

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 02/14/2025
NAME OF PROVIDER OR SUPPLIER Trinity Trace Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46645</p> <p>Based on record review and interviews, the facility failed to ensure an accurate Minimum Data Set assessment for 1 (#1) of 3 (#1, #2 and #3) Residents sampled for falls. The facility failed to ensure falls were accurately coded for Resident #1.</p> <p>Findings:</p> <p>Review of Resident #1's Clinical Record revealed an admitted [DATE].</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/03/2024 revealed a Brief Interview for Mental Status (BIMS) of 14, which indicated she was cognitively intact. Further review revealed the following, in part:</p> <p>Section J Health Conditions</p> <p>J1800-Any falls since admission/entry or reentry or prior assessment. Marked No</p> <p>J1900-Number of falls since admission/entry or reentry or prior assessment. This section was disabled due to No marked on the previous section (J1800).</p> <p>Review of the facility's incident log dated 11/11/2024 - 02/11/2025 revealed Resident #1 had an unwitnessed fall on 11/26/2024, which she did not report to staff until 11/27/2024.</p> <p>Review of the nurse's notes for Resident #1 dated 11/11/2024 - 02/11/2025 revealed on 11/27/2024 at 6:00 p.m., Resident #1 self-reported she fell in her room on 11/26/2024.</p> <p>Review of the facility's Post Fall Evaluation dated 11/27/2024 at 6:00 p.m. revealed Resident #1 was evaluated for an unwitnessed fall in her bedroom.</p> <p>On 02/13/2025 at 9:38 a.m., an interview was conducted with S2LPN. S2LPN stated she was responsible for completing MDS assessments for Resident #1. S2LPN reviewed Resident #1's Clinical Record, including the Quarterly MDS with an ARD of 12/03/2024. S2LPN confirmed Resident #1 had a fall since her previous MDS assessment. S2LPN confirmed she did not correctly code the Quarterly MDS with an ARD of 12/03/2024 for Resident #1's fall and should have.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/14/2025 at 10:14 a.m., an interview was conducted with S3RN. S3RN confirmed she was responsible for reviewing and signing off on Resident #1's MDS assessments completed by S2LPN. S3RN reviewed Resident #1's Clinical Record, including the Quarterly MDS with an ARD of 12/03/2024, in which S3RN had signed off on. S3RN confirmed Resident #1 had a fall since her previous MDS assessment. S3RN confirmed Resident #1's fall was not correctly coded on the Quarterly MDS with an ARD of 12/03/2024 and this should have been corrected prior to her (S3RN) signing off on the MDS.</p> <p>On 02/14/2025 at 11:45 a.m., an interview was conducted with S1DON. S1DON reviewed Resident #1's Clinical Record, including the Quarterly MDS with an ARD of 12/03/2024 and confirmed it was not coded correctly for Resident #1's fall on 11/26/2024 and should have been.</p>