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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195374 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER St Joseph of Harahan | | STREET ADDRESS, CITY, STATE, ZIP CODE 405 Folsie Drive Harahan, LA 70123 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on interviews, and record review, the facility failed to provide the resident representative (RR) with the facility's written bed-hold policy at the time of transfer to the hospital as required for 1 (Resident #2) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated for discharge rights.</p> <p>Findings:</p> <p>Review of the facility's Resident Leave and Bed-Hold Policy and Procedure effective 04/27/2020 revealed, in part, the bed-hold policy must be issued at the time of the transfer from the facility. Further review revealed in cases of emergency transfer, notice at time of transfer meant family, surrogate, or representative were provided with written notification within 24 hours of the transfer.</p> <p>In an interview on 05/20/2025 at 12:08PM, S2Social Services (SS) indicated Resident #2 had an emergency transfer to the hospital due to behaviors on 02/27/2025. S2SS further indicated she mailed the facility's bed-hold policy to Resident #2's RR. S2SS indicated she did not call Resident #2's RR to see if Resident #2's RR received the mailed bed-hold policy.</p> <p>There was no documented evidence, and the facility was unable to present any documented evidence, the facility provided Resident #2's RR the written bed-hold policy within 24 hours of Resident #2's emergent transfer to the hospital.</p> <p>In an interview on 05/20/2025 at 12:39PM, S1Administrator indicated the bed- hold policy was included in Resident #2's transfer packet which was given to the behavioral health hospital. S1Administrator further indicated Resident #2 would probably not be able to understand the facility's bed-hold policy.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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