

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  09/16/2024
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44336</b></p> <p>Based on record review and interviews, the facility failed to ensure a Discharge/Transfer Minimum Data Set (MDS) assessment was completed and transmitted timely for 1 (Resident #66) of 3 (Resident #12, Resident #66, and Resident #80) residents reviewed for resident assessment.</p> <p>Findings:</p> <p>Review of Resident #66's record revealed, in part, Resident #66 was admitted to the facility on [DATE] and was transferred to the hospital on 04/26/2024. Further review revealed Resident #66 was discharged from the facility and did not return to the facility. Further review of Resident #66's records revealed, in part, no documented evidence a transfer and discharge assessment was completed and/or transmitted since he was discharged .</p> <p>In a telephone interview on 09/13/2024 at 2:08 p.m., S3License Practical Nurse/Minimum Data Set (S3LPN/MDS) confirmed Resident #66's discharge MDS was not completed and transmitted and should have been.</p> <p>In an interview on 09/16/2024 at 11:03 a.m., S7Director of Nursing confirmed Resident #66 did not have a discharge MDS, and should have.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>44336</p> <p>Based on record reviews and interviews, the facility failed to ensure the accuracy of a Minimum Data Set (MDS) assessment for 1 (Resident #12) of 3 (Resident #12, Resident #66, and Resident #80) sampled residents reviewed.</p> <p>Findings:</p> <p>Review of Resident #12's MDS with an assessment referenced date (ARD) of 08/01/2024, revealed, in part, Resident #12 had a brief interview of mental status (BIMS) score of 15, which indicated she was cognitively intact. Further review revealed the bedrail was used less than daily documented as a physical restraint while Resident #12 was in bed.</p> <p>Review of Resident #12's care plan revealed, in part, there was no documentation, and the facility did not provide any documentation of Resident #12 being care planned for restraints.</p> <p>Observation on 09/13/2024 at 1:39 p.m. revealed Resident #12 did not have any bedrails on her bed.</p> <p>In an interview on 09/13/2024 at 1:39 p.m. with Resident #12 confirmed she did not have side rails on her bed.</p> <p>In a telephone interview on 09/13/2024 at 2:08 p.m , S3License Practical Nurse confirmed Resident #12's MDS was coded for restraints in error.</p> <p>In an interview on 09/16/2024 at 1:15 p.m., S7Director of Nursing indicated the facility did not use restraints.</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>49562</p> <p>Based on record reviews and interviews, the facility failed to complete performance reviews and provide in-service education based on the outcome of these reviews annually for 2 (S5Certified Nursing Assistant [CNA], S6Receptionist [Rec]) of 3 (S4CNA, S5CNA, S6Rec) ) sampled unlicensed personnel.</p> <p>Findings;</p> <p>Review of S4CNA's personnel record revealed, in part, a hire date of 03/27/2024. Further review of S4CNA's personnel record revealed no documented evidence and the provider did not present any documented evidence of an annual performance evaluation for S4CNA.</p> <p>Review of S5CNA's personnel record revealed, in part, a hire date of 10/03/2022. Further review of S5CNA's personnel record revealed no documented evidence and the provider did not present any documented evidence of an annual performance evaluation for S5CNA.</p> <p>Review of S6Rec's personnel record revealed, in part, a hire date of 04/24/2012. Further review of S5CNA's personnel record revealed no documented evidence and the provider did not present any documented evidence of an annual performance evaluation for S6Rec.</p> <p>In an interview on 09/10/2024 at 3:15 p.m., S2Human Resource Director (HR) confirmed S4CNA, S5CNA, and S6Rec had not had performance evaluations and they should have been conducted.</p> <p>In an interview on 09/10/2024 at 3:20 p.m., S1Director of Operations, confirmed personnel performance evaluations had not been conducted for S4CNA, S5CNA, or S6Rec, and they should had been conducted.</p>		