



**State of Louisiana**  
Department of Health  
Bureau of Health Services Financing  
Program Integrity Section

September 7, 2021

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED 7001 2510 0001 3150 0510**

Maison Orleans Healthcare of New Orleans  
ATTN: Kim Russell, Nursing Facility Administrator  
1420 General Taylor Street  
New Orleans, LA 70115

**RE: Termination of Provider Agreement**

Company Name: Maison Orleans Healthcare of New Orleans  
Provider Number: 52092  
Effective Date: 09/07/2021

Dear Maison Orleans Healthcare of New Orleans:

This notice is to inform you that the Louisiana Department of Health (LDH) is terminating your provider agreement with the Louisiana Title XIX Medical Assistance Program (Medicaid). Pursuant to La. R.S. 46:437.11(D)(2), the Secretary may voluntarily terminate a provider agreement immediately if a health care provider is the subject of a sanction or of a criminal, civil, or departmental proceeding. This decision was based on the following reason(s):

On September 7, 2021, the LDH initiated a nursing home license revocation for Maison Orleans Healthcare of New Orleans. Therefore, the facility is currently the subject of a departmental proceeding.

You are entitled to an administrative review of this action. Initially you should request an informal review, wherein you are entitled to present information in writing or orally, present documents, and to inquire as to the reasons for our determination. You must make your request for an informal review in writing and within fifteen (15) calendar days (including Saturdays and Sundays) of receipt of this notice. *Your written request must be sent to:*

Louisiana Department of Health  
Bienville Building  
Program Integrity Section  
ATTN: Joal Peak  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

You may be represented by an attorney or authorized representative at the informal review. Your attorney or authorized representative must file a written notice of representation identifying himself/herself by name, address, and telephone number at the address given above.

Following the informal review, you will receive written notice of the results of the informal review from which you are entitled to seek an administrative appeal before the Division of Administrative Law—HH Section.

You may choose to forego the informal hearing and instead request an administrative appeal. Your request for an administrative appeal must be in writing and must set out the reasons for which you are seeking an appeal and the basis on which you disagree with the Department's decision.

All requests for an administrative appeal must be received within thirty (30) calendar days of the receipt of the Notice of Informal Review, or, if no informal hearing is requested, within (30) calendar days of the receipt of the Notice of Termination. Request for an administrative appeal must be sent to the address below:

Division of Administrative Law-HH Section  
P.O. Box 4189  
Baton Rouge, LA 70821-4189  
Phone: (225) 342-0443  
Fax: (225) 219-9823

You may be represented by an attorney or authorized representative at the administrative appeal. Your attorney or authorized representative must file a written notice of representation identifying his/her name, address, and telephone number at the address given above.

Please send a copy of this request to the:

Program Integrity Compliance Unit  
Attn: Joal Peak  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

If you have any questions regarding this correspondence, you may contact the compliance section at (225) 219-4279.

Sincerely,



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Jarrod J. Coniglio  
Program Integrity Section Chief

JJG/jp

cc:  
Jodi Lejeune, MFCU  
Karen Nicholson, PE  
Tasheka Dukes, Health Standards Section  
OCDD  
OAAS  
Medicaid Director  
Stephen Russo, Executive Counsel  
Jeanne Rube- SURS