

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Ormond Nursing & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Plantation Road Destrehan, LA 70047	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34060</p> <p>Based on record review and interview the facility failed to ensure a resident and the resident's representative was issued a written notice of discharge prior to discharging a resident. This deficient practice was identified for 1 (Resident #1) of 2 (Resident #1 and Resident #2) sampled residents reviewed for discharge requirements.</p> <p>Findings:</p> <p>Review of Resident #1's clinical record revealed Resident #1 was admitted to the facility on [DATE]. Further review revealed Resident #1 was discharged from the facility on 05/27/2024 because Resident #1's representative was unable to make the bed hold payments.</p> <p>In an interview on 07/31/2024 at 10:30 a.m., S2Assistant Director of Nursing (ADON) indicated the cost of the facility's bed hold price and amount was given and explained at length to Resident #1's representative. S2ADON further indicated Resident #1's representative knew the cost to hold Resident #1's bed, and Resident #1's representative did not make payments to the facility.</p> <p>There was no documented evidence and the facility did not present any documented evidence that Resident #1 and/or Resident #1's representative was issued a written notice of discharge prior to discharging Resident #1.</p> <p>In an interview on 07/31/2024 at 10:35 a.m., S1Administrator offered no explanation as to why Resident #1 and/or Resident #1's representative was not issued a written notice of discharge prior to Resident #1's 05/27/2024's discharge as required.</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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