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 _____	08/15/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed in your facility on 08/15/2024, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The facility is licensed for 6 Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category II residents. The census at the time of the survey was six. Six resident files and four employee files were reviewed. The facility received a 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		
0515 SS= C	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on record review and interview, the facility failed to develop a person-centered service plan for 6 of 6 residents (Resident #1, #2, #3, #4, #5, and #6). Findings include: Resident #1 (R1) R1 was admitted to the facility on 03/02/2018, with diagnoses including drug-induced parkinsonism, coronary artery disease, and bipolar disorder. R1's file lacked a person-centered service plan. Resident #2 (R2) R2 was admitted to the facility on 08/01/2018, with diagnoses including back pain, schizoaffective	0515	Residents were sat down with and asked questions as well as informed about policies and procedures put in place regarding the Centered Treatment Care Plan, it was then filled out and signed based on answers from each resident. A calendar was created to ensure the annual review is completed beginning 30 days prior to the due date and make sure that compliance is being upheld. The Administrative Assistant is designated to ensure the procedures put into place are implemented with the staff complying to the policies and procedures of the Care Plan to prevent the facility of being in noncompliance.	09/26/2024

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	disorder, and bipolar disorder. R2's file lacked a person-centered service plan. Resident #3 (R3) R3 was admitted to the facility on 03/02/2018, with diagnoses including hypertension, diabetes, and gastroesophageal reflux disease. R3's file lacked a person-centered service plan. Resident #4 (R4) R4 was admitted to the facility on 12/13/2021, with diagnoses including hypertension, bipolar disorder, tachycardia, and altered mental state. R4's file lacked a person-centered service plan. Resident #5 (R5) R5 was admitted to the facility on 04/16/2021, with diagnoses including coronary artery disease, hypertension, chronic kidney disease, and diabetes-II. R5's file lacked a person-centered service plan. Resident #6 (R6) R6 was admitted to the facility on 04/01/2023, with diagnoses including paranoid schizophrenia, asthma, bronchitis, and diabetes-II. R6's file lacked a person-centered service plan. On 07/24/2024 in the afternoon, the Caregiver on site confirmed R1, R2, R3, R4, R5, and R6's files did not have person-centered service plans. Severity: 1 Scope: 3			
1700 SS= C	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical	1700	Residents were transported to Dr.'s appointment for evaluation pertaining to level of care. The Dr.'s Assessment was provided to the Physician by the caregiver, the required assessment was completed and the forms were filled out by the Physician. A calendar was created to ensure the annual review process has begun 30 days prior to the due date. The Administrative Assistant is designated to ensure the procedure put in place is implemented to prevent the assessments expiring causing the facility to be held in non compliance.	

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	examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to ensure an annual placement assessment and/or initial placement assessment was obtained for 6 of 6 residents (Resident #1, #2, #3, #4, #5, and #6). Resident #1 (R1) R1 was admitted to the facility on 03/02/2018, with diagnoses including drug-induced parkinsonism, coronary artery disease, and bipolar disorder. R1's file lacked an initial placement assessment. Resident #2 (R2) R2 was admitted to the facility on 08/01/2018, with diagnoses including back pain, schizoaffective disorder, and bipolar disorder. R2's file lacked an annual placement assessment. R2's file revealed a placement assessment dated 08/16/2018. Resident #3 (R3) R3 was admitted to the facility on 03/02/2018, with diagnoses including hypertension, diabetes, and gastroesophageal reflux disease. R3's file lacked an annual placement			

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	assessment. R3's file revealed a placement assessment dated 01/10/2019. Resident #4 (R4) R4 was admitted to the facility on 12/13/2021, with diagnoses including hypertension, bipolar disorder, tachycardia, and altered mental state. R4's file lacked an initial placement assessment. Resident #5 (R5) R5 was admitted to the facility on 04/16/2021, with diagnoses including coronary artery disease, hypertension, chronic kidney disease, and diabetes-II. R5's file lacked an initial placement assessment. Resident #6 (R6) R6 was admitted to the facility on 04/01/2023, with diagnoses including paranoid schizophrenia, asthma, bronchitis, and diabetes-II. R6's file lacked an initial placement assessment. On 08/15/2024 in the afternoon, the Caregiver on site acknowledged an annual and/or initial placement assessment was not obtained for Resident #1, #2, #3, #4, #5, and #6. Severity: 1 Scope: 3			