

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Louisiana Department of Health
Health Standards Section

June 13, 2019

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7015 3010 0001 9968 4189

Attn: Ms. Lindsey Dukes, Administrator
Maison Orleans Healthcare of New Orleans
1420 General Taylor
New Orleans, LA 70115

Re: Maison Orleans Healthcare of New Orleans
Event ID: B10H11 ID: 195174 Medicaid ID: 1520926 State ID: NH0002644

Dear Ms. Dukes:

On 10/11/2018, a health survey was conducted at the above referenced facility. At that time it was determined that the facility was out of compliance with the federal and/or state rules for nursing facilities. Specifically, the facility had deficient practices in the following areas:

Fed - F - 0689 - 483.25(d)(1)(2) -Free Of Accident Hazards/supervision/devices S-S= E

This office has determined that your facility's failure to comply with this rule constitutes a Class "C" violation pursuant to a final rule published by this Department in November of 2013, in that the above referenced facility's actions or inactions created a potential for harm by directly threatening the health, safety, rights or welfare of a resident(s). Additionally, considering the findings of the previous survey dated March 27, 2018, this Class "C" violation constitutes a **repeat violation**. Further, this facility has been previously cited for a Class "C" violation that occurred within eighteen (18) months of this violation. **As a result of this infraction, we are assessing this facility a Civil Fine of \$1,200.00 for the violation under Tag F-689, for this Class "C" violation, as referenced in this letter.**

Therefore, the total amount of the Civil Fines assessed against this facility for this Class "C" violation, as referenced in this letter, is \$1,200.00.

Further details of these violations are included in the 10/11/2018 survey statement of deficiencies, Form CMS-2567 (previously received by this facility), which is

628 North 4th Street, Baton Rouge, Louisiana 70802 • P.O. Box 3767 • Baton Rouge, Louisiana 70821-3767
Phone #: 225/342-0138 • Fax #: 225/342-5073 • NEW.DHH.LOUISIANA.GOV
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incorporated by reference herein.

You may request an **Administrative Reconsideration** of this decision to impose a civil fine. The request for Administrative Reconsideration must be in writing and must be forwarded to the following address:

IDR Program Manager
LDH - Health Standards Section
P. O. Box 3767
Baton Rouge, LA 70821-3767

You may also submit your written request via email to: HSS.IDR-Sanction@la.gov.

Your request for Administrative Reconsideration must be received by this office within ten (10) days from receipt of this notice letter and must include any documentation that you think demonstrates this determination was made in error. If a timely request for the Administrative Reconsideration is received by this office, an Administrative Reconsideration will be scheduled and you will be notified of the time and place. The reconsideration decision shall be made on the basis of documents and shall include the survey report and statement of deficiencies and all documentation the facility submits to the department at the time of its request for reconsideration. Further, oral presentations can be made by department spokesmen and facility spokesmen at the time of the Administrative Reconsideration. The department shall notify the facility, in writing, of the results of the Administrative Reconsideration.

You also have the right to an **Administrative Appeal** regarding this decision. If you desire to appeal the proposed civil fine, you must file a written request within thirty (30) days after receipt of the written notice of the results of the Administrative Reconsideration. Your request for an Administrative Appeal must be forwarded to the following:

Division of Administrative Law
HH Section
Post Office Box 4189
Baton Rouge, LA 70821-4189

You may choose to waive or forego the right to an Administrative Reconsideration and proceed directly to an Administrative Appeal. If you choose this option, you must file a written request for an Administrative Appeal within thirty (30) days after receipt of this notice letter. Your request for an Administrative Appeal must be forwarded to the Division of Administrative Law, at the address cited in the paragraph above.

In accordance with La. R.S. 40:2009.11(D) or La. R.S. 40:2119(D), the facility shall furnish, with an appeal, bond in the minimum amount of one and one-half times the amount of the fine imposed by the department. The bond furnished shall provide in substance that it is furnished as security that the facility will prosecute its appeal, that any judgment against it, including court costs, will be paid or satisfied from the amount furnished, or that otherwise the surety is liable for the amount assessed against the facility.

Therefore, this facility must furnish a bond in the amount of **\$1,800.00** to request an appeal.

Pursuant to Louisiana Administrative Code, Title 48, Part I, Subpart 3, Chapter 46, Section 4641.E(5) this facility may choose to file a devolutive appeal (pay the fine, pending the outcome of all appeals).

The Department's decision to impose the civil fine becomes final and no administrative or judicial relief may be obtained if you fail to timely request an Administrative Reconsideration and/or Administrative Appeal.

Please note that the request for an Administrative Reconsideration does not constitute a request for an Administrative Appeal.

Also, please note that if you do not request an Administrative Reconsideration or an Administrative Appeal, this letter constitutes notice of this Department's final decision to impose a sanction. Once the delays for filing for an Administrative Reconsideration and/or Administrative Appeal have run, the decision to impose this Civil Fine becomes final and **you must remit your payment with the enclosed transmittal form within ten (10) days to:**

**LDHH Licensing Trust Funds
P.O. Box 62990
New Orleans, LA 70162-2990**

Or, for overnight/courier service, to:

**JPMorgan Chase
ATTN: LDHH Licensing Trust Funds
#62990
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155**

Do not send your payment to the Health Standards Section as this will result in delays in processing your payment.

Pursuant to a final rule published by this Department in Louisiana Register Vol. 39, No. 11 November 20, 2013, the facility may waive in writing the right to all administrative reconsideration and appeal rights within 30 days from the date of receipt of the notice imposing the civil monetary penalty. This waiver shall be forwarded to the Health Standards Section of the department. You must notify Health Standards in writing on or before this date. If a facility waives its right to all administrative reconsideration and appeal rights pursuant to the rule and in accordance with the provisions of LAC 48.I Chapter 97, Subchapter C §9741.A.1, the Department shall reduce the civil monetary penalty for Class "C" violations by 50 percent, which shall be paid by the facility within 30 days of receipt of the notice imposing the civil monetary penalty. This reduction only applies to **Class "C" violations**. Please send the completed waiver form accompanied by the check or money order for the amount of **\$600.00** that is due and owing to the department (attention James Taylor) at the above listed address.

Upon remittance, include a copy of this letter with the check and clearly indicate in the check memo space the date of the survey and that the check is for payment of a civil monetary penalty.

If you have any questions regarding this letter, please contact James H. Taylor, III at (225) 342-5457.

Sincerely,

Health Standards Section

By: _____
Cecile D. Castello, BSN, RN
LDH-HSS Director

cc: File Copy
Nursing Home Program Desk
Cindy Pritchard, Financial Management

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Louisiana Department of Health
Health Standards Section

August 19, 2019

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7015 3010 0001 9968 5247

Attn: Ms. Lindsey Dukes, Administrator
Maison Orleans Healthcare of New Orleans
1420 General Taylor
New Orleans, LA 70115

Re: Maison Orleans Healthcare of New Orleans
Event ID: P5WJ11 ID: 195174 Medicaid ID: 1520926 State ID: NH0002644

Dear Ms. Dukes:

On 02/11/2019, a survey on Complaint #LA00050859 was conducted at the above referenced facility. At that time it was determined that the facility was out of compliance with the federal and/or state rules for nursing facilities. Specifically, the facility had deficient practices in the following areas:

~~Free Of Accident~~ Federal Rule 483.25(d)(1)(2) - Free Of Accident Hazards/supervision/devices S-S= D

~~This office has determined that your facility's failure to comply with this rule constitutes a Class "C" violation pursuant to a final rule published by this Department in November of 2013, in that the above referenced facility's actions or inactions created a potential for harm by directly threatening the health, safety, rights or welfare of a resident(s). Additionally, considering the findings of the previous survey dated October 11, 2018, this Class "C" violation constitutes a **repeat violation**. Further, this facility has been previously cited for a Class "C" violation that occurred within eighteen (18) months of this violation. **As a result of this infraction, we are assessing this facility a Civil Fine of \$1,000.00 for the violation under Tag F-689, for this Class "C" violation, as referenced in this letter.**~~

Therefore, the total amount of the Civil Fines assessed against this facility for this Class "C" violation, as referenced in this letter, is \$1,000.00.

Further details of these violations are included in the 02/11/2019 survey statement of

628 North 4th Street, Baton Rouge, Louisiana 70802 • P.O. Box 3767 • Baton Rouge, Louisiana 70821-3767
Phone #: 225/342-0138 • Fax #: 225/342-5073 • NEW.DH.LOUISIANA.GOV

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deficiencies, Form CMS-2567 (previously received by this facility), which is incorporated by reference herein.

You may request an **Administrative Reconsideration** of this decision to impose a civil fine. The request for Administrative Reconsideration must be in writing and must be forwarded to the following address:

IDR Program Manager
LDH - Health Standards Section
P. O. Box 3767
Baton Rouge, LA 70821-3767

You may also submit your written request via email to: HSS.IDR-Sanction@la.gov.

Your request for Administrative Reconsideration must be received by this office within ten (10) days from receipt of this notice letter and must include any documentation that you think demonstrates this determination was made in error. If a timely request for the Administrative Reconsideration is received by this office, an Administrative Reconsideration will be scheduled and you will be notified of the time and place. The reconsideration decision shall be made on the basis of documents and shall include the survey report and statement of deficiencies and all documentation the facility submits to the department at the time of its request for reconsideration. Further, oral presentations can be made by department spokesmen and facility spokesmen at the time of the Administrative Reconsideration. The department shall notify the facility, in writing, of the results of the Administrative Reconsideration.

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In accordance with La. R.S. 40:2009.11(D) or La. R.S. 40:2119(D), the facility shall furnish, with an appeal, bond in the minimum amount of one and one-half times the amount of the fine imposed by the department. The bond furnished shall provide in substance that it is furnished as security that the facility will prosecute its appeal, that any judgment against it, including court costs, will be paid or satisfied from the amount furnished, or that otherwise the surety is liable for the amount assessed against the facility.

Therefore, this facility must furnish a bond in the amount of **\$1,500.00** to request an appeal.

Pursuant to Louisiana Administrative Code, Title 48, Part I, Subpart 3, Chapter 46, Section 4641.E(5) this facility may choose to file a devolutive appeal (pay the fine, pending the outcome of all appeals).

The Department's decision to impose the civil fine becomes final and no administrative or judicial relief may be obtained if you fail to timely request an Administrative Reconsideration and/or Administrative Appeal.

Please note that the request for an Administrative Reconsideration does not constitute a request for an Administrative Appeal.

Also, please note that if you do not request an Administrative Reconsideration or an Administrative Appeal, this letter constitutes notice of this Department's final decision to impose a sanction. Once the delays for filing for an Administrative Reconsideration and/or Administrative Appeal have run, the decision to impose this Civil Fine becomes final and **you must remit your payment with the enclosed transmittal form within ten (10) days to:**

**LDHH Licensing Trust Funds
P.O. Box 734353
Dallas, TX 75373-4353**

Or, for overnight/courier service, to:

**JPMorgan Chase
ATTN: LDHH Licensing Trust Funds
#62990
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155**

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Sincerely,

Health Standards Section

By: _____

Cecile D. Castello, BSN, RN
LDH-HSS Director

cc: File Copy
Nursing Home Program Desk
Cindy Pritchard, Financial Management