STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195614	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Covenant Home	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations and interview, the facility failed to ensure bedroom ceilings were kept in a clean/sanitary manner and in good repair for 4 (Room a, Room b, Room c, Room d) of the facility's 49 rooms observed for environmental requirements. Findings:In an interview on 05/18/2026 at 9:55AM, Resident #2 indicated the ceiling in Room d was dirty. Observation on 05/18/2026 at 9:55AM revealed an unknown brownish-black substance on the surface of several ceiling tiles, and along the junction of the wall and ceiling in Room d. Observation on 05/18/2026 at 11:32AM revealed several loose fitting ceiling tiles with an unknown brownish-black substance on the surface of several ceiling tiles in Room b. Observation on 05/18/2026 at 12:06PM revealed several loose fitting ceiling tiles with an unknown brownish-black substance on the surface of several ceiling tiles in Room a. Observation on 05/18/2026 at 12:54PM revealed an unknown brownish-black substance on the surface of several ceiling tiles in Room c. Observation on 5/19/2026 at 8:10AM revealed an unknown brownish-black substance on the surface of several ceiling tiles, and along the junction of the wall and ceiling in Room d. Observation on 05/19/2026 at 8:40AM revealed an unknown brownish-black substance on the surface of several ceiling tiles in Room c. Observation on 05/19/2026 at 8:42AM revealed several loose fitting ceiling tiles with an unknown brownish-black substance on the surface of several ceiling tiles in Room b. Observation on 05/19/2026 at 8:44AM revealed several loose fitting ceiling tiles with an unknown brownish-black substance on the surface of several ceiling tiles in Room a. Observation with S1Administartor on 05/19/2026 at 12:15PM revealed Room a, Room b, Room c, and Room d all had several ceiling tiles spotted with an unknown brownish-black substance; Room d had an unknown brownish-black substance in several areas at the junction of the wall and ceiling; and Room a and Room b had loose fitting tiles. In an interview on 05/19/2026 at 12:30PM, S1Administrator confirmed the above mentioned rooms were not clean and not in good repair as required.

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