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 _____	07/05/2022

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 an annual and infection control State Licensure survey conducted at your facility on 07/05/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six beds for elderly and disabled persons and/or persons with mental illness and/or persons with chronic illness, Category I residents. The census at the time of survey was six. Six resident files and two employee files were reviewed. The facility received a grade of B. 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		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: CHARLENE W BYNUM	Title: Executive Director	Date: 07/21/2022

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 2 sampled employees had an annual tuberculosis (TB) test (Employee #2). E2's last annual TB test was completed on 05/05/21. The Caregiver was unable to provide the documented evidence of the annual TB test. Severity: 2 Scope: 1	0102	0102 SS=D 1. In accordance with Nevada Administrative Code (NAC) Chapter 449.200 with the required pursuant 441A of NAC for employees: Residential Facilities for Groups shall maintain evidence of a current Physical/and TB screening records (within one-year) which was oversighted. 2.Employee # 2 annual TB test was completed on 05/17/22 and has been placed in the Residential Facilities for Groups employees'' # 2 employee file. 3.Executive Director will take on the responsible of filing documents in employees files to decrease the risk of deficiency reoccurring. The corrective action will be monitored on a monthly calendar. 4. The Executive Director is responsible for ensuring corrective is implemented. 5. Completed --- 05/17/2022	05/17/2022

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0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was maintained. Findings include: On 07/05/22 at 8:30 AM, the following was observed in the backyard: -A inoperable mailbox. -A large black organizer. -A bed frame. -Stucco siding hanging from the facility and multiple pieces of stucco on the ground. The Executive Director (ED) acknowledged the backyard was not maintained. The ED indicated the backyard should have been maintained. Severity: 2 Scope: 3	0178	0178 SS=D 1. Residential Facilities Health & Sanitation is regulated according to (NRS 449.0302) and the interior, exterior, and landscaping of the facility are well maintained under NAC 449.209. 2. The Residential Facility premises are clean and the interior, exterior and landscaping of the facility is well-maintained/free of debris and unoperated items, inclusive of being well landscaped. 3. Executive Director will twice monthly for 90/days take on the responsible of checking internal/and external to decrease the risk of deficiency reoccurring. 4. The Executive Director is responsible for ensuring corrective is implemented. 5. 07/15/2022	07/15/2022

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0859 SS= E	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. Inspector Comments: Based on interview and record review, the facility failed to obtain an annual physical examination for 3 of 3 sampled residents (Resident #2, #4 and #5). Findings include: Resident #2 (R2) R2 was admitted on 07/30/18, with diagnosis including depression. R2's file lacked documented evidence an annual physical examination was completed. R2's last physical examination was completed on 03/16/21. Resident #4 (R4) R4 was admitted on 12/31/21, with diagnoses including psychosis and mood disorder. R4's file lacked documented evidence an initial physical examination was completed. Resident #5 (R5) R5 was admitted on 10/04/21, with diagnosis including anemia. R5's file lacked documented evidence an initial physical examination was completed. The Executive Director was unable to provide documented evidence an annual physical examination was completed for R2, R4 and R5. Severity: 2 Scope: 2	0859	0859 SS=D 1. In Residential Facilities NAC 449.274 governsthe medical care of residents after an illness, injury, or an accident. Atleast annually a documented written record is required to be placed in theresidents' file which is regulated according to (NRS 449.0302) 5. 2. A documented physical examination written recordhas been placed in each (Resident # 2; #4; and #5) residential file, inclusiveresident #5 admission physical. 3. The facility shall obtain the results of ageneral physical examination of the resident by his or her physician prior to admissionand each year after admission, or more frequently if there is a significantchange in the physical condition of the resident; and be placed in the resident'sfile. ExecutiveDirector will twice monthly for 90/days take on the responsible of checkingfiles to decrease the risk of deficiency reoccurring. 4. The Executive Director is responsible for ensuring corrective is implemented. 5. Completed ----07/12/2022	07/12/2022
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions	0878	0878 SS=D 1. According to NAC 449.2742 -Administration of medication is the responsibilities of an employee that has had 16/hrs. of Medication Training by an HCQC Approved Medication Trainer, inclusive of the employee being competent in the regulations to	07/06/2022

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	of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on interview and record review, the facility failed to ensure medications were administered per physician's orders for 1 of 6 sampled residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 04/17/21, with diagnoses including hypertension and irregular heartbeat. A review of R6's medication administration record (MAR) for the month of July, documented Amlodipine Besylate 5 milligram (mg), give one tablet by mouth daily. R6's medication bottle was labeled, Amlodipine Besylate 5 mg, take two tablets by mouth once daily. On 07/05/22 at 10:30 AM, the Caregiver acknowledged R6's medication bottle did not match R6's MAR. The Caregiver indicated R6's medication needed to be clarified by the physician. Severity: 2 Scope: 1		administrate medications. 2. According to NRS 449.0302 an employee/caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless the resident is able to determine his or her need for the medication, which the physician must document the symptom that the resident is to take the medication for. 3. The Caregiver listed the Prescription on Resident # 6 MAR as physician prescribed Amlodipine Besylate 5mg ---Take (1/table by mouth every day for blood Pressure). Executive Director will twice monthly for 90/days take on the responsible of checking MARs to decrease the risk of deficiency reoccurring. 4. The Executive Director is responsible for ensuring corrective is implemented. 5. Completed --- 07/06/2022	

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0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure written instructions indicating the specific symptoms for which an as needed (PRN) medication was to be administered was documented for 1 of 6 sampled residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted to the facility on 10/04/21 with diagnosis including anemia. R5's medication bottle documented, Ibuprofen 800 milligrams (mg), take one tablet by mouth three times daily as needed with food or milk. The Caregiver acknowledged there were no specific instructions with the symptoms included for the administration of the medication. The Caregiver indicated all as needed medications should have been clarified. Severity: 2 Scope: 1	0905	0905 SS=D 1. According to (NRS 449.0302) a competent well-trained medication caregiver that is employed by the residential facility shall assist (Resident # 5) with the administration of a medication that is taken as needed unless; and the resident must be able to determine his or her need for the medication. 2. The physician changed the prescription from (as needed/for headaches to): Take 1/tablet by mouth three time daily. Resident # 5 had taken the prescription at least 30/days three times a day (Ibuprofen 800mg). 3. The Caregiver listed the Prescription on Resident # 5 MAR as physician prescribed Ibuprofen 800mg ---- Take 1/tablet by mouth three time daily. Executive Director will twice monthly for 90/days take on the responsible of checking Mars to decrease the risk of deficiency reoccurring. 4. The Executive Director is responsible for ensuring corrective is implemented. 5. Completed --- 07/12/2022	07/12/2022

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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. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 6 sampled residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 04/17/21, with diagnoses including hypertension and irregular heartbeat. R6's file lacked documented evidence an annual TB test was completed. R6's last documented TB test was completed on 05/07/21. On 07/05/22 at 10:30 AM, the Executive Director (ED) acknowledged TB documentation was not in R6's file for review. The ED indicated the TB test had not been completed annually, per the requirement. Severity: 2 Scope: 1	0936	0935 SS=D 1. (NRS 449.0302) requires a separate file for everyone. Chapter441A of NRS governs the regulations with provisions of compliance in keeping confidential information (Residents $ Employees Personal records). Each file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. 2. Resident # 6 completed an annual 2/Step TB Test, and it has been placed in Resident # 6 locked away file with unauthorized use noted. 3. Executive Director will take on the responsible of filing documents in employees files to decrease the risk of deficiency reoccurring. The corrective action will be monitored on a monthly calendar. 4. The Executive Director is responsible for ensuring corrective is implemented. 5. Completed --- 07/15/2022	07/15/2022

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1545 SS= D	The facility shall provide the training Inspector Comments: Based on interview and document review, the facility failed to submit to the Division a cultural competency course/training program or provide documented evidence of a contract with a third party, to develop and operate a program for cultural competency. The Executive Director and the Administrator acknowledged a cultural competency training program had not been implemented for the facility. Severity: 2 Scope: 1	1545	1545 SS=D 1. 1. The Division (HCQC) developed a new governing policy that consist of each employee complete an Accredited and HCQC Approved a Cultural Competency course/training. 2. Employee # 1 and Employee # 2 both completed a third party HCQC Approved Asynchronous Cultural Competency Training. The Executive Director will take on the responsible of filing documents in employees files to decrease the risk of deficiency reoccurring. 3. The corrective action will be monitored on a monthly calendar. 4. The Executive Director is responsible for ensuring corrective is implemented. 5. Completed -- 07/16/2022	07/16/2022