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	06/16/2026

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility's staff failed to report an allegation of verbal abuse to the facility's administrator and to the State Agency in accordance with state law for 1 (#2) of 3 sampled residents reviewed for abuse. Findings: Review of the facility's policy dated 10/24/2022 and titled Abuse Components Plan Elder Justice Act and Affordable Care Act revealed the following, in part:Reporting Requirements Table:All alleged violations of abuse are to be reported to the facility administrator and other officials in accordance with state law. All alleged violations reported: 1) immediately but not later than 2 hours if the alleged violation involves abuse. Review of Resident #2's Clinical Record revealed she was admitted to the facility on [DATE]. Review of Resident #2's quarterly MDS with an ARD of 05/15/2026 revealed Resident #2 had a BIMS of 15, which indicated she was cognitively intact. An interview was conducted on 06/15/2026 at 6:00 a.m. with Resident #2. She stated an incident happened about a month ago with S7CNA. She stated S7CNA came to her room, shut the door, stood very close to her, and started cursing at her. She stated S7CNA called her all kinds of names including f***ing wh*re and b**ch. She stated she was suspicious of S7CNA and afraid she would possibly hit her because she was full of rage and was close to her person. She stated it made her feel belittled. She stated S7CNA was not assigned to her care currently and she felt at peace the problem was resolved. She stated if she were to see S7CNA she would be on guard, but she was comfortable moving about the facility freely. She stated what S7CNA did was verbal abuse. She stated she did report the verbal abuse to a nurse and does not remember who. An interview was conducted on 06/15/2026 at 5:57 p.m. with S4CNA. S4CNA stated on 06/14/2026 Resident #2 reported to her a CNA, who recently was removed from Resident #2's care, had closed Resident #2 in her room and let her have it and yelled and cussed at her. She stated Resident #2 said it hurt her feelings because she was not expecting the CNA to act like that. S4CNA stated she did not recall the name of the CNA. S4CNA confirmed cussing and yelling at a resident was verbal abuse. S4CNA stated she did not report the verbal abuse to anyone because Resident #2 stated she had already reported it. An interview was conducted on 06/16/2026 at 1:45 p.m. with S2DON. S2DON stated she had never received a report from staff or a resident reporting staff cussed and yelled at a resident. She stated if she received a report about staff cussing and yelling at a resident she would report it immediately to S1ADM. An interview was conducted on 06/16/2026 at 2:03 p.m. with S1ADM. S1ADM stated he had not received a report about staff cussing and yelling at a resident. S1ADM stated if he received a report of verbal abuse he would immediately report it and complete an investigation.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195302	A. Building B. Wing	06/16/2026

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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interviews, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure staff used proper PPE for 1 (R1) of 3 residents observed during incontinence and perineal care.Findings:Review of R1's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included Overactive Bladder and Constipation.An observation was made on 06/15/2026 at 1:43 p.m. of S3CNA performing incontinence care for R1. S3CNA entered R1's room and donned gloves. S3CNA unfastened soiled brief and wiped feces from R1's buttocks. Without removing the soiled gloves and performing hand hygiene, S3CNA removed the feces soiled brief, touched a clean brief, and placed clean brief onto R1. Without removing the soiled gloves and performing hand hygiene, S3CNA touched R1's clothing and bedsheets. S3CNA then removed gloves and performed hand hygiene.An interview was conducted on 06/15/2026 at 1:45 p.m. with S3CNA. She confirmed she did not change her gloves prior to touching R1's clean brief, clothing, and bedsheets. She stated when a resident had feces present during incontinence care, she should change her gloves prior to touching clean items.An interview was conducted on 06/16/2026 at 12:50 p.m. with S2DON. She stated she expected all staff to change gloves after cleaning feces and prior to touching any clean items.