Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5061	A. BUILDING _____ B. WING _____	10/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT OF LOVE	1213 BALZAR AVE, LAS VEGAS, NEVADA ,89106

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a grading re-survey initiated at your facility on 10/31/19. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for six Residential Facility for Group beds for persons with mental illness and/or persons with chronic illness and six Category 1 residents. The census at the time of the survey was six. Three resident files were reviewed and one employee file was reviewed. The facility received an annual survey grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	0000		
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually	0074	0074 (a). The deficiency shall/was corrected by (Employee # 4); and inclusive yearly the facility owner/and Licensed Administrator shall also) signi into Nevada State DPBH (NVeLearn.nv.gov/module) wed-site to take the Nevada State Elder Abuse accepted training course. (b). Employee (# 4) completed a renewed/annual up-to-date Nevada State approved Elder Abuse Training (from, DPBH online training wed-site, NVeLearn). (c). Employee (# 4) has been added to the Employee Training List/Posted on the wall in the Administrative Office (reviewed monthly during in-house Employee Training/Meeting); and training reminder dates shall be sent to Employee's (inclusive of Owner/and License Administrator phone weekly. (d). Assistant to Administrator/and Lead Caregiver shall monitor the Employee	08/15/2019

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	receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of		Annual Training List dates to Employee Annual Competencies/and Trainings are compliance; inclusive of both Owner/and Licensed Administrator take the State Abuse Training yearly. (e). 08/15/2019 (4/attached training certificates)	

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	adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163.			

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0181 SS= F	Health & Sanitation-Temperature - NAC 449.209 Health and sanitation. (NRS 449.0302) 8. The temperature in the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit. Inspector Comments: Based on observation and interview, the facility failed to ensure temperatures were maintained as evidenced by: Upon arrival to the facility the thermostat was set to 77 degrees and the thermostat read the inside temperature was 63 degrees. One resident indicated the air temperature seemed fine. All other residents were sleeping and could not be interviewed. The caregiver indicated it was hard to maintain the temperature due to residents continually going in and out of the front door. Severity: 2 Scope: 3	0181	0181 Per (NRS 449.0303) and in accordance to Health & Sanitation - Temperature: The inside Fahrenheit of the Facility must be maintained not less-than 68%----and, not higher-than 82%: a. a. The stated (room temperature-62) deficiency was justified/and corrected by agency maintenance that went on the roof/and switched cooling system converter over to heat. b. The inside determined/comfortable temperature requires the **thermostat gauge to be set at 76%** for three reasons (meet NRS Temperature code; comfort, and possible reduces energy cost. c. Placed a locked cover over the heating system control box; and posted a sign next to thermostat **DO NOT Tamper with the Temperature Controls**. d. Assistant to Administrator/and Lead Caregiver shall monitor the inside temperature to assure it is maintained between/and in accordance to the (NRS 449.0303) Health & Sanitation – Temperature/Fahrenheit be maintained not less-than 68%----and, not higher-than 82%: e. 11/02/2019 (2/attachments)	11/02/2019

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0357 SS= F	Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 7. Each resident must have his or her own toilet articles and must be provided with toilet paper, individual towels and washcloths. Paper towels may be used for hand towels. The towels and washcloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap.	0357	0357 (a). To further promote residents' having his/or her own toilet articles: A plug-in mounted to the wall economical air-hand dryer was installed in (bathroom # 1/and # 2); which was/is inclusive of provided toilet paper, individual towels, washcloths/and paper napkins for hand-drying. (b). Each resident' was coached on safe/and proper procedures for using the air-hand dryer; and as often as needed Residents are provided a (New placing face/and bath drying towel; and Residents' are encouraged to purchase personal hygienist items with their Weekly Allowance. (c). Corrective action requires employees to perform daily routine checks to ensure the air-hand dryers are plugged-in and operating properly; that each bathroom is stocked with toilet paper/paper napkins/and hygienist items ; and at-least ONCE monthly engage the Resident's in preparing an itemized shopping list that may contain a few personal care hygienist items. (d). Assistant to Administrator/and Lead Caregiver will monitor air-hand-dryers safety and bathroom sanitation supplies daily to assure toilet article/s and that Residents' have Sufficient Personal Care Items and Bathroom Articles are maintained in a compliance manner. (e). 08/28/2019 (1/ attachment)	08/28/2019

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0530 SS= F	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities;	0530	(a) 0530 (a). A calendar is used to organize most of the (10/hrs) of recreational activities weekly: (b) Resident # 1; # 2; # 3; # 4; # 5;and # 6; each have access to activities articles 24/hrs a day (not locked-way or locked up); and residents ideals and interests are sort as the monthly activity calendar is being generated. (b) On a continuous bases activities items are replenished such as board games (chess, dominos, cards, puzzles, coloring/word puzzles books/musical instruments/writing/reading materials); each resident' have scheduled outings at-least 3/times a week; and 2/days a week therapy (Basic Skill Training Activities; Dr. Appointments; Shopping Sprees; and Planned Events inclusive of By Choice if Church or not). (c) Residents' activity choices have been re-assessed and activity calendar reflects residents' interests; and choices with an increased option to engage in activity at different scheduled times of the day (with options to use a nap/relax, smoke, walk/back and forth/and etc; as an activity/his or her own free-time discretion). (d) Assistant to Administrator/and Lead Caregiver shall monitor activities participation; and upkeep of activity supplies to ensure Residents' interest in onsite activities and Facility compliance in providing age/and debris free activity materials. (e) 08/15/2019	08/15/2019

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician.	0859	0859 (a) Upon a Residents' admit an evaluation of Activities of Daily Living (ADL's) Abilities /or Restrictions shall be generated with a brief description of assistance needed to perform safe/and healthy self-care obligations/activities; and Resident shall be re-assessed if/or when a mental or physical condition affects performance abilities; and regulations requires an evaluation at-least once annually/yearly, which shall be retained for at least 5/years in a locked/protected fire-proof file cabinet. (b) Residents shall have an up-to-date annual mental/and physical evaluation yearly inclusive of documented injuries/or accidents; and have an annual ADL that determines if there is a need for preventive care/or there are minor to no changes in abilities to perform safe/and healthy self-care obligations/and activities). (c) The correction action plan is that each Resident receives an up-dated evaluation (by) the 5th of January of each year; and performance changes are to be documented/and reported on an Incident Reporting form and SNAMHS Case Manager notified/and Primary Physician informed by fax or brief description noted on a monthly medication review form (kept confidential/for 5/five years thereafter) inclusive of final results of chest ex-rays. (d) Assistant to Administrator/and Lead Caregiver shall monitor (ADL's) abilities/and daily performances during chore time; if/and when abilities appears to be declining written observations shall be documented and reported to Dr./and Case Manager to assure (ADL's) assessments are compliance according NRS 449.0303 Regulations. (e) 08/28/2019 (1/attachment)	08/28/2019
0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge,	0920	0920	11/02/2019

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	transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were secured as evidenced by: Upon arrival to the facility the caregiver was sitting at the desk in the office. The medication cabinet door was cracked open with the keys in the doorknob. The medication cabinet was not in line of sight for the caregiver. The caregiver acknowledged the medication cabinet was not in line of sight but indicated the caregiver had been back and forth. This was a repeat deficiency from the 08/14/19 state licensure survey. Severity: 2 Scope: 3		NAC 449.2748 Medication Storage and Duties: (a) Every employee has been informed on the importance of adhering to the NAC 449.2748 Medication Storage and Safeguard Policies. (b) Medication Storage and Safeguard Policies are Mandatory required Protocol Duties for handling and safeguarding Medication/s and their contents (pill cutter/measuring spoons/med logs/MARS). (c) To assure Medication Handling and Safeguarding is not taken likely/but taken into consideration each and every time there is a need to enter the med cabinet; a reminder has been posted on the Medication Cabinet; and Staff received another in-house medication review/and instructions session (1. Do not step beyond arm length without the Med Cabinet being locked). (d) To further assure proper medication storage and lock-up compliance the Assistance to Administrator shall/did post a sign (*Lock Med Cabinet each Time In/and Out*). An additional safety measure consist of phoning the facility *sporadically* ***daily and request that med cabinet be unlocked/and locked–silent monitoring/listening to hear the click***). Assistant to Administrator/and Lead Caregiver shall continue to (check residents' bedroom daily/and during medication issuance (pm/one weekly) discuss risk factors involved in self-administration of medication/s and the importance of their Medications be Safely Stored): Shall continue to Review Resident	

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			Medication MARS against Residents Medications actual containers/ which may include Medication Review forms. (e) 11/02/2019	

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	0936	0936 Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) (a) (a) A separate file is/and shall be maintained for each resident of the residential facility and retained for at-least 5/five-years thereafter leaving the facility. (b) (b) Each file shall be maintained individually and locked in a file cabinet that is resistant to fire and is protected against unauthorized use (confidentiality information, never openly discussed; and when discussing shall use file #'s). (c) (c) The record shall be maintained of such documentation as physical/s, TB test/results, diet/allergies, ADLs/Restrictions, Mental Health Assessment, TX Plans, letters, Medication Reviews, and any other sort of Care Tx forms that relate to Care of the Resident. (d) (d) Assistant to Administrator/Executive Director shall review/and sign-off on intake documents; (monthly/file review). (e) (e) 08/15/2019	08/15/2019

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0938 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year.	0938	0938) Upon a Residents' admit an evaluation of Activities of Daily Living (ADL's) Abilities shall be generated with a brief description of assistance needed to perform safe/and healthy self-care obligations/activities; and Resident shall be re-assessed if/or when a mental or physical condition affects performance abilities; and regulations requires an evaluation at-least once annually/yearly, which shall be retained in an individual separate file for at least 5/years in a locked/protected fire-proof file cabinet. (b) Residents shall an up-to-date annual re-evaluation on 08/14/2019 (Resident # 4 with reported, minor to no changes in abilities to perform safe/and healthy self-care obligations/and activities). (c) The correction action plan is that each Resident receives an up-dated evaluation (by) the 5th of January of each year; and performance changes are to be documented/and reported on an Incident Reporting form and SNAMHS Case Manager notified/and Primary Physician informed by fax or brief description noted on a monthly medication review form (kept confidential/for 5/five years thereafter). (d) Assistant to Administrator/and Lead Caregiver shall monitor (ADL's) abilities/and daily performances during chore time; if/and when abilities appears to be declining written observations shall be documented and reported to Dr./and Case Manager to assure (ADL's) assessments are compliance according NRS 449.0303 Regulations. (e) 08/14/2019	08/14/2019