STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195632	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lafon Nursing Facility of the Holy Family	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interviews, the facility failed to ensure staff followed the manufacturer's instructions for the 3 compartment sink to correctly sanitize dishware. Findings:In an interview on 08/27/2025 at 1:20PM, S4Dietary indicated he routinely washed dishes in the 3 compartment sink. S4Dietary explained that he would dip the dishes into the sanitization solution in the 3 compartment sink, remove the dishes from the sanitization solution, and would place the dishes on the side to air dry. S4Dietary further indicated he did not soak dishes in the sanitization compartment of the 3 compartment sink for any specific amount of time. Observation on 08/27/2025 at 1:26PM revealed the manufacturer's instructions were posted on the wall near the 3 compartment sink that indicated to expose all area's surfaces of the dishware in the sanitization solution for no less than one minute and then allow to air dry. In an interview on 08/27/2025 at 1:26PM, S5Dietary Manager indicated S4Dietary should have followed the manufacturer's instructions posted on the wall near the 3 compartment sink as mentioned above. In an interview on 08/27/2025 at 3:50PM, S1Administrator confirmed S4Dietary should have submerged dishware in the sanitization solution in the 3 compartment sink for no less than one minute as per the manufacturer's instructions

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure resident MDS (Minimum Data Set) assessments were completed accurately and reflected the resident's status for 2 (Resident #6, Resident #9) of 19 (Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #9, Resident #11, Resident #12, Resident #13, Resident #20, Resident #24, Resident #28, Resident #52, Resident #67, Resident #71, Resident #81, Resident #83, Resident #84) sampled residents reviewed for MDS accuracy. Findings:Resident #6 Review of Resident #6's quarterly MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 05/13/2025 revealed, in part, Resident #6 had one fall with no injury and one fall with major injury since prior assessment dated [DATE]. Review of Resident #6's quarterly MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 08/12/2025 revealed, in part, Resident #6 had one fall with no injury and one fall with major injury since the prior assessment dated [DATE]. Review of the facility's incident reports dated 02/01/2025 – 08/26/2025 revealed, in part, Resident #6 had no incident reports for falls. In an interview on 08/26/2025 at 11:11AM, S2Director of Nursing (DON) indicated Resident #6 did not have a documented fall since 2023. In an interview on 08/26/2025 at 11:30AM, S3Minimum Data Set (MDS) Nurse coordinator confirmed she completed the assessments as mentioned above for Resident #6's and documented Resident #6 to have had one fall with no injury and one fall with major injury since the prior assessment. S3MDS Nurse confirmed Resident #6 did not have any falls since the prior assessments dated 02/11/2025 and 05/12/2025, and the assessments as mentioned above were documented inaccurately. Resident #9 Review of Resident #9's annual MDS with ARD of 07/15/2025 revealed, in part, Resident #9's oral/dental status section was marked none of the above, which included no natural teeth or tooth fragments (edentulous). Observation on 08/25/2025 at 1:27PM revealed Resident #9's oral cavity was visible and no natural teeth were observed. In an interview on 08/25/2025 at 1:27PM Resident #9 stated she did not have any natural teeth and expressed a desire to obtain dentures. In an interview on 08/27/2025 at 2:21PM, S3MDS Nurse Coordinator confirmed she completed the assessment as mentioned above for Resident #9. S3MDS Nurse Coordinator confirmed Resident #9 was edentulous (having no natural teeth) and the assessment as mentioned above was documented inaccurately. In an interview on 08/27/2025 at 2:41PM, S1Administrator acknowledged S3MDS Nurse Coordinator should have coded Resident #9 as edentulous (having no natural teeth) and the MDS was documented inaccurately for Resident #9.