

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245322</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COVENANT LIVING OF GOLDEN VALLEY CARE &amp; REHAB CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5825 ST CROIX AVENUE GOLDEN VALLEY, MN 55422</b>	
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 0607  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	<b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b>  Based on interview and document review the facility failed to develop policies and procedures to include information to report allegations of abuse to the State Agency (SA) within the required two hour timeframe. This had the potential to affect all 64 residents currently residing in the facility. Findings include: The facility Abuse Prevention Program revised 5/14/19, identified employees are required to report all occurrences of possible abuse, mistreatment or neglect of any resident and crimes against a resident or misappropriation of a residents property immediately to their supervisor and the supervisor shall immediately report to the supervisor or person on call. However, the policy lacked direction to report any suspicion of abuse to the SA within two hours. During an interview on 4/28/20, at 4:15 pm the administrator confirmed the Abuse Prevention Program was a corporate policy and any suspicion of abuse was to be reported within two hours to the SA.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.