026 at 9:25AM, revealed S3CNA exited Room A with gloves on. Further observation revealed S3CNA then entered Room B with the same gloves on that she exited Room A with, dumped water from the water pitcher in the bathroom sink, placed ice in the water pitcher, wiped the table down with sanitizing wipes, and exited the room with the same pair of gloves on without performing hand hygiene. Observation on 06/15/2026 at 9:29AM, revealed S3CNA entered Room C with the same above-mentioned pair of gloves on used in Room A and Room B. S3CNA then delivered ice in the water pitcher and sanitized the bedside table. S3CNA then removed her gloves and disposed of the gloves in the garbage can in Room C before S3CNA exited Room C without performing hand hygiene. In an interview on 06/15/2026 at 9:37AM, S3CNA indicated she should have sanitized or washed her hands after glove removal, and should not have used the same pair of gloves after handling items and passing ice in one resident room before entering another resident room. In an interview on 06/16/2026 at 3:18PM, when asked to explain the process of passing ice, S2Director of Nursing (DON) indicated hands should be washer or sanitized first, gloves should then be put on, scoop ice into the pitcher, and then gloves should be removed before exiting the room. S2DON further indicated hands should be washed or sanitized between residents. |