

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 05/21/2025
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure a referral to home health was completed prior to a resident's discharge as ordered (Resident #1); and, 2. Clarify a resident's discharge order to ensure a resident had all the necessary supplies and equipment for Percutaneous Endoscopic Gastrostomy (PEG) tube (a feeding tube inserted directly into the stomach through a small incision in the abdomen) feeding before the resident was discharge home (Resident #1). <p>This deficient practice was identified for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated for discharge requirements.</p> <p>Findings:</p> <p>Review of the facility's Discharge and Plan policy with a revision date of 03/2025 revealed, in part, the facility should make referrals to local agencies, and support services that could assist in accommodating the resident's post-discharge preferences, as appropriate.</p> <ol style="list-style-type: none"> 1. <p>Review of Resident #1's Physician's Telephone Order dated 04/07/2025 revealed, in part, an order to discharge Resident #1 home with home health.</p> <p>Review of Resident #1's Transfer/Discharge Report dated 04/10/2025 revealed, in part, Resident #1 was discharged home on [DATE].</p> <p>Review of Resident #1's record revealed no documented evidence, and the facility was unable to present any documented evidence, a home health referral was accepted for Resident #1 prior to Resident #1's discharge on [DATE].</p> <p>Review of the facility's facsimile report revealed, in part, Resident #1 was not accepted by a home health agency until 04/11/2025.</p> <p>(continued on next page)</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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/21/2025 at 3:40PM, S1Administrator indicated the facility had no documented evidence a home health agency had accepted a referral prior to Resident #1's discharge on [DATE].</p> <p>2.</p> <p>Review of Resident #1's Minimum Data Set with an Assessment Reference Date of 03/25/2025 revealed, in part Resident #1 had a feeding tube for nutritional needs.</p> <p>Review of Resident #1's April 2025 Physician's Orders revealed, in part, an order dated 04/04/2025 for Isosource 1.5 (liquid nutritional formula that is administered through a resident's PEG tube) at 75 milliliters an hour (ml/hr) per PEG tube pump (a device that was used to deliver nutrients directly in the gastrointestinal tract).</p> <p>Review of Resident #1's Physician's Telephone Order dated 04/07/2025 revealed, in part, an order to discharge Resident #1 home with home health to care for PEG tube. Further review of Resident #1's physician's discharge order revealed no evidence Resident #1's PEG tube feeding pump or PEG tube formula was ordered upon discharge.</p> <p>There was no documented evidence, and the facility was unable to present any documented evidence, the facility clarified Resident #1's physician's order to ensure Resident #1's PEG tube feeding pump and PEG tube feeding formula was ordered upon discharge.</p> <p>Review of Resident #1's Transfer/Discharge Report dated 04/10/2025 revealed, in part, Resident #1 was discharged home on [DATE].</p> <p>Review of Resident #1's Physician's Orders, dated 04/11/2025 at 2:16PM, revealed an order for Resident #1's PEG tube pump and PEG tube formula of Isosource 1.5 at 75 ml/hr per PEG tube pump.</p> <p>Review of the facility's facsimile report dated 04/25/2025 revealed, in part, a referral was made to an infusion company for Resident #1's PEG tube feeding pump and Resident #1's PEG tube formula, with Resident #1's 04/11/2025 physician's orders attached.</p> <p>In an interview on 05/20/2025 at 11:11AM, S2Speech Therapist/Rehabilitation Director (ST/RD) indicated she participated in Resident #1's discharge planning meeting. S2ST/RD further indicated at the time of Resident #1's discharge she was still receiving intermittent PEG tube feeding via pump at night and would need to continue the feedings at home.</p> <p>In a telephone interview on 05/21/2025 at 9:58AM, a patient registration specialist with Resident #1's infusion company indicated a referral for Resident #1's PEG tube pump and PEG tube formula was first received from the facility on 04/25/2025 with Resident #1's physician's orders dated 04/11/2025.</p> <p>In a telephone interview on 05/21/2025 at 10:04AM, a nutrition care specialist with Resident #1's infusion company indicated Resident #1 did not receive a PEG tube feeding pump until 04/30/2025. The nutrition care specialist with Resident #1's infusion company further indicated Resident #1 did not receive 1 case of Isosource 1.5 until 05/01/2025.</p> <p>(continued on next page)</p>		

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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/21/2025 at 3:40PM, S1Administrator indicated Resident #1's discharge referral orders were not followed up on to ensure Resident #1 received the necessary PEG tube equipment and formula upon discharge.</p>

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 reviews, the facility failed to ensure transfer or discharge reports were completed for 3 (Resident #1, Resident #2, Resident #3) of 3 (Resident #1, Resident #2, Resident #3) sampled residents investigated for transfer and discharge requirements.</p> <p>Findings:</p> <p>Review of the facility's transfer and discharge plan policy statement with a revision date of 03/2025, revealed, in part, the discharge summary should include the following:</p> <p>a. recapitulation of the resident's stay at the facility (a concise summary of the resident's stay and course of treatment in the facility);</p> <p>b. a final summary of the resident's status at the time of the discharge available for release to authorized individuals and agencies, with the consent of the resident or representative; and</p> <p>Review of Resident #1's record revealed, in part, Resident #1 was discharged on 04/10/2025.</p> <p>Review of Resident #1's transfer/discharge report dated 04/10/2025 revealed, in part, no chief complaint (reason for transfer), no relevant information including detailed instructions for ongoing care and no final summary of Resident #1's status at time of discharge.</p> <p>Review of Resident #2's record revealed, in part, Resident #1 was discharged on 05/07/2025.</p> <p>Review of Resident #2's transfer/discharge report dated 05/07/2025 revealed, in part, no chief complaint, no relevant information, no reason or location where Resident #2 was transferred/discharged and no final summary of Resident #1's status at time of discharge .</p> <p>Review of Resident #3's record revealed, in part, Resident #3 was discharged on 04/27/2025.</p> <p>Review of Resident #3's transfer/discharge report dated 04/27/2025 revealed, no chief reason for complaint, no relevant information, no location to where Resident #3 was transferred/discharged and no final summary of Resident #3's status at time of discharge.</p> <p>In an interview on 05/21/2025 at 3:40PM, S1Administrator indicated Resident #1, Resident #2 and Resident #3 did not have completed transfer/discharge reports. S1Administrator further indicated the above mentioned transfer/discharge reports should have been completed.</p>		