

John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

# State of Louisiana

Louisiana Department of Health  
Health Standards Section

October 15, 2019

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
# 7019 0140 0000 3682 8214**

Attn: Ms. Lindsey Dukes, Administrator  
West Jefferson Health Care Center  
1020 Manhattan Blvd  
Harvey, LA 70058

Re: West Jefferson Health Care Center  
Event ID: XK0111 ID: 195591 Medicaid ID: 1510556 State ID: NH0004405

Dear Ms. Dukes:

On 04/17/2019, a Complaint survey, LA00057553, 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 - 0656 - 483.21(b)(1) - Develop/implement Comprehensive Care Plan 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 18, 2018, this Class "C" violation constitutes a **repeat violation**. **As a result of this infraction, we are assessing this facility a Civil Fine of \$500.00 for the violation under Tag F-0656, 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 \$500.00.**

Further details of these violations are included in the 04/17/2019 survey statement of 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](mailto: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 **\$750.00** 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, 2<sup>nd</sup> 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 \$250.00 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  
Deputy Assistant Secretary  
Louisiana Department of Health

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