

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 03/19/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>47081</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure a notice of employees' rights against retaliation for reporting crimes against residents was posted in a conspicuous location.</p> <p>Findings:</p> <p>Review of the United States Social Security Act Title XI, Part A, Section 1150B(d)(3) dated 08/14/1935 and amended on 09/26/2024 revealed, in part, each long-term care facility shall post conspicuously in an appropriate location a sign specifying the rights of employees against retaliation for reporting crimes against residents of the facility. Further review revealed, such sign shall include a statement that an employee may file a complaint against a long-term care facility that violates the provisions against retaliation with respect to the manner of filing such a complaint.</p> <p>Observation of the facility's employee common areas on 03/18/2025 at 3:00PM revealed no conspicuous signage related to employees' rights against retaliation for reporting suspected crimes.</p> <p>In an interview on 03/18/2025 at 3:10PM, S6Licensed Practical Nurse (LPN) indicated there was no signage displayed for staff members indicating employees' rights against retaliation for reporting suspected crimes.</p> <p>In an interview on 03/18/2025 at 3:17PM, S2Chief Operations Officer (COO) indicated the facility could not provide any evidence of conspicuous signage related to employee rights and the prohibition and prevention of retaliation for reporting suspected crimes.</p> <p>In an interview on 03/18/2025 at 3:18PM, S4Compliance Executive Nurse indicated she was not aware of the above mentioned signage requirement.</p> <p>In an interview on 03/19/2025 at 1:38PM, S1Administrator confirmed the facility could not provide any evidence a sign was posted in a conspicuous location regarding employees' rights against retaliation. S1Administrator further indicated she was not aware such signage was 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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>47081</p> <p>Based on interviews and record reviews, the facility failed to ensure an allegation of abuse was reported to the State Survey Agency within the required two hours for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated for abuse.</p> <p>Findings:</p> <p>Review of the facility's Abuse Investigation and Reporting policy and procedure dated 03/04/2024 revealed, in part, an alleged violation of abuse, neglect, exploitation or mistreatment would be reported immediately to the State Survey Agency, but not later than 2 hours if the alleged violation involved abuse or had resulted in serious bodily injury.</p> <p>Review of the Louisiana Department of Health (LDH) Health Standards Incident Report #271580 revealed, in part, an allegation of abuse involving Resident #1:</p> <p>-Occurred on 02/19/2025;</p> <p>-Was discovered on 02/21/2025 at 9:39AM; and,</p> <p>-Was entered into the Statewide Incident Management System (SIMS) reporting system on 02/21/2025 at 11:05AM.</p> <p>In an interview on 03/18/2025 at 12:20PM, S1Administrator indicated she was made aware of Resident #1's allegation of abuse on 02/20/2025 at 9:15AM. S1Administrartor further confirmed the discovery date and time of Resident #1's allegation of abuse was not accurately documented on the above mentioned LDH Health Standards Incident Report.</p> <p>In an interview on 03/18/2025 at 12:25PM, S3Assistant Chief Operations Officer indicated S8Certified Nursing Assistant was suspended on 02/20/2025 at 1:26PM pending the results of the investigation.</p> <p>In an interview on 03/19/2025 at 1:30PM, S1Administrator confirmed the facility did not report Resident #1's allegation of abuse to the State Survey Agency within two hours and should have.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>47081</p> <p>Based on interviews and record reviews, the facility failed to complete a performance review within 12 months for 1 (S8Certified Nursing Assistant [CNA]) of 5 (S7CNA, S8CNA, S9CNA, S10CNA, S11CNA) personnel records reviewed.</p> <p>Findings:</p> <p>Review of S8CNA's personnel record revealed, in part, S8CNA had a hire date of 03/10/2023. Further review revealed S8CNA's last performance review was dated 03/13/2024.</p> <p>There was no documented evidence, and the facility could not provide any documented evidence a performance review was completed for S8CNA within the past 12 months.</p> <p>In an interview on 03/18/2025 at 1:45PM, S5Human Resources Director indicated the facility could not provide any documented evidence S8CNA had a performance review completed in the past 12 months.</p> <p>In an interview on 03/19/2025 at 12:58PM, S1Administrator confirmed a personnel performance review had not been conducted for S8CNA within the past 12 months as required and should have been.</p>