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	04/15/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48872 Based on observations, interviews, and record review, the facility failed to implement and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure staff: 1. Properly utilized Enhanced Barrier Precaution (EBP) Personal Protective Equipment (PPE) during incontinence care for 2 (#2 and #R1) of 3 (#2, #3 and #R1) residents whom required EBP; and 2. Performed appropriate hand hygiene during incontinence care for 1 (#2) of 3 (#2, #3 and #R1) residents observed for incontinence care. Findings: Review of the facility's policy with a revised date of 04/2024, titled, Enhanced Barrier Precautions revealed the following, in part: Enhanced barrier precautions are utilized to prevent the spread of multidrug resistant organisms (MDROs) to residents. 2. EBP employ targeted gown and glove use during high contact resident care activities, when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact resident care activity. 3. Examples of high contact resident care activities requiring the use of gown and gloves for EBP .include transferring, providing hygiene, changing linens, changing brief. 4. EBP are indicated when contact precautions do not otherwise apply for residents colonized with Vancomycin-resistant Enterococci (VRE). Review of the facility's sign titled Enhanced Barrier Precautions revealed the following instructions, in part: (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Enhanced Barrier Precautions .providers and staff must clean their hands when entering and when leaving the room. Wear gloves and a gown for the following high contact resident care activities: Transferring, changing linens, providing hygiene, and changing briefs. 1. Resident #2 Review of Resident #2's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Personal History of Urinary Tract Infections with VRE. Review of Resident #2's current Physician Orders revealed the following, in part: Start date-02/03/2025 Enhanced Barrier Precautions related to history of VRE. Review of Resident #2's current Care Plan revealed the following, in part: Problem: I am at risk for developing MDRO infections related to colonized MDRO-VRE. I require the use of EBP. Intervention: PPE as required. An observation was made on 04/14/2025 at 5:25 a.m. of Resident #2's door to her room. A sign was observed on the door which read EBP with the above facility sign instructions, along with a caddy of gloves and gowns. An observation was made on 04/14/2025 at 5:25 a.m. of S3CNA providing incontinence care for Resident #2. S3CNA applied gloves and entered Resident #2's room without a gown. S3CNA changed Resident #2's urine and feces soiled brief, provided perineal care, removed gloves and then exited Resident #2's room. S3CNA applied gloves and entered Resident #2's room again without a gown. S3CNA repositioned her from side to side to place the mechanical lift pad underneath Resident #2. S3CNA removed gloves and exited the room. An interview was conducted on 04/14/2025 at 5:45 a.m. with S3CNA. S3CNA confirmed Resident #2 had an EBP sign and caddy with gowns and gloves on her door. S3CNA stated she did not wear a gown during incontinence care and placement of the lift pad underneath Resident #2 because she did not know she required the EBP PPE precautions. Resident #R1 Review of Resident #R1's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Personal History of Urinary Tract Infections with VRE. Review of Resident # R1's current Physician Orders revealed the following, in part: Start date-03/25/2025 Enhanced Barrier Precautions related to MDRO. Review of Resident # R1's current Care Plan revealed the following, in part: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Problem: I am at risk for developing MDRO infections related to colonized MDRO-VRE. I require the use of EBP. Intervention: PPE as required. An observation was made on 04/14/2025 at 5:10 a.m. of Resident #R1's door to her room. A sign was observed on the door which read EBP with the above facility sign instructions, along with a caddy of gloves and gowns. An observation was made on 04/14/2025 at 5:10 a.m. of S4CNA providing incontinence care for Resident #R1. S4CNA applied gloves and entered Resident #R1's room without a gown. S4CNA changed Resident #R1's urine soiled brief, provided perineal care, removed gloves and then exited Resident #R1's room. An interview was conducted on 04/14/2025 at 5:23 a.m. with S4CNA. S4CNA confirmed Resident #R1 had an EBP sign and caddy with gowns and gloves on her door. S4CNA confirmed she did not wear a gown during incontinence care because she did not think it was required. 2. Review of facility's policy revised date 08/2015 and titled Handwashing/Hand Hygiene revealed the following, in part: This facility considers hand hygiene the primary means to prevent the spread of infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 7. Use an alcohol-based hand rub or, alternatively, soap and water for the following situations: b. Before and after direct contact with residents; h. Before moving from a contaminated body site to a clean body site during resident care; j. After contact with bodily fluids; and m. After removing gloves. 8. Hand hygiene is the final step after removing and disposing of PPE. 9. The use of gloves does not replace hand washing/hand hygiene. Review of Resident #2's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/10/2025 revealed that the resident was incontinent with urinary and bowel. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation was made on 04/14/2025 at 5:25 a.m. of S3CNA providing incontinence care for Resident #2. S3CNA applied gloves and entered Resident #2's room. S3CNA changed Resident #2's urine and feces soiled brief and cleaned her perineal area with wipes. S3CNA then, with the same soiled gloves and no hand hygiene performed, retrieved a clean brief and applied it to Resident #2, touched Resident #2's clean linen, bed railing and her hand to remove it from the bed rail, and repositioned resident in the bed. S3CNA removed gloves and then exited Resident #2's room with a trash bag, removed trash can lid and disposed the trash bag. After, S3CNA retrieved the mechanical lift from the hallway, applied gloves and entered Resident #2's room again and repositioned Resident #2 from side to side to place the mechanical lift pad underneath Resident #2. S3CNA, with assistance, used the mechanical lift remote and transferred Resident #2 by touching Resident #2 to guide her into the wheelchair. S3CNA removed gloves and exited the room. S3CNA did not perform hand washing or hand sanitizer. An interview was conducted on 04/14/2025 at 5:45 a.m., with S3CNA, S3CNA confirmed she did not change her gloves or perform hand hygiene after she performed incontinence care and before touching clean items in the room and Resident #2, and should have. S3CNA confirmed she did not perform hand hygiene after she removed her gloves and exited the room to discard the trash bag and/or before and after retrieving the mechanical lift and performing the transfer for Resident #2, and should have. An interview was conducted on 04/15/2025 at 1:15 p.m., with S1DON. S1DON confirmed Resident #2 and Resident #R1 were on EBP precautions because of a history of MDRO. S1DON stated Resident #2 and Resident #R1 had EBP signage on their door, which the staff should follow and wear a gown and gloves during high contact resident care activities. S1DON stated after handling urine and feces soiled diaper and providing perineal care for residents, she would expect the staff to remove soiled gloves and perform hand hygiene before handling a clean diaper, touching other clean linens and resident. S1DON stated she expected nursing staff to perform hand hygiene immediately after direct care with resident and before touching equipment and/or providing care for residents.