

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OF SUPPLIER TRINITY TRACE COMMUNITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 612 HOLY TRINITY DRIVE COVINGTON, LA 70433	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews, and record review, the facility failed to ensure CDC recommended guidelines for COVID-19 prevention were implemented. This deficient practice was evidenced by failing to ensure 2 (S2PT and S3HK) staff members discarded used PPE prior to exiting isolation rooms. Findings: Review of the facility policy titled Isolation Categories of Transmission-Based Precautions revealed: Contact Isolation 5. Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed. On 10/14/2020 at 9:55 a.m., an observation was made of Unit A. A PPE caddy was hanging on the door of Room a. Signage on the door indicated droplet precaution, contact isolation, and PPE guidelines. S2PT exited Room a holding a rolled up isolation gown. She placed the gown on a bedside table outside the room. On 10/14/2020 at 9:56 a.m., an interview was conducted with S2PT. She confirmed she exited the isolation room with a used isolation gown. She confirmed resident in Room a was in contact and droplet isolation and she should have discarded the gown in the isolation room prior to exiting the room. On 10/14/2020 at 10:29 a.m., an observation was made of Unit A. A PPE caddy was hanging on the door of Room b. Signage on the door indicated droplet precaution, contact isolation, and PPE guidelines. S3HK applied a gown, mask, face shield, and gloves and entered isolation Room b. S3HK exited Room b wearing gown, mask, face shield, and gloves. She removed a bag from the housekeeping cart in the hallway and reentered Room b. She exited the room a second time wearing the same PPE and placed a red trash bag on the floor. On 10/14/2020 at 10:30 a.m., an interview was conducted with S3HK. She confirmed she exited an isolation room wearing used PPE. She confirmed she should have removed and discarded the used PPE inside the isolation room prior to exiting the room. On 10/14/2020 at 5:15 p.m., an interview was conducted with SIDON. She said staff were expected to remove and dispose PPE in the isolation room prior to exiting the room. SIDON was notified of the aforementioned observations and stated staff should have removed and disposed PPE prior to exiting the isolation rooms.		

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.