

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195632	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Lafon Nursing Facility of the Holy Family		STREET ADDRESS, CITY, STATE, ZIP CODE 6900 Chef Menteur Hwy New Orleans, LA 70126	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>49259</p> <p>Based on interviews and record review, the facility failed to ensure monthly weights were documented for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated for nutrition.</p> <p>Findings:</p> <p>Review of Resident #1's Care Plan revealed Resident #1 was care planned for monthly weight evaluation notifications as per the dietician's recommendations.</p> <p>Review of Resident #1's Weights and Vitals Report revealed no documented monthly weights for November 2024 and December 2024.</p> <p>In an interview on 03/13/2025 at 8:52AM, S4Dietitian stated she was not able to assess Resident #1's three month weight loss percentage on her 2/24/2025 nutritional assessment because there were no documented weights for November 2024 or December 2024 on Resident #1's Weights and Vitals Summary.</p> <p>In an interview on 03/13/2025 at 9:35AM, S3Compliance Executive Nurse (CEN) indicated it is the policy of the facility to obtain monthly weights on all residents. S3CEN confirmed there were no documented weights for Resident #1 for November 2024 and December 2024. S3CEN further indicated there should be documentation of monthly weights or a reason as to why the monthly weights were not obtained and documented.</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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