LAFOURCHE PARISH HOSPITAL
SERVICE DISTRICT NO. 1
d/b/a LADY OF THE SEA GENERAL HOSPITAL

Galliano, Louisiana

SINGLE AUDIT REPORT

Year Ended June 30, 2025

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Independent Auditor's Report on Compliance for Each Major Program
and on Internal Control over Compliance Required by Uniform Guidance

To the Chairman and Board of Commissioners
Lafourche Parish Hospital Service District No. 1
d/b/a Lady of the Sea General Hospital
Galliano, Louisiana

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the Lafourche Parish Hospital Service District No. 1, State of Louisiana, Parish of Lafourche, d/b/a Lady of the Sea General Hospital's (the Hospital) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Hospital's major federal programs for the year ended June 30, 2025. The Hospital's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Hospital complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2025.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Hospital and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Hospital's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Hospital's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Hospital's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Hospital's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Hospital's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Hospital's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Under Louisiana Revised Statute 24:513, this report is distributed by the Louisiana Legislative Auditor as a public document; therefore, its distribution is not limited.

Darnall, Sikes & Frederick
(A Corporation of Certified Public Accountants)

Lafayette, Louisiana
October 30, 2026

LAFOURCHE PARISH HOSPITAL SERVICE DISTRICT NO. 1
d/b/a LADY OF THE SEA GENERAL HOSPITAL

Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2025

Federal Grantor/Pass-through Grantor/Program Title	Federal Assistance Listing Number	Pass-through Entity Identifying Number	Federal Expenditures
U.S. Department of Homeland Security			
Passed through the Louisiana Governor's Office of Homeland Security and Emergency Preparedness			
Public Assistance (Presidentially Declared Disasters)	97.036	FEMA-DR-4611-LA	**$ 38,824,172**

LAFOURCHE PARISH HOSPITAL SERVICE DISTRICT NO. 1
d/b/a LADY OF THE SEA GENERAL HOSPITAL

Notes to Schedule of Expenditures of Federal Awards
Year Ended June 30, 2025

NOTE 1 BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule") includes the federal award activity of the Lafourche Parish Hospital Service District No. 1 (the Hospital) for the year ended June 30, 2022. The information in this Schedule is presented in accordance with the requirements of *OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Hospital, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Hospital.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Pass-through entity identifying numbers are presented where available.

NOTE 3 INDIRECT COST RATE

The Hospital has elected not to use the de minimis indirect cost rate allowed under the Uniform Guidance.

LAFOURCHE PARISH HOSPITAL SERVICE DISTRICT NO. 1
d/b/a LADY OF THE SEA GENERAL HOSPITAL

Schedule of Findings and Questioned Costs
Year Ended June 30, 2025

Part I. Summary of Auditor's Results:

Federal Awards

Internal control over major progams:

Material weakness(es) identified?		Yes	X	No
Significant deficiencies identified?		Yes	X	None reported

Typle of auditor's report issed on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR section 200.516(a)? X Yes ____ No

Major Programs:

Assistance Listing Numbers	Name of Federal Program or Cluster
97.036	Disaster Grants - Public Assistance (Presidentially Declared Disaster)

Dollar Threhold used to distinguish between Type A and Type B programs: $750,000

Auditee qualified as a low-risk auditee: ____ Yes X No

Part II. Findings which are required to be reported in accordance with generally accepted governmental auditing standards:

A. Internal Control Findings –

None to report.

B. Compliance Findings –

None to report

Part III. Findings and questioned costs for major Federal Awards which include audit findings as defined in 2 CFR section 200 of the Uniform Guidance:

2025-001 Late Report Submission

CRITERIA: Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Subpart F, Audit Requirements (Uniform Guidance), Section 200.512 requires an auditee that expends $750,000 or more in federal awards during a fiscal year to submit a data collection form and reporting package to the Federal Audit Clearinghouse no later than the earlier of 30 calendar days after receipt of the auditor's report(s) or nine months after the end of the audit period.

CONDITION: The reporting package for the fiscal year ended June 30, 2025, was not submitted to the Federal Audit Clearinghouse by the required due date. The Single Audit was not completed, and the related reporting package was not filed until after the Uniform Guidance reporting deadline had passed.

CAUSE: The required Single Audit and related reporting package were not completed and submitted within the timeframe prescribed by Uniform Guidance. The 2025 Single Audit was performed subsequent to the original reporting deadline because a Single Audit had not previously been completed and a reporting package had not been filed for the fiscal year ended June 30, 2025.

EFFECT: The Hospital was not in compliance with the reporting requirements of Uniform Guidance. As a result, federal awarding agencies, pass-through entities, and other users of the reporting package did not have timely access to the Single Audit results.

RECOMMENDATION: It is recommended management establish procedures to ensure that future Single Audits are completed timely and that the reporting package is submitted to the Federal Audit Clearinghouse within the deadlines established by Uniform Guidance.

CORRECTIVE ACTION PLAN: Management acknowledges the late submission of the reporting package. Management intends to enhance its monitoring of Single Audit requirements and reporting deadlines to ensure timely completion and submission in future periods.