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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195302	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Trace Community Care Center	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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48184 Based on record reviews and interviews, the facility failed to ensure a resident's facility discharge had the required physician documentation in the medical record identifying the residents needs that could not be met by the facility for 1 (#1) of 2 (#1, #R1) residents reviewed for emergency transfers. Findings: Review of the medical records for Resident #1 revealed the resident was admitted to the facility on [DATE] and discharged on [DATE]. Review of the facility's Action Summary revealed Resident #1 was transferred from the nursing home to a local hospital on 06/24/2024 and did not return to the facility. Review of the facility's Discharge Instruction and Summary for Resident #1 revealed the facility discharged the resident on 06/24/2024 after an emergency transfer to a local hospital. Further review of the Discharge Instruction and Summary revealed this resident had abusive behaviors. Review of Resident #1's medical record, physician notes, and nursing notes revealed no documentation justifying the reason for discharge. On 07/30/2024 at 9:34 a.m. a telephone interview was conducted with the emergency room physician at the local hospital. He stated he treated Resident #1 on 06/24/2024. He stated the resident was later discharged to home on 06/24/2024 after S2DON said the resident could not return to the facility due to her abusive behavior. On 07/30/2024 at 9:57 a.m. a telephone interview was conducted with the Triage Nurse at the local hospital. He stated on 06/24/2024, S2DON told him as a result of Resident #1's family members making threats to staff and Resident #1's behaviors she could not return to the facility. He stated the hospital later discharged the patient to home. (continued on next page)

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: 195302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Trinity Trace Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 612 Holy Trinity Drive Covington, LA 70433	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/31/2024 at 11:50 a.m. an interview was conducted with S2DON. She confirmed there was no documentation justifying the reason for discharge of Resident #1 by the Medical Director. She stated Resident #1 exhibited abusive behaviors and the resident left the facility via ambulance to the local hospital on her own accord. She stated her abusive behaviors put the safety of other residents at risk. On 07/31/2024 at 12:01 p.m. an interview was conducted with S1ADM. He confirmed he had no documentation justifying the reason for discharge of Resident #1 by the Medical Director. On 07/31/2024 at 12:01 p.m. an interview was conducted with S3MD. He confirmed he did not document the reason Resident #1 was for discharged from the facility in the medical record. He stated Resident #1 exhibited abusive behaviors and the resident left the facility via ambulance to the local hospital on her own accord. He stated her abusive behaviors put the safety of other residents at risk.