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 _____	08/18/2026

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey initiated at your facility on 08/18/26. The facility is licensed for 6 Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category I residents. The census at the time of survey was four. Four resident files and three employee files were reviewed. The facility received a grade of A.			
Y 1825 SS= F	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for	Y 1825	The Facility Administrator Assistant has been designated to keep track of all employee trainings due dates to ensure they are obtained and not out of compliance. Employee 2 & Employee 3 trainings of 15 hours has been completed 8/24/2026	08/24/2026

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	Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on interview and record review, the facility failed to ensure the designated primary and secondary staff person responsible for the facilities infection control program received 15 hours of annual infection control training through a nationally recognized organization (Employee #2 and #3). Findings include: Employee #2 (E2) E2 was hired on 04/20/22 as an Owner/Caregiver. E2 verbalized they were the primary infection control person responsible for the facilities infection control program. E2's file contained a training certificate dated 05/07/25 documenting 15 hours of infection control training through a nationally recognized organization. E2's file lacked documented evidence of 15 hours of annual infection control training through a nationally recognized			

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	organization. Employee #3 (E3) E3 was hired on 03/10/20 as a Caregiver. E2 verbalized E3 was the secondary infection control person responsible for the facilities infection control program. E3's file contained a training certificate dated 05/07/25 documenting 15 hours of infection control training through a nationally recognized organization. E3's file lacked documented evidence of 15 hours of annual infection control training through a nationally recognized organization. On 08/18/26 in the morning, the Owner/Caregiver acknowledged E2 and E3's file lacked documented evidence of 15 hours of annual infection control training through a nationally recognized organization Severity: 2 Scope: 3			