

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195614	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2025
NAME OF PROVIDER OR SUPPLIER  Covenant Home		STREET ADDRESS, CITY, STATE, ZIP CODE  5919 Magazine Street New Orleans, LA 70115	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47081</p> <p>Based on interviews, and record reviews, the facility failed to ensure a resident's post head injury neurological assessments were completed and/or documented as required for 1 (Resident #1) of 3 (Resident #1, Resident #2, Resident #3) sampled residents reviewed for accidents.</p> <p>Findings:</p> <p>Review of the facility's Accidents and Incidents and Reporting of Accidents and Incidents policy and procedure, revised 05/2005 revealed, in part, the follow up for head injuries was to complete neurological observations/assessments as follows:</p> <ul style="list-style-type: none"> <li>- Every hour for 4 hours;</li> <li>- Every 4 hours for 20 hours; and,</li> <li>- Every shift for 48 hours.</li> </ul> <p>Further review revealed, neurological observation records were to be completed by the nurse on duty, and the Director of Nursing (DON) would review every form for accuracy and content.</p> <p>Review of the facility's Head Injury Events policy and procedure, revised 08/2020 revealed, in part, the Neurological Observation/Assessment Log must be completed as directed. Further review revealed follow up charting must be performed in conjunction with the Neurological Observation/Assessment Log.</p> <p>Review of the facility's Nursing Director Position Memorandum dated 10/2023 revealed, in part, the responsibilities of the nursing director included reviewing documentation that nursing staff provides for accuracy and potential education opportunities.</p> <p>Review of the facility's job description for licensed practical nurses (LPNs) dated 10/2023 revealed, in part, responsibilities and job duties included following established standards of nursing practices and implement facility policies and procedures.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195614	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2025
NAME OF PROVIDER OR SUPPLIER  Covenant Home		STREET ADDRESS, CITY, STATE, ZIP CODE  5919 Magazine Street New Orleans, LA 70115	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the facility's incident report dated 03/16/2025 revealed, in part, it was discovered on 03/16/2025 at 1:00PM that Resident #1 was found to have a laceration to the back of her head from an unknown origin.</p> <p>Review of Resident #1's medical record revealed, in part, no documented evidence, and the facility could not provide any documented evidence Resident #1's Neurological Assessment were performed on 03/17/2025 during the 11:00PM to 7:00AM shift. Further review revealed, Resident #1's Neurological Assessments were not documented on the Neurological Assessment Log as required during the following dates and times:</p> <ul style="list-style-type: none"> <li>- 03/18/2025 during the 11:00PM to 7:00AM shift; and,</li> <li>- 03/19/2025 during the 7:00AM to 3:00PM shift.</li> </ul> <p>In an interview on 04/02/2025 at 10:37AM, S3Registered Nurse Supervisor/Wound Care Nurse indicated Resident #1's neurological assessments should have been completed every shift starting 03/17/2025 on the 7:00AM to 3:00PM shift and ending with the last neurological assessment being completed 03/19/2025 on the 7:00AM to 3:00PM shift.</p> <p>In an interview on 04/02/2025 at 10:38AM, S2DON confirmed the facility could not provide any documented evidence Resident #1's neurological assessments were completed and/or documented during the above mentioned shifts as required.</p> <p>In an interview on 04/02/2025 at 12:10PM, S1Administrator confirmed Resident #1's neurological assessments should have been completed and/or documented as required.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195614	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2025
NAME OF PROVIDER OR SUPPLIER  Covenant Home		STREET ADDRESS, CITY, STATE, ZIP CODE  5919 Magazine Street New Orleans, LA 70115	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>47081</p> <p>Based on interviews and record reviews, the facility failed to ensure the required number of Certified Nursing Assistants (CNAs) were present and working per the facility assessment for 1 (03/16/2025) of 2 (03/15/2025, 03/16/2025) days reviewed for sufficient CNA staff.</p> <p>Findings:</p> <p>Review of the facility's Nursing Director Position Memorandum dated 10/2023 revealed, in part, the responsibilities of the nursing director included taking appropriate action to assure adequate staffing to meet residents' needs at all times.</p> <p>Review of the facility's Job Description of CNAs dated 05/2019 revealed, in part, nursing assistants were to report to work on time. Further review revealed the day shift was from 6:45AM to 3:15PM, the evening shift was from 2:45PM to 11:15PM, and the night shift was from 10:45PM to 7:15AM.</p> <p>Review of the Facility Assessment, updated 02/28/2025 revealed, in part, the average facility census was 64 residents. Further review revealed based on the acuity and needs of the facility's resident population, the facility identified 5 to 6 CNAs were required on the day shift, 5 to 6 CNAs were required on the evening shift, and 3 to 4 CNAs were required on the night shift.</p> <p>In an interview on 04/01/2025 at 9:30AM, S8CNA indicated it was difficult to meet the needs of the residents with less than 6 CNAs working during the day shift.</p> <p>In an interview on 04/01/2025 at 1:55PM, S4Scheduler indicated the facility usually staffed 6 CNAs on the day shift, 5 CNAs on the evening shift, and 4 CNAs on the night shift to provide care to residents.</p> <p>In an interview on 04/02/2025 at 7:55AM, S9CNA indicated 5 to 6 CNAs were needed during the day shift. S9CNA further indicated it would be difficult to meet all of the residents' needs with less than 5 CNAs during the day shift.</p> <p>In an interview on 04/02/2025 at 10:45AM, S2Director of Nursing indicated 5 to 6 CNAs were needed for the day shift, 5 CNAs were needed for the evening shift, and 4 CNAs were needed for the night shift.</p> <p>Review of the facility's Daily Staff Assignment dated 03/16/2025 revealed, in part, the facility's census was 63 residents. Further review revealed, 4 CNAs were scheduled for the day shift and 5 CNAs were scheduled for the evening shift.</p> <p>Review of the facility's time sheets dated 03/16/2025 for the 6:45AM to 3:15PM shift revealed, in part:</p> <p>-On 03/16/2025, from 7:18AM to 7:36AM, S7CNA, S9CNA, and S10CNA were clocked in for a total of 3 CNAs working in the facility; and,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195614	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2025
NAME OF PROVIDER OR SUPPLIER  Covenant Home		STREET ADDRESS, CITY, STATE, ZIP CODE  5919 Magazine Street New Orleans, LA 70115	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>- On 03/16/2025 from 7:37AM to 3:00PM, S7CNA, S8CNA, S9CNA, and S10CNA were clocked in for a total of 4 CNAs working in the facility.</p> <p>Review of the facility's time sheets dated 03/16/2025 for the 2:45PM to 11:15PM shift revealed, in part:</p> <p>-On 03/16/2025, from 3:17PM to 3:46PM, S11CNA, S12CNA, and S15CNA were clocked in for a total of 3 CNAs working in the facility; and,</p> <p>-On 03/16/2025, from 3:47PM to 3:51PM, S11CNA, S12CNA, S14CNA, and S15CNA were clocked in for a total of 4 CNAs working in the facility.</p> <p>There was no documented evidence, and the facility did not present any documented evidence, any other CNAs worked during the above mentioned time frames.</p> <p>In an interview on 04/02/2025 at 12:10PM, S1Administrator confirmed more than 4 CNAs should have been working at the facility during the day and evening shifts on 03/16/2025 at the above mentioned times to meet the needs of the residents.</p>