

ABUSE AND NEGLECT IN INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

LOUISIANA DEPARTMENT OF HEALTH

PERFORMANCE AUDIT SERVICES

Issued July 17, 2024

**LOUISIANA LEGISLATIVE AUDITOR
1600 NORTH THIRD STREET
POST OFFICE BOX 94397
BATON ROUGE, LOUISIANA 70804-9397**

LEGISLATIVE AUDITOR
MICHAEL J. "MIKE" WAGUESPACK, CPA

FIRST ASSISTANT LEGISLATIVE AUDITOR
BETH Q. DAVIS, CPA

DIRECTOR OF PERFORMANCE AUDIT SERVICES
KAREN LEBLANC, CIA, CGAP, MSW

PERFORMANCE AUDIT MANAGER
EMILY DIXON, CIA, CGAP, CRMA, MBA

AUDIT TEAM
JULIE FLOYD, CIA, CGAP, MPA

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July 17, 2024

The Honorable J. Cameron Henry, Jr.
President of the Senate
The Honorable Phillip DeVillier,
Speaker of the House of Representatives

Dear Senator Henry and Representative DeVillier:

This report provides the results of our evaluation of the Louisiana Department of Health's (LDH) activities related to abuse and neglect in Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs).

LDH monitors the ICFs' compliance with requirements through inspections called surveys. The department conducts an initial survey when an ICF opens, then conducts a recertification survey at least once every 15 months. We found LDH improved the timeliness of its recertification surveys from 362 of 378, or 95.8%, conducted timely in fiscal year 2020 to 100% of 413 conducted timely in fiscal year 2023.

In addition, we found LDH received 718 complaints related to ICFs during fiscal years 2019 through 2023. Of those complaints, 193 received an Immediate Jeopardy priority, and LDH initiated an onsite investigation within two business days as required. However, LDH is not able to easily identify which complaints are related to abuse and neglect.

We found, too, that the ICFs reported more than 4,000 incidents of actual or alleged abuse and neglect during fiscal years 2019 through 2023. However, LDH did not ensure the ICFs reported the incidents in a timely manner. Of 4,698 Facility-Reported Incidents (FRIs), 1,103, or 23.5%, were not reported within 24 hours of discovery as required by state regulations. In addition, as of May 2024, 25 of 64, or 39.1%, sheriffs' offices did not have access to the Statewide Incident Management System to respond to allegations of abuse and neglect within their jurisdictions.

Additionally, we found LDH cited the ICFs with 4,948 deficiencies during fiscal years 2019 through 2023. Of those, 614 (12.4%) were related to client protections, which included deficiencies related to abuse and neglect. LDH could increase transparency and assist the public with making more informed decisions about care by posting information about deficiencies, complaints, and FRIs on its website.

LDH fined the ICFs a total of \$450,250 for deficiencies identified in surveys and investigations conducted during fiscal years 2019 through 2023. However, the amounts may not be adequate to deter noncompliance. Fine maximums established in state law have not increased since they were set in 1997.

We also found LDH could use Medicaid data to monitor the ICFs for compliance with Medicaid requirements. For example, we identified ICF residents who potentially did not receive annual doctor visits as required by Medicaid. A review of Medicaid data for medical services provided during fiscal year 2022 found that 135 of 3,165 (4.3%) ICF residents potentially did not receive an annual doctor visit.

The report contains our findings and recommendations. I hope this report will benefit you in your legislative decision-making process.

We would like to express our appreciation to the Louisiana Department of Health for its assistance during this audit.

Respectfully submitted,



Michael J. "Mike" Waguespack, CPA
Legislative Auditor

MJW/aa

LDH IFC

Louisiana Legislative Auditor

Michael J. "Mike" Waguespack, CPA



Abuse and Neglect in Intermediate Care Facilities for Individuals with Developmental Disabilities Louisiana Department of Health

July 2024

Audit Control #40230026

Introduction

We evaluated the Louisiana Department of Health's (LDH) activities to address abuse and neglect in Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DDs or ICFs).¹ An ICF is a 24-hour residential facility that assists residents with basic daily activities such as eating, hygiene, and medication; and ensures that residents receive services such as speech and physical therapies, and medical care such as doctor visits.² In fiscal year 2023, 501 ICFs served approximately 4,122 residents in Louisiana. The primary source of funding for ICFs is Medicaid, and ICFs received \$403.5 million in payments³ during fiscal year 2023.

A developmental disability is a severe, chronic disability attributable to cerebral palsy, autism, epilepsy, or other condition, other than mental illness, that results in an impairment of general intellectual functioning or adaptive behavior and requires treatment and services; manifested before the person reaches age 22 and is likely to continue indefinitely.

We conducted this audit in response to legislative interest, calls from concerned parents, and the vulnerable nature of the population served. According to a 2015 report by the National Center on Criminal Justice and Disability,⁴ people with disabilities are four to 10 times more likely to be victimized than people without, and people with cognitive disabilities face the highest risk of victimization.

Abuse is the infliction of physical or mental injury to an individual or causing an individual's deterioration to such an extent that his/her health, moral, or emotional well-being is endangered.

Neglect is the failure to provide proper or necessary medical care, nutrition, or other care necessary for an individual's well-being.

¹ Individuals with developmental disabilities may choose to receive Home and Community Based Services (HCBS) rather than reside at an ICF. The Louisiana Legislative Auditor is currently conducting an audit of LDH's activities to address abuse and neglect in HCBS for these individuals.

² The services provided are based on the specific needs and goals of each individual.

³ LDH pays a daily rate (per diem) to ICFs for each resident. In fiscal year 2023, the per diem ranged from \$173.02 to \$256.64 per resident.

⁴ https://thearc.org/wp-content/uploads/forchapters/NCCJD%20White%20Paper%20%231%20Violence%20Abuse%20Bullyin g_5.pdf

LDH is responsible for monitoring ICFs for compliance with state and federal⁵ laws and regulations, including requirements that ICFs protect residents from abuse and neglect. Exhibit 1 summarizes LDH's oversight activities that were evaluated in this report.

Exhibit 1 LDH Oversight Activities	
Activity	Description
Conducting Recertification Surveys	LDH conducts an initial survey when an ICF opens and then conducts recertification surveys of each ICF at least once every 15 months.
Investigating Complaints	LDH receives and investigates complaints related to ICFs from the public, family members, ombudsman, healthcare professionals, and others.
Reviewing Facility Reported Incidents (FRIs)	ICFs must report and investigate all FRIs, which include any incidents that entail a serious threat to an individual's health, safety, or well-being. LDH reviews the FRIs submitted by ICFs including the results of the ICF's investigation. As needed, LDH will conduct on-site investigations.
Citing Deficiencies	If LDH determines that an ICF is not in compliance with state or federal requirements, it cites the ICF with a deficiency, called a tag. The ICF must correct the deficiency and LDH may apply adverse actions, such as fines, against the ICF.
Enforcing State and Federal Requirements	If LDH determines that an ICF is not in compliance with state or federal requirements, it may apply adverse actions, such as fines, against the ICF. Maximum fine amounts are set in state law.
Source: Created by legislative auditor's staff using information provided by LDH.	

In addition to oversight by LDH, federal law⁶ requires that a protection and advocacy system operate in each state to protect the rights of persons with developmental disabilities. State law⁷ established the ombudsman program within the Department of Justice to monitor the care received by persons with developmental disabilities residing in ICFs.⁸

The objective of this audit was:

To evaluate LDH's activities related to abuse and neglect in Intermediate Care Facilities for Individuals with Developmental Disabilities.

⁵ Via an agreement between LDH and the U.S. Department of Health and Human Services, LDH has been the designated "state survey agency" since 1985 meaning LDH certifies and monitors ICFs for compliance with federal requirements in addition to state requirements. Operating under Section 1864 of the Social Security Act, LDH certifies providers for participation in the Medicare and Medicaid programs.

⁶ 42 United States Code 15001

⁷ Louisiana Revised Statute (La R.S). 28:453.1

⁸ The Community Living Ombudsman Program (CLOP) was established in 1993 and CLOP staff receive and investigate complaints concerning any practices that may adversely affect the health, safety, or welfare of ICF residents. In fiscal year 2023, ombudsmen served 4,316 individuals living in 512 ICFs.

Our results are summarized on the next page and discussed in detail throughout the remainder of the report. Appendix A contains LDH's response, and Appendix B contains our scope and methodology. Appendix C summarizes maximum fine amounts for each class of violation, and Appendix D summarizes deficiencies, complaints, FRIs, and sanctions for ICFs during fiscal years 2019 through 2023.

Objective: To evaluate LDH's activities related to abuse and neglect in Intermediate Care Facilities for Individuals with Developmental Disabilities.

Overall, we found the following:

- **LDH improved the timeliness of its recertification surveys from 362 (95.8%) of 378 recertification surveys conducted timely in fiscal year 2020 to 100% of 413 recertification surveys conducted timely in fiscal year 2023.** LDH monitors ICFs' compliance with requirements through inspections, called surveys. LDH conducts an initial survey when an ICF opens, then conducts a recertification survey of each ICF at least once every 15 months.
- **LDH received 718 complaints related to ICFs during fiscal years 2019 through 2023 and conducted all 193 complaint investigations with an Immediate Jeopardy (IJ) priority timely. However, LDH is not able to easily identify which of these complaints are related to abuse and neglect.** In addition, parents and stakeholders feel that LDH could improve its communication with complainants and the timeliness of investigations.
- **ICFs reported more than 4,000 incidents of actual or alleged abuse and neglect during fiscal years 2019 through 2023. However, LDH does not ensure that ICFs report incidents timely as 1,103 (23.5%) of 4,698 FRIs were not reported within 24 hours of discovery as required by state regulations.** In addition, as of May 2024, 25 (39.1%) of 64 sheriffs' offices did not have access to the Statewide Incident Management System to respond to allegations of abuse and neglect that occur within their jurisdictions.
- **LDH cited ICFs with 4,948 deficiencies during fiscal years 2019 through 2023. Of those, 614 (12.4%) were related to client protections, which include deficiencies related to abuse and neglect. LDH could increase transparency and assist the public with making more informed decisions about care by posting information about deficiencies, complaints, and FRIs on its website.** Making this type of information available to the public may help families and stakeholders make more informed choices when making decisions about care.
- **LDH assessed fines totaling \$450,250 to ICFs for deficiencies identified during surveys and investigations conducted during**

fiscal years 2019 through 2023. However, fine amounts may not be adequate to deter non-compliance. Fine maximums established in state law have not increased since they were set in 1997.

- **LDH could use Medicaid data to monitor ICFs for compliance with Medicaid requirements. For example, we identified ICF residents who potentially did not receive annual doctor visits as required by Medicaid.** ICFs are required to arrange an annual physical examination of all residents.⁹ We reviewed Medicaid data for medical services provided during fiscal year 2022 and found that 135 (4.3%) of 3,165 ICF residents potentially did not receive an annual doctor visit.

Our findings and recommendations are discussed in more detail in the sections below.

LDH improved the timeliness of its recertification surveys from 362 (95.8%) of 378 recertification surveys conducted timely in fiscal year 2020 to 100% of 413 recertification surveys conducted timely in fiscal year 2023.

LDH is responsible for monitoring an ICF's compliance with state and federal regulations, including the requirement to protect residents from abuse and neglect. For example, ICFs are required to implement procedures that protect residents from abuse, including conducting criminal background checks on staff, providing residents with appropriate therapies and medical care, and reporting and investigating allegations of abuse and neglect. LDH monitors ICFs' compliance with requirements through inspections, called surveys. LDH will conduct an initial certification survey when an ICF opens. In addition, the Centers for Medicaid and Medicare Services (CMS) requires that LDH conduct a recertification survey of each ICF at least once every 15 months.¹⁰

Surveys are conducted by regional LDH survey staff. According to LDH, survey staff generally have a medical background and undergo approximately nine to 11 months of training before they are allowed to conduct surveys independently. Surveyors conduct various activities to assess ICF compliance, such as observing resident care and interactions with staff at meal times, while preparing residents for the day, and while delivering medication. Surveyors also observe the physical condition of the facility and the vehicles used to transport residents. To ensure that residents receive services such as speech and physical therapies, and medical care

⁹ Louisiana Administrative Code (LAC) 48:8553

¹⁰ CMS State Operating Manual

such as doctor visits, surveyors review records for a sample of residents. In addition, surveyors review previous incidents of non-compliance; recent complaints; and interview staff, residents, and family members.

LDH improved timeliness of recertification surveys from 362 (95.8%) of 378 recertification surveys conducted timely in fiscal year 2020 to 100% of 413 recertification surveys conducted timely in fiscal year 2023. CMS requires that LDH conduct a recertification survey of each ICF at least once every 15 months. During the COVID-19 Public Health Emergency (COVID), CMS suspended recertification surveys so that LDH could focus on infection control activities and responding to complaints. According to LDH, it paused recertification surveys from March 2020 through February 2021 but conducted 699 COVID surveys during fiscal years 2020 through 2023. Exhibit 2 shows the timeliness of recertification surveys conducted during fiscal years 2020 through 2023.

Exhibit 2					
Timeliness of ICF Surveys					
Fiscal Years 2020 through 2023					
Fiscal Year	Total Surveys Due	Conducted On Time		Conducted Late*	
		Count	Percent	Count	Percent
2020	378	362	95.8%	16	4.2%
2021**	458	135	29.5	323	70.5
2022	287	259	90.2	28	9.8
2023	413	413	100.0	0	0.0
Total	1,536	1,169	76.1%	367	23.9%

*Some of the recertification surveys we identified as late may include ICFs that were closed temporarily due to hurricane damage or staffing shortages during COVID. As a result of the temporary closure, the recertification survey could not be conducted timely.

**During March 2020 through February 2021, recertification surveys were suspended due to COVID.

Source: Prepared by legislative auditor's staff using LDH ICF survey data.

LDH received 718 complaints related to ICFs during fiscal years 2019 through 2023 and conducted all 193 complaint investigations with an Immediate Jeopardy (IJ) priority timely. However, LDH is not able to easily identify which of these complaints are related to abuse and neglect.

State law¹¹ and Medicaid¹² require LDH to evaluate complaints and determine if there are reasonable grounds for an investigation. According to CMS, the goal of

¹¹ La R.S. 40:2009.14

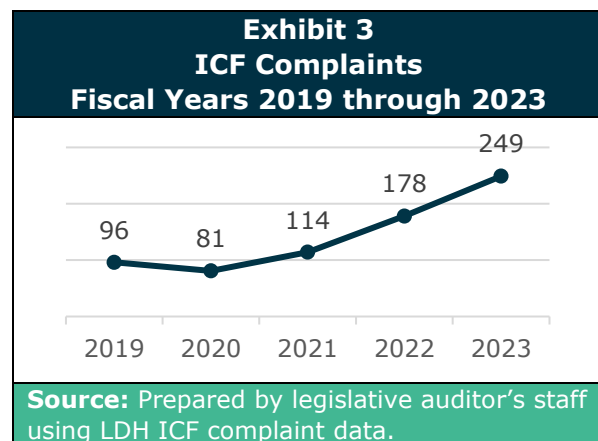
¹² CMS State Operations Manual

the complaint process is to protect the health, safety, and welfare of residents. LDH receives complaints in various ways including calls to its hotline, emails, letters, and referrals from other state agencies.

One LDH employee is responsible for reviewing the circumstances of each complaint and assigning a priority. The priority determines whether an on-site investigation must occur and in what timeframe.¹³ For example, LDH assigns an IJ priority when the allegation indicates there was serious injury, harm, impairment, or death of a resident, or the likelihood for such, and there continues to be risk unless immediate corrective action is taken. When an IJ is assigned, LDH must initiate an onsite investigation within two business days of receipt of the complaint. For other priorities, LDH may be required to investigate during the next regularly scheduled recertification survey, conduct an administrative review, or track the complaint to identify trends. When appropriate, LDH refers complaints to other entities such as law enforcement, child/adult/elderly protective service entities, and/or professional licensing boards.

LDH received 718 complaints related to ICFs during fiscal years 2019 through 2023. Of the 441 complaints that resulted in an investigation, most were submitted by the Ombudsman (88, or 20.0%), family (77, or 17.5%), an anonymous source (76, or 17.2%), or another state agency (67, or 15.2%). Exhibit 3 summarizes the total number of complaints LDH received each fiscal year during this time period.

Exhibit 4 shows the timeframe requirements for investigation along with the total complaints for each priority level received during fiscal years 2019 through 2023.



¹³ Timeframes are established in state law and Medicaid requirements.

Exhibit 4 Number of ICF Complaints by Priority Levels Fiscal Years 2019 through 2023			
Priority Level	Investigation Requirement	Examples	Total Complaints
Immediate Jeopardy (IJ)	LDH must initiate an onsite investigation within two business days of receipt of the complaint	Complaints related to allegations of physical or sexual abuse	193
Non-IJ Medium	LDH must investigate the complaint no later than the next onsite survey*	Complaint that ICF staff are not trained to work with residents with dementia	225
Non-IJ Low	LDH must track trend for potential focus areas during the next onsite survey	Complaint that ICF resident was not seen timely by a nurse after medical procedure	23
Administrative Review	LDH may confirm the findings at the next onsite survey	Complaint that the ICF's hot water heater was not working	43
Referral	LDH must request a written report on the results of the investigation by the outside entity	Complaint about ICF resident's Social Security Benefits (referred to LDH's Program Integrity Group)	3
No Action Necessary	No timeframe requirement	Complaint about ICF resident that needed a haircut	231
Total			718
<p>* Per La R.S. 40:2009.14, if LDH determines that grounds for an investigation of a report as a complaint exist, it shall investigate the complaint within thirty days of receipt of the report.</p> <p>Source: Prepared by legislative auditor's staff based on CMS State Operating Manual and LDH ICF complaint data.</p>			

Of the 718 complaints received, 441 (61.4%) resulted in an investigation and most of these complaints were substantiated. A complaint may have more than one allegation of non-compliance. If any of the allegations included in a complaint are substantiated, then the complaint has an overall finding of substantiated. Overall, 258 (58.5%) of the 441 complaints that resulted in an investigation were substantiated. Examples of substantiated allegations of non-compliance include:

- The ICF failed to ensure client protections when a resident fell out of a moving vehicle onto the street because the resident was not securely seat-belted into the vehicle, the door on the van was not completely closed and locked, and additional staff were not seated in the back of the van to provide supervision and support for the resident as per the ICF's Transportation Policy.

- The ICF failed to ensure quality of care in accordance with physician's orders by failing to provide a resident with morphine prior to wound care.
- The ICF failed to ensure adequate staffing levels and adequate supervision; a resident put their arm through a glass window and required treatment at the hospital.
- The ICF failed to ensure the rights of residents to be free from neglect by failing to provide 1:1 supervision when a resident was allowed to go alone to the bathroom. As a result, the resident fell and required treatment at the hospital for a laceration to the head.
- The ICF failed to ensure that the abuse or neglect of a resident was thoroughly investigated by failing to interview all potential staff and witnesses who may have had information regarding an allegation of abuse or neglect.

LDH conducted all 193 (100%) complaint investigations with an IJ priority timely during fiscal years 2019 through 2023. LDH assigns the priority based on the circumstances of the complaint. Examples of IJ priorities include situations when there are injuries that indicate physical abuse, allegations of sexual abuse, vital medications are not administered, or residents are able to leave the ICF without staff supervision (elopement). LDH assigned 193 (26.9%) of 718 complaints received during fiscal years 2019 through 2023 an IJ priority and initiated the on-site investigation within two business days as required for all 193 (100.0%).

Currently, LDH is not able to easily track the number of complaint allegations specifically related to abuse and neglect. In fiscal year 2021, LDH changed its process for categorizing complaint allegations and eliminated the separate categories of abuse and neglect. The new process created a category for client protections that includes all allegations of abuse and neglect, along with other related allegations such as failure to report abuse or neglect. According to LDH, it made this change to better align with CMS categories of non-compliance; however, this change makes it difficult for LDH to track the number of complaints related specifically to abuse and neglect. According to LDH, it plans to revert to using the old categories.

House Resolution No. 173 of the 2023 Regular Legislative Session¹⁴ directed LDH to report the number of abuse and neglect complaints received during calendar years 2021 and 2022.¹⁵ To fulfill this request under the new complaint categorization, LDH staff have been manually reviewing complaint records to determine if they include allegations of abuse or neglect. Tracking complaints is important because, according to CMS, numerous or more frequent complaints may

¹⁴ <https://legis.la.gov/Legis/ViewDocument.aspx?d=1329264>

¹⁵ The report is due by July 1, 2024.

indicate a systematic problem, and LDH may identify trends in allegations that indicate an increased risk of harm to ICF residents. Exhibit 5 summarizes the complaint allegations related to abuse and neglect received by LDH during fiscal years 2019 through 2023.

Exhibit 5 ICF Complaint Allegations Related to Abuse and Neglect Fiscal Years 2019 through 2023						
Allegation Type	Description	2019	2020	2021	2022	2023
Abuse	Includes allegations for all forms of abuse and includes resident-to-resident abuse and employee-to-resident abuse	45	39	9	-	-
Neglect	Includes allegations of resident left alone, pressure sores, failure to provide services, inadequate supervision, and injuries of unknown origin	44	31	9	-	-
Client Protections	Includes allegations for all forms of abuse and neglect, and other related allegations such as failure to report or investigate abuse or neglect	-	-	36	73	122
Total		89	70	54	73	122
Source: Prepared by legislative auditor's staff using the CMS State Operating Manual and LDH ICF complaint data.						

Parents and stakeholders feel that LDH could improve its communication with complainants and the timeliness of investigations. LDH's obligation is to inspect ICFs to determine compliance with state and federal requirements. However, LDH is not always able to verify allegations of abuse and neglect. For example, there may not be any witnesses, or the alleged abuse may have occurred in areas where video surveillance is not available, such as in residents' bedrooms. After completing an investigation, LDH sends a letter to the complainant that states whether non-compliance was identified. However, the letter does not specifically address the allegation that initiated the investigation. This may not satisfy family members and stakeholders who worry that their loved ones are not being cared for adequately. According to LDH, parents and stakeholders do not understand the difference between LDH's role and law enforcement's role in investigating complaints. LDH can only investigate allegations of non-compliance with laws and regulations, while law enforcement is responsible for identifying criminal activity related to abuse and neglect.

According to stakeholders, they feel that LDH may take a long time to conduct the investigation and does not provide updates to the complainant about the progress of the investigation. Stakeholders also stated they wish that LDH collaborated more with stakeholders. Parents expressed concern that instances of abuse and neglect are not identified by LDH. However, LDH can only cite

deficiencies that can be proven by the complaint investigation process. In addition, complainants have the opportunity to participate in an Informal Dispute Resolution (IDR) process if they disagree with the results of an investigation. According to LDH, during fiscal years 2019 through 2023, six complainants requested an IDR in response to a complaint against an ICF.

Recommendation 1: LDH should continue its process to revert to old complaint categories to allow it to more easily track the allegations of non-compliance related specifically to abuse and neglect to identify trends or systematic problems.

Summary of Management's Response: LDH agrees with this recommendation and stated that it anticipates implementation effective July 1, 2024. See Appendix A for LDH's full response.

Recommendation 2: LDH should work with stakeholders to improve its process for communicating with complainants to help ensure that they understand that LDH's role is limited to identifying non-compliance with requirements.

Summary of Management's Response: LDH agrees with this recommendation and stated that it will update its current complainant letters to include additional information further explaining LDH's role in investigating complaints. In addition, LDH will also place a FAQ and a training video explaining LDH's role in investigating complaints to better manage providers' expectations regarding the complaint investigation process on its complaint webpage. See Appendix A for LDH's full response.

ICFs reported more than 4,000 incidents of actual or alleged abuse and neglect during fiscal years 2019 through 2023. However, LDH does not ensure that ICFs report incidents timely as 1,103 (23.5%) of 4,698 FRIs were not reported within 24 hours of discovery as required by state regulations. In addition, as of May 2024, 25 (39.1%) of 64 sheriffs' offices did not have access to the Statewide Incident Management System (SIMS) to respond to allegations of abuse and neglect that occur within their jurisdictions.

State regulations¹⁶ require that ICFs report to LDH any incident that involves abuse, neglect, death, or entails any serious threat to an individual's health, safety, or well-being. These are called Facility Reported Incidents (FRIs) and include allegations of abuse perpetrated by both ICF staff and by ICF residents, neglect, exploitation, misappropriation of resident's personal property, and injuries of unknown origin. ICFs report these incidents to LDH via a web-based critical incident reporting application called SIMS.

State regulations¹⁷ and LDH guidance to ICFs require that ICFs report incidents to LDH within 24 hours of discovery of the incident, thoroughly investigate the incident, and provide a final report to LDH within five working days of the initial report. The final report should include a detailed summary of the ICF's investigation, including whether the ICF was able to verify the allegation, and all of the facts which led to the determination to substantiate or unsubstantiate the allegation. If the ICF substantiates the allegation, it must take immediate corrective action that may include terminating employment of the perpetrator, providing additional staff training, or increasing supervision of residents.

One LDH staff member reviews the initial and final reports submitted by the ICF and communicates with the facility as needed, usually via email, to have the ICF add missing information. After reviewing the reports, including the ICF's plan for corrective actions, LDH staff determine whether an investigation is needed. LDH staff make this determination based on the circumstances of the incident, the quality of the ICF's investigation, and professional judgement. For example, LDH may determine an investigation is needed if the ICF does not submit a thorough investigation or an acceptable plan to correct the issue.

¹⁶ LAC 48:8587

¹⁷ LAC 48:8587

According to guidance that LDH provided to ICFs about what incidents should be reported, ICF residents are a mobile population and lead active lives; normal day-to-day bumps and minor abrasions that are not of serious consequence to the individual are not required to be reported. However, ICFs are expected to follow their internal policies and procedures for investigating and tracking incidents. According to LDH, some ICFs report incidents that do not need to be reported out of an abundance of caution, because LDH may cite the ICFs for deficiencies during a recertification survey if LDH identifies an incident that should have been reported but was not. As a result, it may appear that some ICFs experience more incidents of abuse and neglect when these facilities just over-report what is necessary to LDH.

ICFs reported 4,698 FRIs that were primarily related to allegations of abuse and neglect during fiscal years 2019 through 2023. Each FRI may have multiple allegations. For example, a single FRI may include an allegation of abuse and an allegation of neglect against two staff; this would result in four allegations. During fiscal years 2019 through 2023, the 4,698 FRIs reported by ICFs included 2,084 allegations of physical abuse and 2,055 allegations of neglect. Exhibit 6 shows the number and category of FRI allegations reported to LDH during fiscal years 2019 through 2023.

Exhibit 6						
ICF Facility Reported Incidents Allegations by Category						
Fiscal Years 2019 through 2023						
Category	2019*	2020	2021	2022	2023	Total**
Physical Abuse	203	880	436	286	279	2,084
Neglect	96	343	416	490	710	2,055
Injury of Unknown Origin	54	306	194	149	166	869
Mental Abuse	30	74	79	62	85	330
Verbal Abuse	16	77	39	58	43	233
Sexual Abuse	6	43	27	21	11	108
Misappropriation of Funds/Exploitation	5	24	16	17	17	79
Total	410	1,747	1,207	1,083	1,311	5,758
*LDH began using the SIMS reporting system in 2019, so numbers for this fiscal year are not complete.						
** Total allegations does not match total FRIs reported because each FRI may have more than one allegation.						
Source: Prepared by legislative auditor's staff using LDH FRI data from SIMS.						

Of the 2,084 allegations of physical abuse reported during fiscal years 2019 through 2023, the ICFs were unable to validate/verify 222 (10.7%), and the ICFs' investigations substantiated 668 (32.1%) and unsubstantiated 1,188 (57.0%)

allegations.¹⁸ Examples of allegations of physical abuse that were substantiated as a result of the ICFs' investigations include:

- ICF staff put his arm around a resident's throat and threw the resident to the ground.
- ICF staff used an improper hold to prevent a resident from throwing a speaker at another resident. As a result of the improper hold, the resident had a laceration on the head and was treated at the ER.
- ICF staff violently shoved an ICF resident.
- Two ICF staff physically assaulted an aggressive resident by kicking him and dragging him inside the ICF.
- A resident physically assaulted an ICF staff by elbowing her in the stomach. The police were notified and the ICF resident was arrested for assault.

LDH initiated an investigation for at least 32 (0.7%) of the 4,698 FRIs reported during fiscal years 2019 through 2023, which resulted in LDH issuing 30 deficiencies to ICFs related to client protections. LDH may incorporate multiple FRIs into a single investigation. However, according to LDH, the CMS software it uses to track investigations does not have the capacity to easily track when multiple FRIs are addressed by a single investigation, so LDH likely investigated more than 32 FRIs. As a result of the investigations conducted in response to the 32 FRIs, LDH issued 111 deficiencies, including 30 related to client protections which include deficiencies related to abuse and neglect.

We identified 1,103 (23.5%) of 4,698 FRIs reported by ICFs during fiscal years 2019 through 2023 that were not reported within 24 hours of discovery, and LDH did not fine ICFs that reported late. Delayed reporting may cause residents to be in harm's way without LDH oversight. Examples of FRIs that were reported late include residents with injuries of unknown origin, residents that have eloped (meaning they left the ICF without supervision), allegations of nonconsensual sexual contact between residents, and allegations of abuse.

According to LDH, it reminds ICFs during education sessions that they must report these incidents within 24 hours of discovery. Despite the late reporting, LDH did not assess any fines for late reporting during fiscal years 2019 through 2023 even though they are authorized by state law¹⁹ to assess a maximum \$100 fine for an initial violation, or maximum \$250 fine for repeat violations related to administrative and reporting requirements. Appendix C summarizes fine amounts

¹⁸ We excluded six allegations from this analysis because there was no finding documented in LDH's data system.

¹⁹ La R.S. 40:2199

established in state law. Assessing fines may encourage ICFs to report FRIs timely. While LDH did not issue fines for late reporting, it did identify some ICFs that did not report critical incidents as part of its recertification and complaint surveys. LDH cited 149 ICFs for non-compliance with incident reporting requirements during fiscal years 2019 through 2023.

As of May 2024, 25 (39.1%) of 64 sheriffs' offices did not have access to SIMS to respond to allegations of abuse and neglect that occur within their jurisdictions. State law²⁰ requires that when LDH receives a report of sexual or physical abuse, it must notify the chief law enforcement agency of the parish, the sheriff's office, in which the incident occurred. Sheriff offices may investigate the allegations to determine if an investigation of criminal misconduct is needed. According to LDH, it meets the requirement to notify sheriffs' offices by providing them with access to SIMS. When LDH receives a FRI via SIMS, it is assigned to the appropriate parish, and the SIMS user assigned for that parish's sheriff office receives notification via email. However, 25 (39.1%) of 64 sheriffs' offices did not have a current active user in SIMS as of May 2024. According to LDH, it is each sheriff offices' responsibility to keep its SIMS users up-to-date, and does not conduct outreach activities to notify sheriffs' offices that do not have current users assigned for their parish.

Recommendation 3: LDH should monitor ICFs' compliance with the requirement to report FRIs within 24 hours of discovery.

Summary of Management's Response: LDH agrees with this recommendation and stated that it will track the FRIs not reported within 24 hours of discovery. If a pattern is identified, the provider(s) will receive education/training via email on timely reporting requirements. See Appendix A for LDH's full response.

Recommendation 4: LDH should issue fines when ICFs report FRIs late, as authorized by state law.

Summary of Management's Response: LDH disagrees with this recommendation. According to LDH, issuing sanctions for late reporting of FRIs would more than double the number of sanctions for ICFs. If LDH made this change for ICFs, it would require a systemic change across all providers to apply the statute equally, and LDH currently does not have the resources to implement this recommendation. In addition, the sanction type imposed would likely be a Class "D" with a maximum assessment of \$250 that would likely have minimal to no effect on changing non-compliant providers' deficient practices. LDH believes that issuing a Class "D" would result in the excessive expenditure of state resources without sufficient return for taxpayers. See Appendix A for LDH's full response.

²⁰ La R.S. 40:2009.20

Recommendation 5: LDH should work with sheriffs' offices to ensure that user information for SIMS is current.

Summary of Management's Response: LDH agrees with this recommendation and stated that effective August 1, 2024, it will run a quarterly report to determine which sheriffs' offices have not logged into SIMS and contact those offices to determine if user information is current or if updates are required. See Appendix A for LDH's full response.

LDH cited ICFs with 4,948 deficiencies during fiscal years 2019 through 2023. Of those, 614 (12.4%) were related to client protections, which include deficiencies related to abuse and neglect. LDH could increase transparency and assist the public with making more informed decisions about care by posting information about deficiencies, complaints, and FRIs on its website.

If LDH determines that an ICF is not in compliance with state and/or federal requirements, it cites the ICF with a deficiency, called a tag. The ICF must correct the deficiency and LDH may apply adverse actions, such as fines, against the ICF. In addition, if an ICF does not adequately resolve non-compliance issues, LDH may terminate the ICF's Medicaid certification and/or revoke its state license. This would prohibit the facility from providing services in Louisiana.

LDH cited ICFs with 4,948 deficiencies²¹ during fiscal years 2019 through 2023. Of those, 614 (12.4%) were related to client protections which include deficiencies related to abuse and neglect. Exhibit 7 shows the deficiencies cited by category and highlights the deficiencies related to client protections during fiscal years 2019 through 2023.

²¹ Includes deficiencies that were corrected after the initial survey.

Exhibit 7 ICF Deficiencies – All Categories Fiscal Years 2019 through 2023						
Category	2019	2020	2021	2022	2023	Total
Active Treatment	116	123	70	120	119	548
Client Behavior and Facility Practices	22	14	8	22	22	88
Client Protections						
Condition level tag for client protections indicates systemic issue.	14	16	11	12	15	68
ICFs must ensure residents are not subjected to abuse or neglect.	18	19	15	13	21	86
ICFs must have abuse and neglect policies and procedures that prohibit mistreatment such as staff background checks.	14	15	11	11	13	64
ICFs must report and thoroughly investigate allegations of abuse and neglect.	62	71	33	45	63	274
ICFs must communicate with family/guardian and ensure residents have the opportunity to participate in social activities and receive visitors.	20	13	13	10	13	69
ICFs must not withhold food or hydration; and residents must be free from unnecessary drugs and physical restraints.	0	2	1	1	0	4
Deficiencies related to other resident rights such as privacy, financial control, access to personal possessions, etc.	16	14	4	10	5	49
Client Protections Total	144	150	88	102	130	614
COVID	-	-	-	30	33	63
Dietetic Services	52	29	34	54	50	219
Direct Service Worker	15	14	3	9	49	90
Emergency Preparedness	1	15		5	3	24
Facility Staffing	181	106	79	132	94	592
Governing Body	235	152	96	157	148	788
Health Care Services	338	302	170	300	334	1,444
Physical Environment	87	72	89	110	75	433
State Licensing	11	6	6	9	13	45
Total	1,202	983	643	1,050	1,070	4,948
Note: Includes all deficiencies cited, even if they were corrected by the ICF.						
Source: Prepared by legislative auditor's staff using LDH ICF survey data.						

LDH does not make data on deficiencies, complaints, or FRIs available to the public. According to best practices,²² regulatory agencies such as LDH should ensure that information about any disciplinary action is readily available to the public. In addition, best practices state that regulatory agencies should report summary information to the public and policy-makers about the results of the regulatory program. Making this type of information available to the public will improve transparency and may help families make informed choices when making decisions about care. According to LDH, this information is currently available on CMS' Quality, Certification, and Oversight Reports (QCOR) website.²³ Appendix D summarizes the number of deficiencies, complaints, and FRIs for all ICFs in Louisiana during fiscal years 2019 through 2023.

Recommendation 6: LDH should make data on ICFs' deficiencies, complaints, FRIs, and sanctions available to the public, or provide a link to the QCOR website.

Summary of Management's Response: LDH neither agrees or disagrees with this recommendation. LDH stated that it cannot post specific complaints or FRIs on its website, as such information often contains protected health information and are not public record. However, subject to legislative appropriation in next year's budget, LDH will implement posting of certain statements of deficiencies to its website starting July 1, 2025. See Appendix A for LDH's full response.

LDH assessed fines totaling \$450,250 to ICFs for deficiencies identified during surveys and investigations conducted during fiscal years 2019 through 2023. However, fine amounts may not be adequate to deter non-compliance.

State law²⁴ provides that, relative to Medicaid, LDH has the authority to impose sanctions and other remedial measures on health care providers. State law²⁵ further provides that, for any identified violations, LDH shall consider imposing a sanction against the health care provider.

As of November 2023, LDH assessed fines totaling \$450,250 to ICF providers for deficiencies identified during surveys and investigations conducted during fiscal years 2019 through 2023.²⁶ State law²⁷ defines

²² National State Auditors Association. Carrying Out a State Regulatory Program, 2004
https://www.nasact.org/files/News_and_Publications/White_Papers_Reports/NSAA%20Best%20Practices%20Documents/2004_Carrying_Out_a_State_Regulatory_Program.pdf

²³ <https://qcor.cms.gov/main.jsp#>

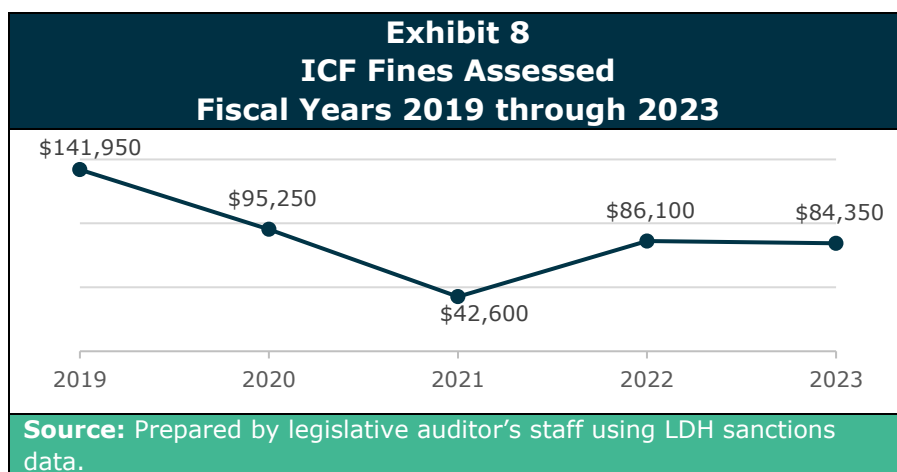
²⁴ La R.S 36:254

²⁵ La R.S 40:2009.15

²⁶ Based on a sanctions tracking document maintained informally by LDH staff.

²⁷ La R.S 40:2199

specific classifications of violations based on the severity of the violation and sets the maximum fine amount that can be assessed for each class of violation. Appendix C summarizes the violation classes and maximum fine amounts. Exhibit 8 shows fines assessed as a result of deficiencies identified during surveys and investigations conducted during fiscal years 2019 through 2023.



LDH's sanction policy does not include timeframes for when LDH should issue sanction letters to ICFs. According to best practices,²⁸ LDH should take timely enforcement actions that address the violations cited against ICFs, including collecting fines. When LDH staff determine a sanction is appropriate based on deficiencies cited during a survey or investigation, they send a "sanctions request form" to LDH's legal group to review and draft a sanctions letter for the ICF. Once the ICF receives the sanctions letter, LDH has established timeframes for the ICF to request an appeal or pay the fine. However, LDH's sanctions policy does not include a timeframe for how quickly its internal review should take, or for how quickly it should send sanctions letters to ICFs after deficiencies have been identified.

We reviewed five ICFs with deficiencies cited during fiscal years 2019 through 2023 related to client protections for which ICF program staff recommended sanctions, but LDH had not assessed a sanction as of November 2023. We found that LDH took an average 466 days to review these five sanctions request forms.²⁹ This review included four sanction request forms that were reviewed by LDH after we requested documentation about ICFs with deficiencies that had not yet been sanctioned. LDH's delay in reviewing the sanctions request form may delay issuing the sanctions letter, which would in turn delay collecting the fine from the ICF.

²⁸ National State Auditors Association. Carrying Out a State Regulatory Program, 2004 https://www.nasact.org/files/News_and_Publications/White_Papers_Reports/NSAA%20Best%20Practices%20Documents/2004_Carrying_Out_a_State_Regulatory_Program.pdf

²⁹ We selected five sanctions request forms from a selection of eight ICFs with deficiencies related to Client Protections cited during fiscal years 2019 through 2023, for which LDH had not assessed a sanction as of November 2023. This selection is not intended to be a representative sample nor an attempt to project the average number of days to the population.

Fine maximums established in state law³⁰ have not been increased since 1997. As a result, fine amounts may not be adequate to deter non-compliance. According to best practices,³¹ when ICFs are not in compliance with all requirements and will not voluntarily come into compliance, the regulatory agency (LDH) must act to compel the ICF to comply or to stop operating. However, fine maximums have not been increased since they were established in state law in 1997. We reached out to other states in the same CMS Region³² and found that some charge lower fines, but some charge higher fines. For example, Oklahoma's maximum civil monetary penalty per day for an abuse or neglect IJ with actual harm is \$9,050, while Louisiana's maximum is \$2,500.

According to LDH, many ICFs have repeat violations,³³ and when LDH cites an ICF with a repeat violation it increases the fine amount. We reviewed a selection of 12 surveys conducted during fiscal years 2019 through 2023 that resulted in ICFs being sanctioned for deficiencies related to client protections. Of those 12, four (33.3%) ICFs were cited with repeat violations for either the client protection deficiency or other deficiencies identified by LDH, including one ICF that was cited with multiple repeat deficiencies. These repeat deficiencies may indicate that fines are not sufficient to deter non-compliance.

Recommendation 7: LDH should modify its sanction policy to include timeframes for its process to ensure timely enforcement actions against ICFs.

Summary of Management's Response: LDH disagrees with this recommendation. LDH stated that it is currently building out an electronic solution that will measure and track the workflow of the sanction process. LDH anticipates that the solution will identify points in the process where efficiencies can be implemented and the process streamlined further by keeping track of the sanction as it moves through the process. Thus, LDH believes that the electronic solution will result in a shorter length of time between the start and end point of the sanction process without the need to expend additional state time and resources to promulgate new regulations for the sanction process. See Appendix A for LDH's full response.

LLA Additional Comments: Our recommendation refers to modifying current internal policy to include timeframes, or goals, for how quickly LDH's internal review of sanctions letters should take and how quickly it should send sanctions letters to ICFs after deficiencies have been identified. Current policy does not include any timeframes or goals for how long this process should take.

³⁰ La R.S 40:2199

³¹ National State Auditors Association. Carrying Out a State Regulatory Program, 2004 https://www.nasact.org/files/News_and_Publications/White_Papers_Reports/NSAA%20Best%20Practices%20Documents/2004_Carrying_Out_a_State_Regulatory_Program.pdf

³² CMS Region 6 includes Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.

³³ A repeat violation is defined in LAC 50:32309 as a violation of a similar nature as a previously cited violation that occurs within 18 months of the previously cited violation.

Matter for Legislative Consideration: The Legislature may wish to consider increasing maximum fine amounts established in state law.

LDH could use Medicaid data to monitor ICFs for compliance with Medicaid requirements. For example, we identified ICF residents who potentially did not receive annual doctor visits as required by Medicaid.

State regulations³⁴ require that ICFs ensure the availability of a comprehensive program of preventive, routine and emergency medical care, as appropriate, for all residents. ICF residents are Medicaid recipients; as such, many of the medical services received by ICF residents are billed to Medicaid. LDH identifies ICFs that do not comply with requirements for medical care via recertification and complaint surveys. However, LDH surveyors generally review the medical care provided for only a sample of residents during each survey. For example, a surveyor will review a sample of three residents from an ICF that has between five and 16 residents. However, LDH could use Medicaid data, which it maintains, to identify all ICF residents without claims for annual doctor visits rather than rely on a sample.

Some ICF residents potentially did not receive annual doctor visits as required. ICFs are required to arrange an annual physical examination of all residents.³⁵ We reviewed Medicaid data for medical services provided during fiscal year 2022 and found that 135 (4.3%) of 3,165 ICF residents potentially did not receive an annual doctor visit.³⁶ There may be circumstances in which a doctor visit is not required or would not be paid by Medicaid. For example, according to LDH, some ICFs have contracts with physicians and would not bill this care to Medicaid. However, LDH could still use the Medicaid data to identify ICFs that potentially are not ensuring that all residents receive their required annual doctor visits, rather than relying on a sample of residents at each facility. According to LDH, it does not currently use Medicaid data to monitor for these ICF requirements.

Recommendation 8: LDH should use Medicaid data as another opportunity to identify non-compliant ICFs and to ensure appropriate care for ICF residents.

Summary of Management's Response: LDH neither agrees or disagrees with this recommendation. LDH stated that if it receives information from Medicaid indicative of possible regulatory violations by an ICF, then LDH may initiate an investigation into such possible violations. However, it is inconsistent with the CMS-directed ICF survey process to proactively gather

³⁴ LAC 48:8553

³⁵ LAC 48:8553

³⁶ Based on a selection of ICF residents who resided at the same ICF for all of fiscal year 2022.

data from Medicaid prior to initiating an on-site focused fundamental survey, to identify if a potential non-compliance exists. LDH Program Integrity, Audit, and Medicaid will have further discussion on how they may implement a process to determine compliance based on data pulled from Medicaid to determine ICFs' compliance to insure appropriate care for all ICF clients. See Appendix A for LDH's full response.

APPENDIX A: MANAGEMENT'S RESPONSE



State of Louisiana
Louisiana Department of Health
Health Standards Section

July 8, 2024

Michael J. "Mike" Waguespack, CPA
Legislative Auditor
1600 North 3rd Street
P.O. Box 94397
Baton Rouge, LA 70804-9397

Report Number: 40230026

Dear Mr. Waguespack

Thank you for the opportunity to respond to the draft report (40230026), *LDH Oversight of Abuse and Neglect in ICFs for Individuals with Developmental Disabilities*.

The Louisiana Department of Health (LDH) appreciates the Louisiana Legislative Auditor (LLA) allowing the LDH, Health Standards Section (HSS) the opportunity to review the findings for the audit periods reviewed.

As instructed by your letter dated June 26, 2024, attached is the completed checklist which includes LDH's written responses to each of the recommendations, and the improvement activities that LDH has developed and/or will develop to ensure that LDH addresses the potential limitations identified in the audit.

LDH/HSS appreciates the opportunity to respond to this audit. You may contact Tasheka Dukes, HSS Director, by telephone at (225) 342-4997 or by email at Tasheka.Dukes@LA.Gov with any questions concerning this matter.

Sincerely,

DocuSigned by:
A handwritten signature in black ink that reads "Tasheka Dukes".
99E265A6DA844FB...

Tasheka Dukes, RN, BSN, MHA
Deputy Assistant Secretary, Health Standards Section
Louisiana Department of Health

Agency: Louisiana Department of Health

Audit Title: LDH Oversight of Abuse and Neglect in ICFs

Audit Report Number: 40230026

Instructions to Audited Agency: Please fill in the information below for each recommendation. A summary of your response for each recommendation will be included in the body of the report. The entire text of your response will be included as an appendix to the audit report.

Finding 1: LDH improved the timeliness of its recertification surveys from 362 (95.8%) of 378 recertification surveys conducted timely in fiscal year 2020 to 100% of 413 recertification surveys conducted timely in fiscal year 2023.
<i>No Recommendation</i>

Finding 2: LDH received 718 complaints related to ICFs during fiscal years 2019 through 2023, and conducted all 193 complaint investigations with an Immediate Jeopardy (IJ) priority timely. However, LDH is not able to easily identify which of these complaints are related to abuse and neglect.
<i>Recommendation 1: LDH should continue its process to revert to old complaint categories to allow it to more easily track the allegations of non-compliance related specifically to abuse and neglect to identify trends or systematic problems.</i>
Does Agency Agree with Recommendation? <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree LDH concurs with this recommendation and anticipates implementation effective July 1, 2024.
Agency Contact Responsible for Recommendation:
<i>Name/Title: Tasheka Dukes / Deputy Assistant Secretary</i>
<i>Address: P.O. Box 3767</i>
<i>City, State, Zip: Baton Rouge, LA 70821</i>
<i>Phone Number: 225-342-4997</i>
<i>Email: Tasheka.Dukes@LA.Gov</i>
<i>Recommendation 2: LDH should work with stakeholders to improve its process for communicating with complainants to help ensure that they understand that LDH's role is limited to identifying non-compliance with requirements.</i>
Does Agency Agree with Recommendation? <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree As indicated in the report, trying to get stakeholders to understand HSS' role is challenging across all provider types. In an effort to communicate effectively with stakeholders, HSS has included information regarding HSS's role in investigating complaints in its follow-up letters to providers. Nevertheless, HSS will update our

current complainant letters to include additional information further explaining HSS' role in investigating complaints. HSS will also place a FAQ and a training video explaining HSS' role investigating complaints to better manage providers' expectations regarding the complaint investigation process on the HSS complaint webpage.
Agency Contact Responsible for Recommendation:
Name/Title: <i>Tasheka Dukes / Deputy Assistant Secretary</i>
Address: <i>P.O. Box 3767</i>
City, State, Zip: <i>Baton Rouge, LA 70821</i>
Phone Number: <i>225-342-4997</i>
Email: <i>Tasheka.Dukes@LA.Gov</i>

Finding 3: ICFs reported more than 4,000 incidents of actual or alleged abuse and neglect during fiscal years 2019 through 2023. However, 1,103 (23.5%) of 4,698 FRIs were not reported by ICFs within 24 hours of discovery as required by state regulations. In addition, as of May 2024, 25 (39.06%) of 64 sheriffs' offices did not have access to the Statewide Incident Management System (SIMS) to respond to allegations of abuse and neglect that occur within their jurisdictions.
<i>Recommendation 3: LDH should monitor ICFs' compliance with the requirement to report FRIs within 24 hours of discovery.</i>
Does Agency Agree with Recommendation? <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree LDH will track the FRIs not reported within 24 hours of discovery. If a pattern is identified, provider (s) will receive education/training via email on timely reporting requirements. Although HSS does not have regulatory authority over a sheriff's office, HSS will have further discussions how to identify sheriff's offices that have not access SIMS to respond to allegations of abuse and neglect within their jurisdiction. HSS will send a blast fax to all sheriff's offices regarding point of contact and confirmation of SIMS access.
Agency Contact Responsible for Recommendation:
Name/Title: <i>Tasheka Dukes / Deputy Assistant Secretary</i>
Address: <i>P.O. Box 3767</i>
City, State, Zip: <i>Baton Rouge, LA 70821</i>
Phone Number: <i>225-342-4997</i>
Email: <i>Tasheka.Dukes@LA.Gov</i>
<i>Recommendation 4: LDH should issue fines when ICFs report FRIs late, as authorized by state law.</i>
Does Agency Agree with Recommendation? <input type="checkbox"/> Agree <input checked="" type="checkbox"/> Disagree This would require desk citations and Plan of Corrections (PoCs) from the provider prior to a sanction being imposed. The report states that 1,103 FRIs regarding abuse and neglect were not timely. The sanction process requires review of previous citations within the last 18 months to determine if a repeat violation exists. Issuing sanctions for late reporting of FRIs would more than double the number of sanctions for ICFs. If we

made this change for ICFs, it would require a systemic change across all providers to apply the statute equally, otherwise, we could be subject to legal action. Neither HSS nor Legal have the resources to implement this recommendation currently. The sanction type imposed would likely be a Class “D” that would impose a maximum assessment of \$250. Due to the low amount to be assessed, it is likely that issuing such sanction would have minimal to no effect on changing non-compliant providers’ deficient practices. That is, HSS believes that issuing a Class “D” would result in the excessive expenditure of State recourses without sufficient return for taxpayers. An alternative would be to see if statute could be changed to allow instances within a deficiency. If so, then a list of late FRIs could be given to Operations prior to survey and written as part of the regular survey process, as surveyors are already reviewing reporting.
Agency Contact Responsible for Recommendation:
Name/Title: <i>Tasheka Dukes / Deputy Assistant Secretary</i>
Address: <i>P.O. Box 3767</i>
City, State, Zip: <i>Baton Rouge, LA 70821</i>
Phone Number: <i>225-342-4997</i>
Email: <i>Tasheka.Dukes@LA.Gov</i>
<i>Recommendation 5: LDH should work with sheriffs’ offices to ensure that user information for SIMS is current.</i>
Does Agency Agree with Recommendation? <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
<i>Effective August 1, 2024, LDH will run a quarterly report to determine which sheriff offices have not logged into the SIMS system and contact those offices to determine if user information is current or if updates are required.</i>
Agency Contact Responsible for Recommendation:
Name/Title: <i>Tasheka Dukes / Deputy Assistant Secretary</i>
Address: <i>P.O. Box 3767</i>
City, State, Zip: <i>Baton Rouge, LA 70821</i>
Phone Number: <i>225-342-4997</i>
Email: <i>Tasheka.Dukes@LA.Gov</i>

Finding 4: LDH cited ICFs with 4,948 deficiencies during fiscal years 2019 through 2023. Of those, 614 (12.4%) were related to client protections, which include deficiencies related to abuse and neglect. LDH could increase transparency and assist the public with making more informed decisions about care by posting information about deficiencies, complaints, and FRIs on its website.
<i>Recommendation 6: LDH should make data on ICFs’ deficiencies, complaints, FRIs, and sanctions available to the public, or provide a link to the OCOR website.</i>
Does Agency Agree with Recommendation? <input type="checkbox"/> Agree <input type="checkbox"/> Disagree

HSS neither agrees nor disagrees with this recommendation. HSS cannot post specific complaints or FRIs on its website, as such information often contains protected health information (PHI), and are not public record. Posting statements of deficiencies and sanction notices on all ICFs would be resource intensive and unnecessary because anyone can make a public records request for the ICF/DD’s statements of deficiencies and/or sanction notices. In addition, per, LAC Tit. 48.I. 8519, the most recent annual survey statement of deficiencies, and any subsequent complaint survey statement of deficiencies shall be posted in a conspicuous place on the licensed premises of the ICF/DD. Notwithstanding this and subject to legislative appropriation in next year’s budget, HSS will implement posting of certain statements of deficiencies to its website beginning July 1, 2025.
Agency Contact Responsible for Recommendation:
<i>Name/Title: Tasheka Dukes / Deputy Assistant Secretary</i>
<i>Address: P.O. Box 3767</i>
<i>City, State, Zip: Baton Rouge, LA 70821</i>
<i>Phone Number: 225-342-4997</i>
<i>Email: Tasheka.Dukes@LA.Gov</i>

Finding 5: LDH assessed fines totaling \$450,250 to ICFs for deficiencies identified during surveys and investigations conducted during fiscal years 2019 through 2023. However, fine amounts may not be adequate to deter non-compliance.
<i>Recommendation 7: LDH should modify its sanction policy to include timeframes for its process to ensure timely enforcement actions against ICFs</i>
Does Agency Agree with Recommendation? <input type="checkbox"/> Agree <input checked="" type="checkbox"/> Disagree
<p>In the interest of increasing the transparency and clarity of the report, context must be given to the statement that concludes that the LLA “found that LDH’s legal group took on average 466 days to review the sanctions request forms”. LDH Legal only receives the sanction request form in order to draft the sanction once both sections of the sanction request form have been completed. Once LDH Legal receives the completed form, it is reviewed for legal sufficiency. When errors and/or inaccuracies are identified, these must be addressed before the sanction letter can be drafted. Thereafter, once the form is found to be legally-sufficient, it then proceeds along the process and is drafted by LDH Legal. As Legal is the last party in the process, this has led to the erroneous conclusion in LLA’s report that the process was under LDH Legal’s control, and took 466 days for LDH Legal to review, rather than accounting for the total timeframe taken to review a sanction from start to finish. In addition, the use of the word “average” is misleading. This is because when asked how the total amount of “466 days” was arrived at, the LLA stated that it was not based on a representative sample. Rather, it was based on eight, non-representative instances of sanction request forms from a population of <i>hundreds</i> of sanction requests. If left uncorrected and no additional context is given to the conclusory statement, the reader of the report will likely come to the erroneous conclusion that the “466-day average” applies to the entire population, which is incorrect. It only applies to the eight sanction request forms that were reviewed by the LLA. In short, the misleading conclusion shines a light on a</p>

<p>few outliers and not the process as a whole. Moreover, prior to the audit, HSS became aware of a possibility of increasing the efficiency of the sanction process. The Health Standards Section decided to take advantage of new technological advancements in order to achieve this goal. To this end, HSS staff is currently building-out an electronic solution that will measure and track the workflow of the sanction process. It is anticipated that the solution will identify points in the process where efficiencies can be implemented and the process streamlined further by keeping track of the sanction as it moves through the process. Thus, HSS believes that the electronic solution will result in a shorter length of time between the start and end point of the sanction process without the need to expend additional State time and resources to promulgate new regulations for the sanction process.</p>
<p>Agency Contact Responsible for Recommendation:</p>
<p>Name/Title: <i>Tasheka Dukes / Deputy Assistant Secretary</i></p>
<p>Address: <i>P.O. Box 3767</i></p>
<p>City, State, Zip: <i>Baton Rouge, LA 70821</i></p>
<p>Phone Number: <i>225-342-4997</i></p>
<p>Email: <i>Tasheka.Dukes@LA.Gov</i></p>

<p>Finding 6: LDH could use Medicaid data to monitor ICFs for compliance with Medicaid requirements. For example, we identified ICF residents who potentially did not receive annual doctor visits as required by Medicaid.</p>
<p><i>Recommendation 7: LDH should use Medicaid data as another opportunity to identify non-compliant ICFs and to ensure appropriate care for ICF residents.</i></p>
<p>Does Agency Agree with Recommendation? <input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p> <p>HSS does not agree, nor disagree with suggested recommendation, but adding it to the on-site survey process is not consistent with the CMS directed ICF survey process. HSS surveyors are trained and required to conduct on-site survey by following the survey process as outlined in the State Operations Manual (“SOM”), Appendix J. The SOM is federal guidance, issued by CMS that provides guidance on how State Survey Agency (“SA”) surveyors shall conduct an on-site survey at ICFs. The purpose of an on-site survey is to monitor and determine compliance or noncompliance with federal and state laws. Proactively gathering predisposed data from another program office prior to entering the facility is not consistent with CMS guidance.</p> <p>The vast majority of ICFs’ surveys conducted by HSS Surveyors are focused fundamental surveys. During the focused fundamental survey, the primary method of information gathering is observation. Interviews and record reviews are conducted to confirm and/or provide additional information on any concerns identified during observations. The core sample of clients is selected from a list of the facility’s current client list without regard to client developmental levels or locations in the facility. At minimum, the core sample should include clients that meet any one or more of the following criteria: Admission within the last six (6) months; Participation in a day</p>

program; On a self-administration program; and/or Frequent hospitalizations or ER visits.

If HSS receives information from Medicaid indicative of possible regulatory violations by an ICF, then HSS may initiate an investigation into such possible violations. However, it is inconsistent with the CMS-directed ICF survey process to proactively gather data from Medicaid prior to initiating an on-site focused fundamental survey, in order to identify if a potential non-compliance exists. LDH Program Integrity, Audit and Medicaid will have further discussion how they may implement a process to determine compliance based on data pulled from Medicaid to determine ICFs' compliance to insure appropriate care for all ICF clients. LDH will take the best approach when noncompliance is determined among ICFs', as well as a complaint filed with HSS for further investigation for ICFs' that have a pattern for cyclical noncompliance.

Agency Contact Responsible for Recommendation:

Name/Title: Tasheka Dukes / Deputy Assistant Secretary

Address: P.O. Box 3767

City, State, Zip: Baton Rouge, LA 70821

Phone Number: 225-342-4997

Email: Tasheka.Dukes@LA.Gov

APPENDIX B: SCOPE AND METHODOLOGY

This report provides the results of our performance audit of the Louisiana Department of Health's (LDH) activities related to abuse and neglect in Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs). We conducted this performance audit under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. This audit covered fiscal years 2019 through 2023. Our audit objective was:

Objective: To evaluate LDH's activities related to abuse and neglect in Intermediate Care Facilities for Individuals with Developmental Disabilities.

We conducted this performance audit in accordance with generally-accepted *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

We obtained an understanding of internal controls that are significant to the audit objective and assessed the design and implementation of such internal controls to the extent necessary to address our audit objective. We also obtained an understanding of legal provisions that are significant within the context of the audit objective, and we assessed the risk that illegal acts, including fraud, and violations of applicable contract, grant agreement, or other legal provisions could occur. Based on that risk assessment, we designed and performed procedures to provide reasonable assurance of detecting instances of non-compliance significant to those provisions.

To answer our objective, we performed the following audit steps:

- Researched relevant federal and state laws, regulations, and policies related to ICFs. The Medicaid State Operating Manual Appendix J describes the survey process specifically for ICFs.
- Researched relevant federal and state requirements related to ICFs during COVID.
- Reviewed previous audits and reports relevant to LDH, ICFs, and Medicaid.
- Researched relevant best practices for regulation of ICFs.

- Interviewed LDH management and staff to obtain an understanding of the oversight activities.
- Obtained and analyzed complaint investigations and recertification survey data to calculate statistics and to test for compliance with timeliness requirements.
- Obtained and analyzed a selection of documents for complaint investigations and recertification surveys completed during our scope to test for completion of activities related to preventing abuse and neglect.
- Obtained and analyzed intake data, which includes complaints and some Facility Reported Incidents (FRIs), to calculate statistics and to test for compliance with timeliness requirements.
- Obtained and analyzed Statewide Incident Management System data, which includes all FRIs to calculate statistics and to test for compliance with timeliness requirements.
- Obtained and analyzed sanctions data to calculate statistics and to test for compliance with enforcement criteria and best practices.
- Obtained and analyzed Medicaid data to count ICFs, ICF residents, and ICF expenditures during our scope. We also used Medicaid data to test if ICF residents received annual doctor visits during fiscal year 2022.
- Requested information on fines from four states in the Centers for Medicaid and Medicare Services Region 6: Oklahoma, New Mexico, Texas, and Arkansas.
- Provided the preliminary results of our analyses to LDH to obtain feedback on our methodology, and to confirm results.

APPENDIX C: CIVIL FINES

For licensed healthcare facilities, including ICFs, Louisiana Revised Statute 40:2199 defines specific classifications of violations based on the severity of the violation and sets the maximum fine amount that can be assessed for each class of violation.

Civil Fines for Licensed Healthcare Facilities by Class of Violation		
Class	Violation Description	Maximum Fines*
Class A	Violations which result in death or serious harm to a resident or client.	\$2,500 for the first violation and \$5,000 per day for repeat violations
Class B	Violations which create a substantial probability that death or serious physical or mental harm to a resident or client will result from the violation.	\$1,500 for the first violation and \$3,000 per day for repeat violations.
Class C	Violations which create a potential for harm by directly threatening the health, safety, rights, or welfare of a resident or client.	\$1,000 for the first violation and \$2,000 per day for repeat violations. <i>LDH Rules allow an ICF to pay 50% of the civil fine imposed for a Class C violation in exchange for waiving its right to an administrative reconsideration for appeal.**</i>
Class D	Violations related to administrative and reporting requirements that do not directly threaten the health, safety, rights, or welfare of a resident or client.	\$100 for the first violation and \$250 per day for repeat violations.
Class E	Violations for failure of a facility to submit a statistical or financial report in a timely manner as required by regulation.	\$50 for the first offense and \$100 per day for repeat violations.
<p>* The aggregate fines assessed for violations determined in any one month shall not exceed \$5,000 dollars, except that the aggregate fines assessed for Class A repeat violations shall not exceed \$20,000 in any one month, and the aggregate fines assessed for Class B repeat violations shall not exceed \$15,000 in any one month.</p> <p>** Louisiana Administrative Code 48:4613</p> <p>Source: Prepared by legislative auditor staff using information from Louisiana Revised Statutes.</p>		

APPENDIX D: ICF DEFICIENCIES, COMPLAINTS, AND FACILITY REPORTED INCIDENTS Fiscal Years 2019 through 2023

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Acadia Parish						
EB North Street Group Home	8	0	3	0	0	-
Edwin Drive Group Home	8	1	11	0	1	\$550
Electa Street Group Home	8	1	6	1	2	-
Jackie Street Group Home	8	1	1	0	1	-
Ledia Simon Group Home	8	1	16	1	2	350
Lisa Street Group Home	8	0	6	0	1	-
Lizette Community Home	7	2	30	6	3	1,100
Parish Road Community Home	6	3	13	1	1	1,550
Allen Parish						
East Fifth Avenue Community Home	8	1	10	0	3	-
Thirteenth Street Community Home	6	0	5	1	1	-
Ascension Parish						
Mary Marcombe Home	6	0	2	0	0	-
New River Home	8	0	6	1	1	5,200
New Vista Community Home	4	0	2	0	0	-
Penville Home	8	1	3	0	0	-
Ridgeway House	8	0	12	1	4	2,400
Assumption Parish						
Napoleonville Manor	8	2	2	0	0	2,400
Thibaut Manor	8	0	3	0	0	-
Avoyelles Parish						
Ledoux Provosty Sr. Memorial Home	6	0	2	0	2	-
Beauregard Parish						
Lee Nichols Group Home	8	2	10	2	4	-
Pear Street Group Home	8	4	5	5	9	1,400
Bienville Parish						
Gibsland Community Home	6	0	0	0	0	-
Bossier Parish						
Arlington Place Community Home	6	1	2	0	3	-

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Douglas Drive Group Home	8	0	5	1	0	-
Elm Haven Group Home	8	0	0	0	0	-
Espanita Woods Community Home	6	0	0	0	0	-
Flint Drive Community Home	6	0	0	0	0	-
Glenbrook Home	15	1	1	2	0	-
Grace Home	8	0	0	0	1	-
Greenbriar Community Home	6	1	2	0	4	\$200
Jericho Home	8	0	0	0	2	-
Pecan Lane Community Home	7	0	1	0	2	-
Rosewood Home	15	1	4	0	8	12,500
Woodbriar Home	15	0	0	0	0	-
Yale Community Home	6	0	2	0	1	-
Caddo Parish						
Atlantic Avenue Community Home	8	0	2	0	2	2,600
Barry Home	8	0	3	0	1	-
Carroll Street	6	0	3	0	0	-
Christina Home	8	1	6	0	2	-
Edna Marie Home	8	0	0	0	1	-
Fay Home	8	0	0	0	0	-
Grace Anne Home	8	0	1	0	0	-
Holy Angels Residential Facility	108	0	1	1	8	-
Hoyte Drive Community Home	6	0	6	1	6	-
Meadowbrook Community Home	6	0	1	0	1	-
Old Mooringsport Road Community Home	7	1	5	0	6	-
Pack Home	5	0	2	0	0	-
Ravendale Community Home	6	0	0	0	0	-
Scottwood Home I	8	0	3	0	0	-
Scottwood Home II	8	0	2	0	0	-
Scovell Community Home	6	0	2	0	0	-
Sisters Home	7	0	0	0	0	-
Smith Home	8	0	2	0	0	-
South Highland Community Home	6	0	0	0	0	-
St. Michael Home	15	0	4	0	4	-
Terrace Drive Community Home	6	0	2	0	0	-
University Drive Community Home	6	0	2	0	2	-
Vivian Group Home	10	0	3	0	9	-
Wenzel Home	8	0	1	0	2	-

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Wild Oak Home	8	0	2	0	0	-
Calcasieu Parish						
Beech Street Group Home	8	0	14	2	3	\$3,000
Cherryhill Community Home (Salene Community Home)	7	0	0	0	22	-
Division Road Group Home	8	0	20	4	7	-
Fancher Street Home	8	2	9	2	6	-
Julius Street Community Home	6	0	13	0	0	-
Kent Drive Home (Penny Drive Community Home)	6	1	6	1	2	-
Mill Street Home	8	0	4	0	0	2,900
Nona Street Home	8	0	4	1	4	-
Norben Drive Group Home	6	0	10	1	2	350
Olene Drive Home	8	0	5	2	8	350
Orleans Street Group Home	6	0	4	3	2	600
Reigel Street Community Home	8	0	2	0	2	-
Robinswood School (La Estima)	15	13	35	16	386	15,700
Rosteet Community Home	6	3	11	6	30	-
Sale Road Community Home	7	0	5	0	5	-
Second Avenue Community Home	6	0	6	0	0	3,100
South Street Home	8	0	4	2	2	-
Twenty-Third Street Community Home	6	0	17	1	1	2,600
University Drive Community Home	6	0	3	0	0	-
Wedgewood Community Home	8	0	0	1	13	-
Weil Drive Community Home	6	0	19	1	5	-
Willowick Group Home	6	1	3	1	2	8,750
Winnie Street Group Home	6	0	11	1	4	-
Caldwell Parish						
Lakeview Community Home	6	1	18	1	10	6,100
Claiborne Parish						
Lake Claiborne Community Home	6	0	0	0	0	-
East Baton Rouge Parish						
A.B. Horn Group Home	8	1	22	7	7	5,400
Abundance Home	6	6	16	1	0	900
Allyson Street Home	7	12	39	3	19	1,850

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Andover Group Home	8	9	38	6	7	\$12,417
Arcadia Home	8	1	4	2	11	-
Ashbourne Drive Community Home	8	3	12	1	4	4,200
Atkinson Community Home	6	0	7	2	0	-
Bedford Group Home	8	18	53	7	6	23,050
Brookshire Avenue Group Home	8	10	10	2	21	4,200
Broussard Community Home	6	0	13	1	19	-
Colonel Allen Community Home	6	0	9	0	1	-
Constance Home	8	3	5	1	18	-
Convention Street Group Home	8	7	25	3	3	5,600
Curran Home	8	5	13	9	11	1,900
D'Hemecourt	8	4	19	1	26	250
Dena Lynn Community Home	6	0	0	0	2	-
Drusilla Lane Group Home	8	0	6	0	1	-
Dundee Group Home	8	1	16	3	21	800
East Drive Group Home	8	1	13	2	1	650
Elissalde Group Home	8	4	23	2	5	21,150
Florida Street Group Home	8	6	12	0	5	2,250
Goudchaux Community Home	6	5	28	6	4	4,400
Graham Home	8	2	13	1	11	500
Harmony Center #2	8	8	35	2	6	5,200
Harmony Transitional Services 3	15	9	31	5	26	13,750
Hooper Road Community Home	6	6	7	1	3	3,150
Inchbrook Group Home	8	1	6	1	38	4,600
Ivy Group Home	8	4	23	1	3	2,800
Jefferson Park Home	8	1	12	0	4	350
Lakeside Home	8	0	6	1	10	900
Landsbury Home	7	0	10	1	4	-
Lobdell Community Home	7	2	19	1	1	1,800
Martin Community Home	7	1	20	1	3	-
Mollylea Community Home	8	1	17	0	32	-
Morgan Meadow Community Home	6	1	16	0	0	-
Newcastle Community Home	6	2	18	3	7	600
Newport Group Home	8	0	9	0	8	1,200
Northridge Home	8	0	4	0	6	700

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Orangewood Drive Home	8	1	22	2	5	\$300
Plantation Community Home	6	1	18	0	6	700
Regency Home	6	6	23	1	7	1,650
Riley Group Home	8	4	36	1	2	5,600
Salem Home	8	0	6	1	36	-
Sheraton Home	8	4	35	5	23	1,300
Silverleaf Home	8	1	25	1	11	18,350
Skysail Community Home	6	1	15	0	1	-
Stern Group Home	8	5	8	5	38	-
Tommy Mason Group Home	8	1	13	1	1	8,450
Trammell Drive Group Home	8	4	12	1	16	1,050
Wenham Home	8	3	17	3	17	4,600
Yorktown Home	8	0	27	1	2	250
East Feliciana Parish						
Briarwood Group Home	8	11	53	3	9	12,050
Claridge Group Home	8	0	19	0	2	2,150
Lelia Jackson Community Home	4	4	4	1	1	-
T.N. Armistead Group Home	8	2	6	1	2	-
Warren Taylor Price Sr. Community Home	4	0	7	0	1	-
Evangeline Parish						
Liberty Four Community Home	6	0	12	0	0	-
Mamou Community Home	8	1	2	1	11	-
West Lincoln Community Home	6	0	2	0	0	-
West Magnolia Group Home	8	1	4	0	4	-
Franklin Parish						
Baskin Community Residence	6	0	4	0	1	-
Coax Community Residence	5	0	2	0	0	-
Metro Community Residence	8	0	9	1	3	-
Tram Community Residence	8	0	7	0	0	-
Winnsboro Community Residence	6	0	5	0	0	-
Grant Parish						
Robertson Road Community Home	6	2	11	0	0	-
Iberia Parish						
Central Avenue Group Home	8	1	7	0	1	-

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Dehart Community Home	6	2	26	5	5	\$300
Iberian Group Home	8	4	23	3	0	1,300
Kramer Group Home	8	1	7	0	1	-
Northside Group Home	8	0	13	0	0	-
Orange Grove Group Home	8	1	19	4	4	300
Sugar Mill Group Home	8	0	25	0	0	10,500
Jackson Parish						
Jonesboro Community Home	6	0	3	0	0	-
Jefferson Parish						
575 Central-Jefferson Heights Group Home (Magnolia 680 Jefferson Heights Community Home)	6	0	4	0	1	-
Acron Community Home	6	0	8	0	1	3,500
Alton Street Community Home	6	1	4	1	3	-
Argonne Street Community Home	8	0	2	0	2	5,600
Arkansas Community Home	6	1	6	2	7	-
Cher Ami Homes Of Gretna	6	0	0	0	0	-
Clemson Group Home	8	1	3	0	1	-
Delaware 1 Community Home	6	1	7	4	12	1,050
Fayette Group Home	8	3	5	1	3	4,700
Gadsden Community Home	8	0	2	0	2	-
Garden Street Community Home	8	0	2	0	2	-
Helena Group Home	8	2	10	0	2	-
Idaho Community Home	7	2	9	7	4	650
Idaho Street Community Home	8	0	6	0	2	-
Lamantia #1	8	0	1	0	1	-
Lamantia #2	8	0	6	0	2	-
Lochlomand Group Home	8	1	7	2	15	600
Magnolia Aris Group Home	8	0	1	0	2	-
Magnolia Bollinger	8	0	0	0	1	1,300
Magnolia 821 Jefferson Heights	8	2	7	2	1	-
Magnolia Deckbar Community Home	6	0	4	0	4	-
Magnolia Henican Group Home	10	0	5	1	7	-

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Magnolia Hickory Community Home	6	2	10	0	3	-
Magnolia I-10 Service Road (Magnolia 748 Jefferson Heights)	8	3	1	1	1	\$200
Magnolia James Community Home (Magnolia Dodge Community Home)	6	0	10	0	0	-
Magnolia Karen Group Home (Magnolia Bloom Group Home)	8	2	11	2	4	-
Magnolia Maine St. Community Home	6	0	1	0	2	-
Magnolia Maison Central Group Home	8	0	5	0	7	-
Magnolia River Road Group Home	7	0	12	1	3	-
Magnolia Saratoga At Jefferson Heights Community Home (Magnolia 825 Jefferson Heights)	8	0	4	0	2	-
Magnolia Schwegmann Community Home	8	0	4	0	9	-
Magnolia Shrewsbury Court Community Home	6	0	0	0	2	-
Magnolia Shrewsbury Road Community Home (Magnolia 213 St. George Avenue)	6	1	1	0	3	-
Magnolia 645 St George Avenue Community Home	6	0	5	1	3	-
Magnolia Temple Street Group Home	8	0	6	0	1	-
Magnolia Tolmas	8	0	0	0	0	-
Melbrook Community Home	6	0	4	1	0	-
Seventeenth Street Group Home	8	2	6	2	12	350
Sts. Mary & Elizabeth Group Home	8	0	0	0	1	-
Thirty Eighth Street Community Home	6	0	3	1	2	-
Toledano Community Home (Franklin Street Community Home)	6	0	1	0	1	-
Twenty-Seventh St Group Home	8	0	6	1	1	-
Viola Community Home	6	0	19	0	0	350
Vouray Group Home	8	0	2	1	7	-
Jefferson Davis Parish						

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Astor Community Home	6	1	10	1	24	-
East Nichols Street Community Home	6	0	11	0	5	\$700
Magnolia Drive Community Home	6	2	6	0	5	-
Southwest Community Home	6	1	31	0	1	-
Lafayette Parish						
Cane Place Community Home	8	0	14	0	6	5,950
Civitan Group Home	16	2	18	0	5	-
Hannie Group Home	8	0	10	1	0	-
Jeff & Nellie Guidry Group Home	8	1	11	2	1	-
Lowe Community Home	8	0	9	0	4	-
Pardue Group Home	8	0	6	0	1	-
Regis Group Home	8	5	30	4	13	1,200
Scott Group Home	8	0	23	0	2	500
Timmy Group Home	8	1	10	2	6	500
Tison Group Home	8	4	17	2	5	17,050
Vern Trahan Community Home	8	0	4	0	2	-
Lafourche Parish						
Burns Plaza Group Home	8	1	16	3	21	-
Chackbay Community Home	6	0	1	0	1	-
Country Club Community Home	6	0	0	0	0	-
Diplomat Way Home (Peltier Community Home)	6	0	2	1	1	-
Labadieville Home	8	4	22	5	7	850
Narrow Home	6	0	1	0	0	-
Richland Drive Community Home	6	2	2	0	1	-
Stevens Home	6	0	3	0	0	-
Lincoln Parish						
Benton Street Home	8	0	0	0	3	-
Braswell Home	8	0	1	0	2	-
Campbell Street Home	8	0	0	0	1	-
Lilinda Street Home	8	0	3	0	2	-
Maple Street Home	8	0	1	0	5	600
Moriah Home	8	0	1	1	5	-
Ruston Community Residence	8	0	0	0	1	-
Trace Drive Home	8	0	1	0	1	-
Woodshire Group Residence	8	0	7	1	9	-
Livingston Parish						
Howell House	8	0	4	0	1	-

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Julia Street Community Home	6	1	7	0	0	-
La Trouvé	6	0	8	0	0	-
Summer House	6	1	38	1	1	\$300
Madison Parish						
4-B Group Home	8	0	6	0	2	-
Darrow Street Group Home	8	0	0	0	0	-
Richmond Group Home	8	0	2	0	1	-
Sharkey Road Group Home	8	0	3	1	0	-
Southfork Group Home	8	0	2	0	1	-
Twin Oaks Group Home	8	0	3	0	0	-
Morehouse Parish						
Crossett Road Group Home	7	2	8	1	1	-
East Morehouse Community Home	6	0	7	0	5	-
Natchitoches Parish						
Desnegis Community Home	6	0	0	0	0	-
Oak Grove Group Home	8	3	3	0	1	1,200
Orleans Parish						
Arthur Community Home	6	0	4	0	0	-
Carlisle Court Community Home	6	1	0	0	5	-
Constance Group Home	8	0	4	0	0	1,250
Craft Group Home	8	1	10	1	0	-
Elysian Fields Community Home	6	0	2	0	3	250
Gayoso Group Home	8	1	2	1	2	-
Iberville Community Home	6	1	5	1	2	-
Iberville Group Home	8	4	10	3	6	-
Lakeshore Community Home	8	0	6	5	3	-
Miller Manor	6	0	2	0	7	-
Nunez Street Community Home	6	0	2	1	1	-
Olympia Group Home	8	4	7	1	0	900
Rendon Community Home	6	0	14	0	1	-
St. Andrew Group Home	8	8	13	2	16	7,900
St. Rosalie Group Home	8	0	0	1	0	-
State Street Community Home	6	0	12	1	0	-
Ouachita Parish						

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
G.B. Cooley Beech Group Home	8	0	2	0	2	-
G.B. Cooley Cedar Group Home	8	0	2	0	0	-
G.B. Cooley Clay Group Home	8	0	2	1	3	-
G.B. Cooley Emerson Community Home	8	0	0	0	1	-
G.B. Cooley Franciscan Group Home	8	0	0	0	0	-
G.B. Cooley Hillcrest Group Home	8	0	1	0	4	-
G.B. Cooley Magnolia Group Home	8	0	2	0	2	-
G.B. Cooley Moore-Weatherford Group Home	8	0	0	0	0	-
G.B. Cooley Prairie Road Group Home	8	0	0	0	0	-
G.B. Cooley Shannon Group Home	8	0	0	0	2	-
G.B. Cooley Stubbs Vinson Home	8	1	1	0	3	-
G.B. Cooley Sue Dr Group Home	8	0	0	0	0	-
G.B. Cooley Sunshine Group Home	8	0	1	0	2	-
G.B. Cooley Tennessee Group Home	8	0	0	1	5	-
G.B. Cooley Walnut Group Home	8	0	1	0	4	-
G.B. Cooley Willow Group Home	8	1	1	0	5	-
Mallard Community Home	4	0	4	0	3	-
Plaquemines Parish						
Padua Community Services - Padua House	32	0	6	2	5	\$1,900
Rapides Parish						
Acadiana House	8	2	3	1	38	1,400
Adams Group Home	14	0	5	0	23	-
Adrian Drive Community Home	6	1	12	1	15	350
Amicus Home	8	0	0	1	6	-
Anna Lane Community Home	6	2	9	2	4	1,200
Bishop Ronald P. Herzog Home	8	4	11	9	14	-
Bouef Trace Community Home	6	0	3	0	7	-
Buchanan Group Home	14	3	10	1	19	-
Camerata Community Home	6	0	1	0	4	-

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Cameron Community Home	6	0	18	0	3	-
Carlo Bertani Home	10	0	3	1	9	-
Central Louisiana Supports And Services Center	90	3	1	4	27	\$7,400
Charles P. Greco Home	8	1	2	0	2	-
Clarks Manor	8	1	7	3	11	-
Cleveland Community Home	6	0	4	0	1	-
Country Club Road Community Home	6	7	9	2	10	-
Crooms Lane Community Home	6	2	7	2	12	-
Cynthia G. Rhodes	8	0	4	4	18	-
Deer Creek Community Home	6	0	0	1	0	-
East Ridge Community Home	6	0	0	0	0	-
Eden Place	8	0	0	2	6	-
Edgewood Community Home	7	5	25	3	2	2,950
Faith Manor	8	3	12	12	25	-
Fendler Parkway Community Home	6	0	3	0	1	-
Fillmore Group Home	14	4	7	10	19	-
Fr August Thompson Home	6	0	0	1	1	-
Freddie Byrd House	8	3	7	3	23	-
Fulton Road Community Home	6	0	6	2	3	-
Gabriel House	8	0	2	6	11	-
Garfield Group Home	14	0	6	1	6	350
Grant Community Home	6	0	0	0	2	-
Greco Community Home	8	0	1	0	0	600
Harding Community Home	6	0	7	3	7	2,200
Harrison Group Home	8	0	0	0	4	-
Hayes Community Home	6	0	1	0	4	-
Heyman Lane Community Home	6	0	2	1	0	-
Humphries House Community Home	6	1	6	0	1	-
Jackson Group Home	8	0	0	2	4	-
Jefferson Group Home	14	0	3	0	12	-
Jericho House	8	0	0	0	7	-
John Tyler Group Home	8	0	6	2	5	-
Johnson Community Home	6	0	0	1	2	-

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Joy Nalty Hodges Home	8	0	9	2	11	-
Jude Community Home	6	0	9	0	0	-
Kilpatrick Home	8	0	0	0	2	-
Lincoln Group Home	8	0	2	0	0	-
Livingston Road Community Home	6	6	13	4	21	\$1,500
Madison Group Home	14	0	1	3	12	-
Magdalene House	8	0	0	0	11	-
Maison Grace	8	0	0	0	17	-
McKinley Group Home	8	0	2	0	6	-
Monroe Group Home	8	1	4	0	2	-
Monsignor Bruce Miller Home	8	4	7	5	7	3,600
Monsignor Joseph M. Susi-Knights of Columbus	8	3	6	3	9	-
Monsignor Steve J. Testa Home	8	0	0	3	6	-
Oak Run Community Home	6	0	9	0	1	-
Paradise Road Community Home	6	0	21	1	9	2,600
Peach Community Home	6	0	1	0	1	-
Pecan Grove Community Home (Military Highway Community Home)	8	0	5	0	2	-
Pecan Grove Training Center	102	4	31	8	32	2,800
Pierce Group Home	14	2	6	6	18	-
Pinecrest Supports and Services Center	1086	14	36	132	1826	7,100
Poland Community Home	6	0	2	0	1	-
Polk Group Home	8	1	6	1	1	1,200
Prescott Road Community Home	6	0	0	0	2	-
Prospect Community Home	6	2	3	1	0	-
Rapides Group Home	8	0	3	0	0	-
Renzi Community Home	6	0	2	0	0	-
Ridgemont Drive Community Home	6	0	13	0	1	1,200
Roosevelt Community Home	6	0	0	0	1	-
Royce Eznack Community Home	6	0	20	1	4	600
Ruth Cottage	8	0	2	9	21	-
Sharon Smith Home	4	0	0	2	3	-
Sr. Helen Home	8	1	0	0	6	-
St. Anthony Home	8	3	5	1	9	-

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
St. Mary's Residential Training School	6	14	24	16	122	\$9,750
Stuckey Home	8	0	5	0	1	-
Taft Community Home	6	0	0	0	4	-
Taylor Group Home	8	1	5	0	1	-
Van Buren Community Home	6	1	2	1	3	-
Verni Community Home	6	0	2	0	0	-
Washington Group Home	14	0	5	3	15	350
Wesleyan Community Home	5	0	8	2	2	300
West Pointe Community Home	6	1	11	0	1	-
Westside Group Home	14	5	7	2	18	2,400
Wilson Group Home	8	0	1	1	2	-
Windermere Community Home	6	0	0	0	0	-
Winston Brown Community Home	6	0	0	0	0	-
Richland Parish						
Bailey Group Home	8	2	11	1	1	-
Bayou Macon Community Home	8	0	0	0	1	-
Bear Den Group Home	8	2	12	0	1	300
Bee Bayou Community Home	6	0	0	0	3	-
Bush Road Community Home	6	0	1	0	1	-
Cuthbert Group Home	8	1	9	0	3	-
Delhi Community Home	7	0	0	0	0	-
Dickens Group Home	8	0	12	2	1	-
Gabe White Group Home	8	1	9	2	0	-
Kleibert Group Home	8	0	0	0	0	-
Madeline Group Home	8	0	11	0	0	300
Norris Group Home	8	4	20	1	2	-
North Rayville Community Home	6	0	4	0	5	-
Phillips Group Home	8	0	7	0	1	-
Pilley Group Home	8	1	12	0	1	-
Rayville Community Home	8	0	1	0	4	-
Richland Group Home	9	1	19	0	1	-
Schamberger Group Home	8	0	11	0	0	-
Tallulah Community Home	8	0	0	1	0	-
Sabine Parish						
Alyene Haley Community Home	6	1	6	0	1	-

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Edwin R. Lites Community Home	6	0	10	0	6	-
John & Mary Hariel Community Home	6	0	10	0	1	-
Provenza Community Home	6	1	4	0	2	-
R A Haley Community Home	6	0	1	1	5	-
Virginia Godfrey Community Home	6	0	1	0	1	-
St. Bernard Parish						
Utopia Group Home	7	6	22	2	0	\$1,000
Verrett Group Home	8	2	15	0	0	5,500
St. Helena Parish						
Pine Grove Community Home	6	0	2	1	2	-
St. Landry Parish						
Garland Group Home	8	8	32	3	6	11,000
Liberty One Community Home	6	0	11	2	0	-
Liberty Three Community Home	6	0	6	0	1	-
Liberty Two Community Home	6	0	5	0	0	1,400
Wyble Group Home	8	7	62	3	6	13,300
St. Martin Parish						
K.C. Roy Home	6	0	10	1	0	3,850
Milton Andrepont Home	6	0	17	3	0	250
Ruby Drive Community Home	6	2	17	0	0	2,300
Stephanie Group Home	8	2	34	3	2	500
St. Tammany Parish						
1000 Milne Circle	5	0	17	2	4	-
1004 Milne Circle	5	0	9	2	1	-
1008 Milne Circle	5	3	8	2	3	550
1012 Milne Circle	5	0	19	2	6	1,200
1016 Milne Circle	5	0	9	2	1	-
1020 Milne Circle	5	0	13	3	7	-
1024 Milne Circle	5	0	7	1	0	-
1028 Milne Circle	5	1	21	2	1	1,800
1032 Milne Circle	5	0	8	2	1	-
1036 Milne Circle	5	1	8	2	4	-
1040 Milne Circle	5	1	16	1	5	-
1044 Milne Circle	5	3	22	3	8	-
Mustard Seed Group Home	8	0	2	1	2	-
Our Daily Bread	12	0	6	0	1	-
Pine Grove Community Home	6	1	2	3	5	300
Potter's Clay Community Home	12	0	11	0	3	1,100

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Rock Of Ages Group Home	8	0	13	1	0	-
St. John the Baptist Parish						
Inspiration House	6	0	21	0	0	\$600
Tangipahoa Parish						
Acadiana Community Home	7	9	28	11	17	550
Alpha House	6	0	7	0	4	-
Billville Road Community Home	8	0	22	1	1	-
C.B.s Place Group Home	8	0	9	1	1	1,750
Camellia Drive Community Home	6	3	20	2	7	950
Creekwood Group Home	8	0	5	0	1	350
Demarco Community Home	8	2	10	2	5	-
Elaine Parr House	6	0	8	3	3	500
Fortenberry House	6	1	9	0	2	-
Frank Marten House	6	3	24	4	0	-
Gatlin Community Home	8	4	19	1	2	1,800
Happy Haven Circle	8	3	11	2	0	-
Happy Haven Perret	6	0	3	0	0	300
Happy Haven Stein	6	0	15	1	0	-
Harvey Lavigne Community Home	8	5	17	4	6	-
Helen's House	6	0	5	2	3	-
Hwy 22 - West Group Home	8	2	30	2	4	2,200
Hwy 22 - East Community Home	8	0	11	2	8	2,700
Ivy Springs Community Home	6	1	12	1	3	-
Jake Drive Community Home	6	0	0	1	2	-
Klein Road Group Home	8	2	6	0	1	-
La Casa Community Home	6	2	3	0	10	-
Live Oak Community Home	6	3	13	0	7	-
Marie Bradley House	6	1	8	3	4	-
Our House	6	1	6	0	2	-
Pecan Community Home	6	7	29	3	6	900
Range House	6	0	4	0	1	-
Smith And Cook Group Home	8	1	1	1	2	21,150
Sunset Community Home	6	0	7	0	0	-
Tracey Lane Community Home	6	4	31	1	10	-

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Trippi Road Community Home	8	10	32	5	22	\$900
Wadesboro Community Home	8	0	7	1	9	-
Wells Road Community Home	6	1	9	0	3	-
Terrebonne Parish						
Dixie Group Home	6	1	1	2	4	-
Idlewild Group Home	8	1	10	1	10	-
Jenna Court Community Home	8	2	7	0	21	-
Lillian Marie Community Home	6	0	3	0	7	-
Wellington Community Home	6	0	0	0	2	-
Union Parish						
Bernice Community Home	6	0	5	1	1	-
Vermilion Parish						
Abbeville Group Home	8	1	9	0	0	-
Vernon Parish						
Amanda Rock Community Home	6	0	9	0	4	-
Ray Charles Smith Community Home	6	0	4	1	2	-
Visions Group Home	8	0	3	0	3	1,400
Washington Parish						
Bob White Community Home	7	2	18	0	2	2,000
Enon Road Community Home	7	1	8	1	4	500
Hamilton Group Home	8	6	32	5	14	250
May Street Community Home	7	0	8	1	6	-
Webster Parish						
Bell Oaks - Burton House	8	0	1	0	0	-
Bell Oaks - Hilda House	8	0	2	0	0	-
Bell Oaks - Oak Haven Community Home	5	0	0	0	0	-
Cotton Valley Group Home	8	0	2	0	0	-
Dubberly Group Home	8	0	1	0	0	-
Lewisville Road Group Home	8	0	0	0	0	-
Maple Community Home	8	0	0	0	0	-
Milford Drive Community Home	6	0	2	0	0	-
Rolling Hills Group Home	8	0	0	0	0	-
Shongaloo Community Home	6	0	2	0	1	-

ICF Name	Bed Count	Client Protection Deficiencies	Other Deficiencies	Complaints	FRI's	Sanctions Paid
Tenth Street Community Home	6	0	2	1	2	-
Webster Community Home	6	0	0	0	0	-
Woodlands Group Home	8	0	0	0	1	-
Winn Parish						
Apache Drive Community Residence	8	0	4	2	0	-
Calvin Road Community Residence	8	0	1	1	0	-
Dodson Community Residence	8	5	0	1	1	\$1,600
Totals	4,963	558	3,947	680	4,479	\$461,367
Notes:						
<ul style="list-style-type: none"> • Bed count is the maximum number of beds allowed, but may not reflect the beds actually occupied. • Deficiencies include those that were corrected by the ICF. • Other deficiencies does not include Life Safety Code violations cited by the State Fire Marshall inspections. • Sanctions paid include payments received by LDH from August 2019 through June 2023. • The exhibit only includes ICFs operating as of May 2024. As a result, the totals in the exhibit may not match the totals in this report. 						
Source: Prepared by legislative auditor's staff based on information provided by LDH.						